

# Populated Printable COP Without TBD Partners

2008

Rwanda

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**Table 1: Overview****Executive Summary**

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exec summary cop '08-final092807.pdf	application/pdf	9/28/2007	Executive summary	JDunlop

**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**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador cover letter cop08Rwanda.pdf	application/pdf	9/27/2007	Ambassador's Cover Letter COP 2008	ShriberD

**Country Contacts**

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USAID In-Country Contact	George	Lewis	Acting Mission Director	glewis@usaid.gov
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Global Fund In-Country Representative	Ida	Hakizinka	Permanent Secretary	Ida_hakizinka@yahoo.fr

**Global Fund**

What is the planned funding for Global Fund Technical Assistance in FY 2008? \$500000

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
<b>Prevention</b>				
<b>End of Plan Goal</b>	157,643			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	129,161	218,652	347,813
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	4,518	5,945	10,463
<b>Care (1)</b>				
<b>End of Plan Goal</b>	250,000	114,575	41,520	156,095
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	65,000	41,520	106,520
***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	900	2,100	3,000
8.1 - Number of OVC served by OVC programs	0	49,575	0	49,575
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	175,190	409,810	585,000
<b>Treatment</b>				
<b>End of Plan Goal</b>	50,000	32,500	19,260	51,760
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	32,500	19,260	51,760
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	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
<b>Prevention</b>				
	<b>End of Plan Goal</b>	157,643		
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	144,936	273,477	418,413
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	6,056	6,226	12,282
<b>Care (1)</b>				
	<b>End of Plan Goal</b>	250,000		
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	92,964	42,561	135,525
***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	1,183	2,395	3,578
8.1 - Number of OVC served by OVC programs	0	62,560	0	62,560
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	421,232	213,608	634,840
<b>Treatment</b>				
	<b>End of Plan Goal</b>	50,000		
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	42,667	21,083	63,750
<b>Human Resources for Health</b>				
	<b>End of Plan Goal</b>	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: Water-POUZN**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6147.08  
**System ID:** 6288  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Abt Associates  
**New Partner:** No

**Mechanism Name: Africare Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3644.08  
**System ID:** 6296  
**Planned Funding(\$):** \$559,709  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Africare  
**New Partner:** No

**Mechanism Name: AABB**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 4728.08  
**System ID:** 6297  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** American Association of Blood Banks  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8692.08  
**System ID:** 8692  
**Planned Funding(\$):** \$199,181  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of State / Population, Refugees, and Migration  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Refugee Committee  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Lab Coalition Partners**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7587.08  
**System ID:** 7587  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Society of Clinical Pathology  
**New Partner:** No

**Mechanism Name: Land - Leg**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 6140.08  
**System ID:** 6286  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** ARD, Inc.  
**New Partner:** No

**Mechanism Name: Land**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4713.08  
**System ID:** 6299  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Associates in Rural Development  
**New Partner:** No

**Mechanism Name: AVSI Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3643.08  
**System ID:** 6300  
**Planned Funding(\$):** \$416,384  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Associazione Volontari per il Servizio Internazionale  
**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Legal Aid**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7620.08

**System ID:** 7620

**Planned Funding(\$):** \$300,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Avocats Sans Frontieres

**New Partner:** Yes

**Mechanism Name: AIDS Relief**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 111.08

**System ID:** 6302

**Planned Funding(\$):** \$621,139

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Health Resources Services Administration

**Funding Source:** Central GHCS (State)

**Prime Partner:** Catholic Relief Services

**New Partner:** No

Sub-Partner: Bungwe Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Bushenge Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Kibogora Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: N/A  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Karangara Health Center  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

**Mechanism Name: CRS Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1072.08  
**System ID:** 6301  
**Planned Funding(\$):** \$435,100  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

**Mechanism Name: CRS Supplemental**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3493.08  
**System ID:** 6303  
**Planned Funding(\$):** \$4,545,425  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

Sub-Partner: Bungwe Health Center, Rwanda  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

**Mechanism Name: Ibyringiro**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 6146.08

**System ID:** 6287

**Planned Funding(\$):** \$3,749,940

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Catholic Relief Services

**New Partner:** Yes

**Mechanism Name: Columbia/MCAP**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 120.08

**System ID:** 6305

**Planned Funding(\$):** \$4,600,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Prime Partner:** Columbia University Mailman School of Public Health

**New Partner:** No

Sub-Partner: Treatment and Research AIDS Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: National Reference Laboratory

Planned Funding: \$0

Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Area Programs:

**Mechanism Name: Columbia MCAP Supplement**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 129.08

**System ID:** 6307

**Planned Funding(\$):** \$3,854,374

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Columbia University Mailman School of Public Health

**New Partner:** No

Sub-Partner: Karengera Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Muhima Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Shyira District Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Kabaya Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Gisenyi Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Muhororo Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Kibuye Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Mugonero Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Kirinda Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Kicukiro Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Murunda Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PEPFAR II Track 1.0 ART Partner A**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7902.08  
**System ID:** 7902  
**Planned Funding(\$):** \$445,227  
**Procurement/Assistance Instrument:** Grant  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Columbia University Mailman School of Public Health  
**New Partner:** No

**Mechanism Name: UTAP Follow-on**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7586.08  
**System ID:** 7586  
**Planned Funding(\$):** \$1,300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Columbia University Mailman School of Public Health  
**New Partner:** No

**Mechanism Name: CHAMP**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 169.08  
**System ID:** 6308  
**Planned Funding(\$):** \$12,860,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Community Habitat Finance International  
**New Partner:** No

Sub-Partner: Caritas Rwanda  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Collectif PRO-FEMMES Twese Hamwe  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Reseau Rwandais de Personnes Vivant avec le HIV  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Society of Women Against AIDS, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Pamasor
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Rwanda's Women Network
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Icyuzuzo Womens Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Urunana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Catholic Relief Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Social Impact

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

**Mechanism Name: HIV Support to RDF**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 100.08

**System ID:** 6309

**Planned Funding(\$):** \$1,794,101

**Procurement/Assistance Instrument:** Grant

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** Drew University

**New Partner:** No

**Mechanism Name: EGPAF Bilateral**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7089.08

**System ID:** 7527

**Planned Funding(\$):** \$5,951,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	15446.08	Early funding is requested to allow for support of new ART sites to start earlier and meet pressing demand in underserved districts.	\$1,000,000	\$4,114,500

**Mechanism Name: FHI Bilateral**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7088.08

**System ID:** 7528

**Planned Funding(\$):** \$7,192,501

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Family Health International

**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Transport Corridor Initiative**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3451.08  
**System ID:** 6310  
**Planned Funding(\$):** \$2,182,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Family Health International  
**New Partner:** No

**Mechanism Name: Biodiversity**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4696.08  
**System ID:** 6291  
**Planned Funding(\$):** \$165,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Resources Group  
**New Partner:** No

**Mechanism Name: Capacity**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 107.08  
**System ID:** 6311  
**Planned Funding(\$):** \$1,175,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** IntraHealth International, Inc  
**New Partner:** No

**Mechanism Name: IntraHealth Bilateral**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7090.08  
**System ID:** 7529  
**Planned Funding(\$):** \$5,030,700  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** IntraHealth International, Inc  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Safe Injection**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 133.08  
**System ID:** 7708  
**Planned Funding(\$):** \$1,785,808  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** John Snow, Inc.  
**New Partner:** No

**Mechanism Name: Deliver II**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4707.08  
**System ID:** 6280  
**Planned Funding(\$):** \$400,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** John Snow, Inc.  
**New Partner:** No

**Mechanism Name: TBD--TBD Dairy**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6150.08  
**System ID:** 6289  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Land O'Lakes  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Measure DHS**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3461.08

**System ID:** 6313

**Planned Funding(\$):** \$300,000

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Macro International

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	12301.08	DHS 2010 will be the second Demographic and Health Survey to be conducted in Rwanda with HIV testing. Based on the processes of the past DHS (which took two years to plan), early planning for the upcoming survey is essential to ensure that field data collection is completed by 2010. The raw data from the 2007 SPA will be available in early 2008, so early funding is needed to ensure timely completion of the analysis and reports.	\$300,000	\$300,000

**Mechanism Name: SPS**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7584.08

**System ID:** 7584

**Planned Funding(\$):** \$700,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Management Sciences for Health

**New Partner:** No

**Mechanism Name: HIV/AIDS Performance Based Financing**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 170.08

**System ID:** 6315

**Planned Funding(\$):** \$3,189,717

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Management Sciences for Health

**New Partner:** No

Sub-Partner: IntraHealth International, Inc

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

**Mechanism Name: MoH CoAg**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5108.08  
**System ID:** 6316  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of Health, Rwanda  
**New Partner:** No

**Mechanism Name: M2M NPI**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 7643.08  
**System ID:** 7643  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mothers 2 Mothers  
**New Partner:** No

**Mechanism Name: GBV-Police**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7799.08  
**System ID:** 7799  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: OGAC TBD (EGPAF)**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8882.08  
**System ID:** 8882  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PEPFAR II Track 1.0 ART Partner B**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7903.08  
**System ID:** 7903  
**Planned Funding(\$):** \$262,636  
**Procurement/Assistance Instrument:** Grant  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: TBD Quality CDC**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7647.08  
**System ID:** 7647  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: TBD Solar**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7636.08  
**System ID:** 7636  
**Planned Funding(\$):** \$400,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: TBD-MC**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7460.08  
**System ID:** 7460  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Basic Education/Youth Employment**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7621.08  
**System ID:** 7621  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: CSP II**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7556.08  
**System ID:** 7556  
**Planned Funding(\$):** \$1,300,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** Yes

**Mechanism Name: TASC 3**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 6139.08  
**System ID:** 6285  
**Planned Funding(\$):** \$1,800,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Strengthening Blood Transfusion Services**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 115.08

**System ID:** 6317

**Planned Funding(\$):** \$3,000,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Prime Partner:** National Program for Blood Transfusion, Rwanda

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HMBL	16865.08	The blood supplies will need to arrive in country in June 2008. To ensure that the supplies arrive in time, an order for the first shipment will take place six months in advance. Early funding of \$250,000 will be necessary to ensure that the procurement is timely and the blood commodities are ready for use in June 2008.	\$250,000	\$500,000

**Mechanism Name: National Reference Laboratory**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3497.08

**System ID:** 6318

**Planned Funding(\$):** \$1,250,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** National Reference Laboratory

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	4976.08	The financial year for NRL COAG ended 29th September 2007 and they forgot to make a continuing application for COP 07 funds. At this time, they will have no access to COP 07 funds and will need funding to continue on-going activities. As a result, we are requesting early funding of \$600,000 to continue on-going activities.	\$600,000	\$1,250,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8699.08  
**System ID:** 8699  
**Planned Funding(\$):** \$70,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** New York AIDS Institute  
**New Partner:** No

**Mechanism Name: BASICS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4046.08  
**System ID:** 6319  
**Planned Funding(\$):** \$357,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Partnership for Child HealthCare Inc.  
**New Partner:** No

**Mechanism Name: SCMS Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 7857.08  
**System ID:** 7857  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Partnership for Supply Chain Management  
**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: SCMS**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 4741.08

**System ID:** 6320

**Planned Funding(\$):** \$16,176,448

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Partnership for Supply Chain Management

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	8189.08	Expected core funds will not be available to purchase these lab supplies. Given the long lead time for commodities purchase, it is critical that these funds are available to purchase needed lab supplies.	\$100,000	\$3,526,448

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 8697.08

**System ID:** 8697

**Planned Funding(\$):** \$400,000

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Population Services International

**New Partner:** No

**Mechanism Name: Couples Counseling**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7835.08

**System ID:** 7835

**Planned Funding(\$):** \$350,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Population Services International

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	17642.08	Early funding is requested in order to adhere to a tight timetable for implementation of this PHE, and to disseminate results for program impact.	\$350,000	\$350,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PSI Healthy Schools**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 128.08

**System ID:** 6321

**Planned Funding(\$):** \$1,600,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Population Services International

**New Partner:** No

Sub-Partner: Ministry of Education, Rwanda

Planned Funding: \$45,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

**Mechanism Name: P-RFA**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 4693.08

**System ID:** 6292

**Planned Funding(\$):** \$3,310,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Population Services International

**New Partner:** No

**Mechanism Name: PSI-DOD**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 132.08

**System ID:** 6322

**Planned Funding(\$):** \$719,000

**Procurement/Assistance Instrument:** Contract

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** Population Services International

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: GHFP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7539.08  
**System ID:** 7539  
**Planned Funding(\$):** \$443,578  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Public Health Institute  
**New Partner:** No

**Mechanism Name: Prtnr Rprtng System**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7585.08  
**System ID:** 7585  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Social and Scientific Systems  
**New Partner:** No

**Mechanism Name: SPREAD**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4714.08  
**System ID:** 6290  
**Planned Funding(\$):** \$165,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Texas A&M University System  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8698.08  
**System ID:** 8698  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** The American Society for Microbiology  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: TRAC Cooperative Agreement**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 97.08

**System ID:** 6323

**Planned Funding(\$):** \$1,854,040

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Treatment and Research AIDS Center

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	2743.08	The budget year for the cooperative agreement with TRAC runs May 1, 2008 through April 30, 2009. In order to ensure that funds are available for their budget year, early funding is requested so that their FY 2008 activities can be fully funded in the year intended.	\$300,000	\$300,000
07-HVTB	12595.08	The budget year for the cooperative agreement with TRAC runs May 1, 2008 through April 30, 2009. In order to ensure that funds are available for their budget year, early funding is requested so that their FY 2008 activities can be fully funded.	\$120,000	\$120,000
13-HVSI	2739.08	The budget year for the cooperative agreement with TRAC runs May 1, 2008 through April 30, 2009. In order to ensure that funds are available for their budget year, early funding is requested so that their FY 2008 activities can be fully funded.	\$834,040	\$834,040
09-HVCT	2741.08	The budget year for the cooperative agreement with TRAC runs May 1, 2008 through April 30, 2009. In order to ensure that funds are available for their budget year, early funding is requested so that their FY 2008 activities can be fully funded.	\$150,000	\$150,000
06-HBHC	2744.08	The budget year for the cooperative agreement with TRAC runs May 1, 2008 through April 30, 2009. In order to ensure that funds are available for their budget year, early funding is requested so that their FY 2008 activities can be fully funded in the year intended.	\$100,000	\$100,000
11-HTXS	2745.08	The budget year for the cooperative agreement with TRAC runs May 1, 2008 through April 30, 2009. In order to ensure that funds are available for their budget year, early funding is requested so that their FY 2008 activities can be fully funded.	\$150,000	\$350,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8696.08  
**System ID:** 8696  
**Planned Funding(\$):** \$120,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tulane University  
**New Partner:** No

**Mechanism Name: Capacity Building FOA**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7642.08  
**System ID:** 7642  
**Planned Funding(\$):** \$1,435,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tulane University  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	17086.08	Early funding is needed to ensure that this new mechanism is established early enough to ensure a smooth transition from the ending mechanism.	\$600,000	\$1,035,000

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8810.08  
**System ID:** 8810  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tulane University  
**New Partner:** No

**Mechanism Name: Refugees UNHCR**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 4740.08  
**System ID:** 6326  
**Planned Funding(\$):** \$178,239  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / Population, Refugees, and Migration  
**Funding Source:** GHCS (State)  
**Prime Partner:** United Nations High Commissioner for Refugees  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Colorado Health**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7637.08  
**System ID:** 7637  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Colorado  
**New Partner:** No

**Mechanism Name: Central Contraceptive Procurement**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3516.08  
**System ID:** 6327  
**Planned Funding(\$):** \$400,000  
**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: DCA**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7623.08  
**System ID:** 7623  
**Planned Funding(\$):** \$400,000  
**Procurement/Assistance Instrument:** IAA  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: M&S Adjustment**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8695.08  
**System ID:** 8695  
**Planned Funding(\$):** \$1,000,000  
**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: USAID IRM**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7537.08  
**System ID:** 7537  
**Planned Funding(\$):** \$125,755  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: USAID Rwanda Mission**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 114.08  
**System ID:** 6328  
**Planned Funding(\$):** \$4,569,521  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: CDC Country Office GAP/TA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 122.08  
**System ID:** 6329  
**Planned Funding(\$):** \$1,135,000  
**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

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	2791.08	CDC Rwanda requests early funding in the amount of \$1,135,000 to finance office operations in the first quarter of FY 2008. This is a stop-gap measure which will allow CDC to continue its program uninterrupted while awaiting the approval of regular FY 2008 EP funds (CDC functions according to the USG fiscal year, and therefore was required to spend all FY 2007 funds by September 30, 2007). This includes administrative support funds for programmatic activities, staff salaries, and other office operational costs.	\$1,135,000	\$1,135,000

**Mechanism Name: CDC Country Office GHAI/TA**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1527.08  
**System ID:** 6330

**Table 3.1: Funding Mechanisms and Source**

**Planned Funding(\$):** \$5,036,801

**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



## Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	2844.08	CDC Rwanda requests early funding in the amount of \$640,000 to finance the implementation of technical activities in the first quarter of FY 2008. This is a stop-gap measure which will allow CDC to continue its program uninterrupted while awaiting the approval of regular FY 2008 EP funds (CDC functions according to the USG fiscal year, and therefore was required to spend all FY 2007 funds by September 30, 2007). Administrative support funds for programmatic activities, including technical staff salaries, considerable international technical assistance costs, equipment and other office costs are included.	\$640,000	\$1,791,601
13-HVSI	2848.08	The early funding will allow the CDC/GAP Rwanda country office to support key technical staff in SI (Epidemiologist and inter-agency HMIS coordinator)	\$583,900	\$583,900
12-HLAB	2847.08	This funding will support the recruitment of a lab FTE. This critical position has been vacant for a significant amount of time.	\$300,000	\$400,000
02-HVAB	2849.08	This activity includes funding for CDC in country staff and early funding is required in order to fulfill salary contracts.	\$390,000	\$390,000
14-OHPS	16764.08	This will fund a staff position in the CDC/Rwanda office. In order to ensure timely recruiting, full early funding is requested.	\$300,000	\$300,000
14-OHPS	16875.08	Early funding is requested for this training program to permit an in country assessment by the beginning of calendar year 2008, and to obligate funding to enroll trainers in an annual program offered in Atlanta. Successfully conducting this training program depends on this "train the trainer" program being done first. Further, there is some urgency to training of district level officials as they have been given substantial responsibilities as part of a decentralization effort, including approval of local PEPFAR activities, without appropriate management or health training.	\$150,000	\$145,000
14-OHPS	16877.08	Early funding is requested to undertake an in country assessment of country need by no later than the beginning of calendar year 2008. An acute shortage of appropriately trained Rwandan epidemiologists and laboratorians seriously inhibits appropriate conduct of critical EP activities in the strategic information, treatment and OHPS areas. Many significant activities from FY 2006 and FY 2008 are undermined in their implementation because of this acute shortage. The rapid assessment and establishment of this program as part of an overall system strengthening strategy will facilitate rapid more rapid and appropriate scale up of those activities and better implementation of FY 2008 activities.	\$150,000	\$300,000

11-HTXS	2846.08	This early fund request is to cover the salary, travel and training of three positions during the first seven months of the FY2008.	\$500,000	\$650,000
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**Mechanism Name: DOD Rwanda Office**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 131.08

**System ID:** 6331

**Planned Funding(\$):** \$559,756

**Procurement/Assistance Instrument:** USG Core

**Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Prime Partner:** US Department of Defense

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	16981.08	These funds will be used to fill a critical technical position. The Senior Clinical Specialist will provide TA to DoD clinical partner Drew University to strengthen their capacity to manage and improve clinical activities in PMTCT, TB/HIV, palliative care, TC, and HIV treatment in order to implement EP programs.	\$200,000	\$259,756
05-HVOP	16954.08	Early funding is needed to continue supporting GOR in its efforts to put in place MC policies and ensure appropriate implementation. Recently, the GOR officially endorsed male circumcision as a tool to fight against HIV/AIDS. The MOH has indicated that circumcision would begin with the army, police and students from higher institutions of learning. In order to ensure appropriate implementation of these activities in the military settings, DoD will work with the MOH to create a policy that recognizes circumcision as an effective HIV prevention method alongside the ABC strategy and ensures that this service is provided to the public in a safe manner. Likewise, the DoD will sensitize soldiers to practice abstinence, reduce sexual partners, or use a condom during sex even after circumcision. It is important to start these activities now in order to ensure correct roll-out of these activities.	\$200,000	\$200,000
15-HVMS	2802.08	This early funding request will ensure continuity of staffing and services throughout FY 2008.	\$159,756	\$100,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: NHRC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 94.08  
**System ID:** 6332  
**Planned Funding(\$):** \$60,000  
**Procurement/Assistance Instrument:** IAA  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of Defense Naval Health Research Center  
**New Partner:** No

**Mechanism Name: CDC CSCS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7667.08  
**System ID:** 7667  
**Planned Funding(\$):** \$400,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Mechanism Name: CDC ICASS**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7538.08  
**System ID:** 7538  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	16769.08	ICASS charges between Oct 2007 and the arrival of GAHI funds are estimated at \$250,000.	\$250,000	\$600,000

**Mechanism Name: DOD ICASS**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7904.08  
**System ID:** 7904  
**Planned Funding(\$):** \$60,000  
**Procurement/Assistance Instrument:** USG Core  
**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: Embassy Rwanda**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 349.08

**System ID:** 6333

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** USG Core

**Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Prime Partner:** US Department of State

**New Partner:** No

**Mechanism Name: USAID ICASS**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7536.08

**System ID:** 7536

**Planned Funding(\$):** \$100,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** US Department of State

**New Partner:** No

**Mechanism Name: Peace Corps**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 4897.08

**System ID:** 6334

**Planned Funding(\$):** \$2,500,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** Peace Corps

**Funding Source:** GHCS (State)

**Prime Partner:** US Peace Corps

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	16838.08	In order to establish the program in FY 2008 and have volunteers on the ground, Peace Corps plans to field US direct hire staff in Rwanda by February 2008. Early funding is requested so that these staff can be in place and volunteer training can begin.	\$900,000	\$1,800,000
05-HVOP	16841.08	In order to establish the program in FY 2008 and have volunteers on the ground, Peace Corps plans to field US direct hire staff in Rwanda by February 2008. Early funding is requested so that these staff can be in place and volunteer training can begin.	\$350,000	\$700,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HIV/AIDS Reporting System**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3494.08  
**System ID:** 6335  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Voxiva, Inc.  
**New Partner:** No

**Mechanism Name: WFP**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 9328.08  
**System ID:** 9329  
**Planned Funding(\$):** \$633,060  
**Procurement/Assistance Instrument:**  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Food Program  
**New Partner:** No

**Mechanism Name: WHO Stop TB**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8267.08  
**System ID:** 8267  
**Planned Funding(\$):** \$280,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Health Organization  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	18827.08	Funds from OGAC to WHO will finish by June 2008, and the transfer from CDC to WHO/Geneva and then to WHO/Rwanda can take up to 3 months. Early funding is needed to prevent a shortfall in funds.	\$90,000	\$280,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: WR Track 1.0**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 121.08  
**System ID:** 6336  
**Planned Funding(\$):** \$415,700  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** World Relief Corporation  
**New Partner:** No

**Mechanism Name: WR Supplement**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 452.08  
**System ID:** 6337  
**Planned Funding(\$):** \$250,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Relief Corporation  
**New Partner:** No

Sub-Partner: Association of Committed Teachers  
Planned Funding: \$15,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: N/A  
Planned Funding: \$12,500  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Campus pour Christ  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVAB - Abstinence/Be Faithful

**Early Funding Activities**

<b>Program Area</b>	<b>Activity ID</b>	<b>Early Funding Narrative</b>	<b>Early Funding Request</b>	<b>Planned Funds</b>
02-HVAB	2820.08	<p>World Relief expects to expend all FY 2007 funds as of May 2008. EP is requesting early funding in order to prevent a gap in funds.</p> <p>Furthermore, this program end date is September 30, 2008, so in order to prevent them from having to spend 12 months of funding between April-Sept 2008, the EP is requesting that this partner receive early funding.</p> <p>The early funding request for Rwanda's field support activities will be used to maintain World Relief's national influence and presence among churches and local authorities in FY 2008. World Relief has built strong relationships with church leaders, individual churches and district authorities, and maintaining these relationships throughout the 5 years of the Track 1.0 agreement would allow for continuity of the project. World Relief would continue to organize district-level or regional trainings for church leaders and local authorities, share and update frequently requested resources, and monitor and evaluate activities.</p>	\$100,000	\$250,000

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
111.08	6302	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Bungwe Health Center, Rwanda	N	\$0
111.08	6302	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Bushenge Health District	N	\$0
111.08	6302	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Karangara Health Center	N	\$0
111.08	6302	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Kibogora Health District	N	\$0
3493.08	6303	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bungwe Health Center, Rwanda	N	\$0
120.08	6305	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	National Reference Laboratory	N	\$0
120.08	6305	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Treatment and Research AIDS Center	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gisenyi Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kabaya Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Karengera Health Center, Rwanda	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kibuye Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kicukiro Health Center, Rwanda	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kirinda Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mugonero Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muhima Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muhororo Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Murunda Health District	N	\$0
129.08	6307	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Shyira District Hospital	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Caritas Rwanda	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Collectif PRO-FEMMES Twese Hamwe	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Icyuzuzo Womens Group	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Johns Hopkins University Center for Communication Programs	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Pamasor	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Reseau Rwandais de Personnes Vivant avec le HIV	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Rwanda's Women Network	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Social Impact	N	\$0
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Society of Women Against AIDS, Rwanda	N	\$0



**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
169.08	6308	Community Habitat Finance International	U.S. Agency for International Development	GHCS (State)	Urunana	N	\$0
170.08	6315	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	N	\$0
128.08	6321	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of Education, Rwanda	N	\$45,000
452.08	6337	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Association of Committed Teachers	N	\$15,000
452.08	6337	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Campus pour Christ	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: \$6,413,191**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$1,700,000
Estimation of other dollars leveraged in FY 2008 for food	\$2,356,821

**Program Area Context:**

With the support of the EP, GFATM, UNICEF, and the Clinton Foundation, the GOR has aggressively expanded PMTCT services throughout the country to ensure widespread availability. The identification, maintenance and evolution of PMTCT sites have been done in a highly coordinated fashion.

According to the 2005 RDHS-III, the mean HIV prevalence rate in Rwandan women of reproductive age was 3.6% (8.6% in urban areas vs. 2.6% in rural areas). In 2005, only 30% of deliveries took place at health facilities.

As of June 2007, 260 sites were offering PMTCT services in Rwanda. The GOR aims to extend PMTCT services to 345 health facilities in 30 districts (82% of total health facilities) with FY 2008 funding. The EP will directly support 180 sites by the end of FY 2008.

From July 2006 to June 2007, 215,279 women were tested at PMTCT sites (98% acceptance of testing), of which 8,912 (4.1%) were HIV-infected. During the same period, PMTCT sites reported 109,342 births (61% of all expected births), including 4,615 births from HIV-infected women (64% of all expected HIV+ births in PMTCT health facilities). Among the HIV-infected pregnant women identified through the PMTCT program, 5,508 (71.8%) received ARV prophylaxis for PMTCT. This percentage was higher (85%) at EP-supported sites. A significant percentage (76.4%) of infants born to HIV-infected mothers received NVP (up from 68% in June 2005-June 2006). 3,426 children were tested at 15 months, of which 9.7% were HIV-infected.

In line with the national PMTCT strategy, each partner supports a comprehensive package at the site level. This includes TC (HIV rapid testing with same day results) within the context of an opt-out approach, counseling and support for infant feeding, CD4 count and clinical staging for HIV-infected pregnant women, provision of combination ARV prophylaxis regimens for non-eligible women, and HAART for eligible pregnant women. Furthermore, partners support safe obstetric practices during delivery, HIV testing in delivery rooms for women of unknown status, infant and mother follow-up, cotrimoxazole for OI prevention, infant HIV testing and diagnosis when possible, and community-based services in support of PMTCT. In addition, partners promote family testing, strengthen linkages and referral systems from PMTCT to ART sites, and integrate PMTCT with other MCH (including malaria interventions, nutrition support, IMCI) and OVC services.

In FY 2006, the PMTCT program introduced highly effective combination ARV regimens for pregnant women and their children. These include AZT+SD-NVP, or HAART as prophylaxis for women coming to ANC after 34 weeks, and SD-NVP for children at birth or within 72 hours, plus four weeks of AZT. The GOR also began expanding access to CD4 testing for infected pregnant women to identify those eligible for HAART during pregnancy. Eligible women are referred to ARV clinics which are occasionally co-located with PMTCT services, as 111 sites offer stand-alone PMTCT services, and only 89 both services (ART/PMTCT).

The GOR and the EP have also successfully implemented an EID policy, resulting in the development of scale-up and operational plans to support the rapid expansion of EID services. To identify HIV-exposed children, mothers are advised to bring their antenatal cards (where the mother's HIV status is codified) to the newborn's first vaccination visit, thus the follow-up of HIV-exposed infants is integrated into routine immunization visits. As of July 2007, 68 sites were regularly sending DBS samples to the NRL and 4453 HIV DNA PCR tests were conducted (including DBS and whole blood samples), of which 320 (7.2%) were positive. With FY 2007 funds, there are plans to decentralize EID to CHUB.

The PMTCT program in Rwanda still faces many challenges, including geographic access to sites, low attendance of ANC visits, and few deliveries at health facilities. Other challenges include the need to improve linkages between PMTCT services, MCH and ART clinics, as well as strengthening access to CD4. Additionally, mothers have difficulty adhering to the recommended exclusive breastfeeding and early weaning approach, because they cannot afford weaning foods and lack knowledge on alternative nutrition options for young infants. The Rwanda program, will, as described below, increase its efforts to address these challenges in FY

2008.

In FY 2008, the EP will directly support PMTCT services in 151 existing sites and will expand to 29 new facilities covering 23 of 30 districts, covering 144,936 pregnant women (34% of all pregnant women). The EP will also continue to support TRAC for national PMTCT policy development, coordination and training. DHTs will also be supported to better coordinate PMTCT and other HIV/AIDS clinical services. This will maximize effective referrals between HIV/AIDS services and improve the quality of care at the most decentralized level. The program will increase access to CD4 counts and build capacity of nurses at PMTCT sites to effectively conduct ART eligibility assessments and provide ART under the supervision of rotating physicians. The EP will maintain support to further expand EID, in collaboration with the GOR and the Clinton Foundation, as per the national scale-up plan. The EP will continue to assist TRAC in infant feeding and nutrition activities, including support to models for improving postnatal follow-up, counseling on infant feeding and procurement of local fortified weaning foods. CRS will procure and distribute nutritional supplements to all EP supported PMTCT partners for HIV exposed infants aged six to 15 months, as well as pregnant and breastfeeding women who need nutritional support. This initiative will integrate with the Title II program and WFP activities.

The EP and MOH will continue to support systematic follow-up of HIV infected mothers and exposed children by collaborating closely with community workers and associations of PLHIV, and by adapting successful models from other countries, such as "Mothers 2 Mothers" from South Africa. Case managers will continue to coordinate facility and community linkages and refer HIV-infected children from PMTCT sites and nutrition centers to ARV services, to ensure that facility based staff follow up on referrals. The EP will also continue to support male involvement in PMTCT activities. Women who are victims of violence will be referred to appropriate care and support.

In line with the EP strategy and sustainability goals, partners will ensure that all patients receive a standard package of PMTCT services. The EP will also promote sustainability of services through a combination of input TA and output performance-based financing. Procurement, forecasting and distribution processes for ART, CTX and other PMTCT commodities will be further strengthened in collaboration with SCMS, the MOH and CAMERWA.

As part of a package of interventions to evaluate and strengthen the quality of HIV-related services, the EP will support the implementation of HIV-QUAL, joint supervisory visits, and appropriate laboratory QA for CD4 and HIV testing. Finally, the EP will continue to support PMTCT services by assisting TRAC to improve their central M&E capacity and integrate PMTCT/CT modules into the TRACnet system. The following PHEs will be carried out in FY 2008: impact of nutrition interventions on PMTCT programs and infant outcomes, and an evaluation of optimal HIV testing timing for breastfeeding infants.

#### Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	180
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	144936
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6056
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1047

#### Custom Targets:

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3493.08	<b>Mechanism:</b> CRS Supplemental
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 8185.08	<b>Planned Funds:</b> \$497,068

**Activity System ID:** 12792

**Activity Narrative:** Noted April 24, 2008: With these additional funds CRS in collaboration with TRAC will purchase vehicles and fuel and recruit drivers to carry supervisors recruited by TRAC to initiate and scale-up quality performance measurement of PMTCT program in Rwanda.

This is a continuing activity from FY 2007. No narrative required.

#### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8185

**Related Activity:** 12876, 16976, 17102, 16885,  
12813, 12794, 16863, 12867,  
12796, 12797, 12869

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20967	8185.20967.09	HHS/Health Resources Services Administration	Catholic Relief Services	9178	3493.09	CRS Supplemental	\$348,152
8185	8185.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$688,338

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
16885	16885.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* In-Service Training

### Wraparound Programs (Health-related)

- \* Child Survival Activities

- \* Malaria (PMI)

- \* Safe Motherhood

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	19	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	19	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,658	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	417	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	130	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

## Coverage Areas

Burera

Gicumbi

Nyamasheke

Gatsibo

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 129.08

**Mechanism:** Columbia MCAP Supplement

**Prime Partner:** Columbia University Mailman  
School of Public Health

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 4832.08

**Planned Funds:** \$883,908

**Activity System ID:** 12806

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7179

**Related Activity:** 12854, 12864, 12876, 16976,  
17102, 16885, 12813, 12808,  
12809, 12810, 12867, 12803,  
16862, 16955, 12863, 12869

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20976	4832.20976.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$579,731
7179	4832.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$626,843
4832	4832.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$250,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
16885	16885.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12809	2799.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$1,285,846
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448
12863	4976.08	6318	3497.08	National Reference Laboratory	National Reference Laboratory	\$1,250,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* In-Service Training

### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	32	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	32	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	21,258	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	857	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	173	False



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

## Coverage Areas

Karongi

Rutsiro

Nyabihu

Rubavu

Gasabo

Nyarugenge

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 169.08

**Prime Partner:** Community Habitat Finance  
International

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 2805.08

**Activity System ID:** 12813

**Mechanism:** CHAMP

**USG Agency:** U.S. Agency for International  
Development

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

**Program Area Code:** 01

**Planned Funds:** \$100,000

**Activity Narrative:** This is a continuing activity from FY 2007. A narrative is included because this partner requires an 8% to any one partner justification waiver.

The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

CHAMP partners are training members of various community and faith-based organizations to promote PMTCT services in their communities by encouraging early ANC attendance, delivery in facilities, use of appropriate infant feeding practices, use of early infant diagnosis and male involvement in ANC and PMTCT. CHAMP trains volunteers to promote and support exclusive breastfeeding for HIV-positive lactating mothers, support mothers during the cessation period, and provide information about appropriate weaning foods and nutrition counseling. In FY 2008, CHAMP partners will continue to provide training for community volunteers to promote PMTCT as part of their provision of care to OVC and PLHIV. CHAMP partners will also work with EP-supported clinical partners to strengthen the referral system to get pregnant women to PMTCT services and assist the clinic-based case managers to ensure proper treatment adherence. CHAMP partners will link women in PMTCT and their families to other key community services, including PLHIV associations, income generating activities, community gardens, malaria prevention and treatment, child survival and health programs, and food assistance. CHAMP partners will not have any direct targets in this area, but will contribute to increasing the number of women receiving PMTCT services by EP clinical partners by training volunteers to promote the use of PMTCT services.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7181

**Related Activity:** 12814, 12815, 12816, 12818, 12819, 12821

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20984	2805.20984.09	U.S. Agency for International Development	Community Habitat Finance International	9181	169.09	CHAMP	\$0
7181	2805.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$150,000
2805	2805.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$112,790

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12814	2807.08	6308	169.08	CHAMP	Community Habitat Finance International	\$360,000
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000
12819	2806.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Bugesera  
Gatsibo  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 100.08

**Mechanism:** HIV Support to RDF

**Prime Partner:** Drew University

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 8122.08

**Planned Funds:** \$138,457

**Activity System ID:** 12822

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8122

**Related Activity:** 12823, 12826, 12828, 12829,  
17059, 12876, 16976, 17102,  
16885, 12813, 12868

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20992	8122.20992.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$103,962
8122	8122.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$64,246

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
16885	16885.08	7585	7585.08	Prtrn Rprtng System	Social and Scientific Systems	\$100,000
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
12828	8165.08	6309	100.08	HIV Support to RDF	Drew University	\$57,229
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	8	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	8	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,160	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	86	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Special populations

Most at risk populations

Military Populations

### Other

Pregnant women

## Coverage Areas

Nyamagabe

Gatsibo

Kicukiro

Table 3.3.01: Activities by Funding Mechanism

**Mechanism ID:** 170.08

**Mechanism:** HIV/AIDS Performance Based Financing

**Prime Partner:** Management Sciences for Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 2814.08

**Planned Funds:** \$298,972

**Activity System ID:** 12854

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7219

**Related Activity:** 12792, 16732, 16739, 16746, 12806, 12855, 12856, 12857, 12858, 12859

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28142	28142.09	U.S. Agency for International Development	United Nations High Commissioner for Refugees	11529	11529.09	United Nations High Commissioner for Refugees	\$20,000
20706	2814.20706.09	U.S. Agency for International Development	Management Sciences for Health	9112	170.09	HIV/AIDS Performance Based Financing	\$0
7219	2814.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$746,240
2814	2814.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$600,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12855	2815.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$418,559
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
12857	2812.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,971
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860
12859	8743.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972

## Emphasis Areas

Human Capacity Development

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	0	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	0	False

## Indirect Targets

Number of service outlets providing HIV-related palliative care supported with performance-base financing= 180

## Target Populations

### Other

Pregnant women



## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Gatsibo  
Kayonza  
Ngoma  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4046.08	<b>Mechanism:</b> BASICS
<b>Prime Partner:</b> Partnership for Child HealthCare Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 8697.08	<b>Planned Funds:</b> \$357,000
<b>Activity System ID:</b> 12864	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007. No narrative required.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 8697	
<b>Related Activity:</b> 12792, 16732, 16739, 16746, 12806, 12822, 12887	

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21013	8697.21013.09	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	9188	4046.09	BASICS	\$0
8697	8697.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	4342	4046.07	BASICS	\$200,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Wraparound Programs (Health-related)

\* Child Survival Activities

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 97.08

**Mechanism:** TRAC Cooperative Agreement

**Prime Partner:** Treatment and Research AIDS Center

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 2743.08

**Planned Funds:** \$300,000

**Activity System ID:** 12876

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7244**Related Activity:** 12792, 16732, 16739, 17059,  
16746, 12854, 12864, 12822,  
12806, 12903, 16976, 17102,  
16885, 12887, 12813, 17089**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21033	2743.21033.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$300,000
7244	2743.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$450,000
2743	2743.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$60,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
16885	16885.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12903	8184.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$166,300
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
17089	17089.08	7643	7643.08	M2M NPI	Mothers 2 Mothers	\$0

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	120	False

## Indirect Targets

Tracs is the agency responsible for developing policies, norms and guidelines for clinical HIV/AIDS services. This activity direct support TRAC for PMTCT targeted evaluation which will inform of the revision of protocol and tools which will be used by 350 health facilities offering PMTCT where 276360 pregnant women will be tested

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08 **Mechanism:** CDC Country Office GHAI/TA  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT **Program Area Code:** 01  
**Activity ID:** 8184.08 **Planned Funds:** \$166,300

**Activity System ID:** 12903

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8184

**Related Activity:** 17059, 12876, 12792, 12806, 17102

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21062	8184.21062.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$126,000
8184	8184.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$42,300

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

## Indirect Targets

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 4740.08

**Mechanism:** Refugees UNHCR

**Prime Partner:** United Nations High Commissioner for Refugees

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 8696.08

**Planned Funds:** \$16,407

**Activity System ID:** 12887

**Activity Narrative:** Noted April 24, 2008: The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8696

**Related Activity:** 12876, 16976, 17102, 16885, 12813, 12889, 12868, 12893

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24523	8696.24523.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$13,897
8696	8696.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$35,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
16885	16885.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12889	8711.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$4,723
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
12893	8737.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$103,365

### Emphasis Areas

#### Gender

- \* Increasing gender equity in HIV/AIDS programs

#### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

#### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* TB

#### Wraparound Programs (Other)

- \* Food Security

### Food Support

### Public Private Partnership



## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,800	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	40	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	25	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

## Coverage Areas

Byumba (prior to 2007)

Kibuye (prior to 2007)

Umutara (Mutara) (prior to 2007)

Gicumbi

Gatsibo

Karongi

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 8699.08

**Prime Partner:** New York AIDS Institute

**Funding Source:** GHCS (State)

**Mechanism:** N/A

**USG Agency:** HHS/Health Resources Services Administration

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 19491.08

**Planned Funds:** \$70,000

**Activity System ID:** 19491

**Activity Narrative:** With these additionnal funds the HIVQUAL project at the National Institute of AIDS in NEW YORK will provide technical assistance to National AIDS Treatment and Research Center TRAC to draft the plan of HIVQUAL implementation, adapt the training materials and supervise the training of trainers sessions. Approximately three TDYs of two experts from HIVQUAL project will be covered with these funds.This activity will improve the quality of HIV services in Rwanda.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 7089.08

**Mechanism:** EGPAF Bilateral

**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 15215.08

**Planned Funds:** \$539,020

**Activity System ID:** 16732

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15215

**Related Activity:** 12792, 16739, 16746, 12854, 12864, 12806, 16735, 16736, 16737, 16738

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20042	15215.2004 2.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$371,195
15215	15215.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$427,453

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* In-Service Training

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	37	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	37	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	32,774	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,275	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	88	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

## Coverage Areas

Gatsibo

Kayonza

Ngoma

Rwamagana

Bugesera

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 7088.08

**Mechanism:** FHI Bilateral

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 15208.08

**Planned Funds:** \$502,175

**Activity System ID:** 16739

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15208

**Related Activity:** 12854, 12864, 16742, 16743, 16744, 16745, 12876, 16976, 17102, 16885, 12813

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20660	15208.20660.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$415,345
15208	15208.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$371,734

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
16885	16885.08	7585	7585.08	Prtrn Rprtng System	Social and Scientific Systems	\$100,000
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	49	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	49	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	42,566	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,459	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	175	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

## Coverage Areas

Kamonyi

Muhanga

Nyamagabe

Nyaruguru

Ruhango

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 7090.08

**Mechanism:** IntraHealth Bilateral

**Prime Partner:** IntraHealth International, Inc

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 15219.08

**Planned Funds:** \$525,549

**Activity System ID:** 16746

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15219

**Related Activity:** 12792, 16732, 16739, 12854, 12864, 12806, 16749, 16750, 16751, 16752

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20668	15219.2066 8.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$377,244
15219	15219.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$530,856

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
16749	15227.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$668,324
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* In-Service Training

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership



## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	32	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	32	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,720	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	922	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	256	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

## Coverage Areas

Nyagatare

Gasabo

Gicumbi

Rulindo

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 7585.08

**Prime Partner:** Social and Scientific Systems

**Mechanism:** Prtnr Rprtng System

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 16885.08

**Planned Funds:** \$100,000

**Activity System ID:** 16885

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between the EP and its implementing partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS M&E plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting systems.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the EP and GOR partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the EP and GOR. Additionally, all data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) collecting and verifying data, analysis and data interpretation, and development and implementation of a data use plan; (3) assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) conducting trainings/workshops on data quality improvement and use for EP staff and implementing partners; and (5) providing evaluation assistance including analysis of M&E plans and guidance on key evaluation activities for the EP, and performing additional M&E responsibilities in line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16958, 16982, 16984, 17065,  
17029, 17031, 17034, 17039,  
12792, 16732, 16739, 17059,  
16746, 12854, 12864, 12876,  
12806, 12822, 12903, 16976,  
17102, 12887, 12813, 17089,  
17092

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12903	8184.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$166,300
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
17089	17089.08	7643	7643.08	M2M NPI	Mothers 2 Mothers	\$0
16982	16982.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
17065	17065.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
17034	17034.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$200,000

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 6146.08

**Mechanism:** Ibyringiro

**Prime Partner:** Catholic Relief Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 16976.08

**Planned Funds:** \$1,700,000

**Activity System ID:** 16976

**Activity Narrative:** EP Rwanda, through Title II and WFP, supports several partners to provide food assistance and address food insecurity, especially for PLHIV. In order to better link this food assistance with ongoing HIV and AIDS care, treatment and prevention services, the EP will (beginning in FY 2007) issue an RFA to support and incorporate care and prevention services for PLHIV and OVC into ongoing food distribution. A requirement of the awardees will be a significant in-kind contribution of food to distribute to PLHIV. Current organizations with food for this purpose include the recipients of Title II food aid and the WFP. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance.

In addition to providing care and prevention services for communities, partners will be expected to link closely with clinical sites to identify PLHIV in need of food support and to ensure adequate follow-up. Given the expertise of these partners in the provision and distribution of food, EP will use this mechanism to procure food for PMTCT programs. One partner will be selected to procure and distribute nutritional supplements to all EP PMTCT partners. This will be coordinated with ongoing food assistance for PMTCT programs currently being provided by the WFP. This activity will benefit 5,000 pregnant and breastfeeding women. EP clinical partners will build capacity of providers in high quality nutrition assessment and counseling, and will develop the IEC materials and nutritional assessment tools for providers. Nurses will be trained to measure height and weight, and charts will be provided for determination of BMI. Mid-upper arm circumference will also be measured for pregnant and breastfeeding women. Nurses and, where active, lay counselors, will be trained in providing counseling and education on nutritional care practices and on preparation and consumption of the foods provided.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12792, 16732, 16739, 16746, 12806

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908

## Emphasis Areas

Wraparound Programs (Other)

\* Food Security

## Food Support

Estimated PEPFAR dollars spent on food	\$1,700,000
Estimation of other dollars leveraged in FY 2008 for food	\$2,356,821

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
number of service outlets providing the minimum package of PMTCT services according to national or internal standards that are supported with performance-based financing	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 7643.08

**Mechanism:** M2M NPI

**Prime Partner:** Mothers 2 Mothers

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 17089.08

**Planned Funds:** \$0

**Activity System ID:** 17089

**Activity Narrative:** This initiative started in FY 2007 and is designed to improve the effectiveness of prevention of mother-to-child transmission of HIV (PMTCT) services that will be carried out through facility-based, peer-to-peer education and psychosocial support programs for pregnant women, new mothers and caregivers, all living with HIV/AIDS.

There are four components to these activities; 1) curriculum-based training and education programs, 2) psychosocial support and empowerment services, 3) programs to increase uptake for counseling and testing, and 4) bridging services linking PMTCT treatment and care to anti-retroviral treatment (ARV) and other health services. The primary emphasis areas for these activities are human resources (Human Capacity Development), training, and local organization capacity development and sustainability.

All M2M activities are coordinated coordinated with local PMTCT service providers and their partners and will be carried out in conjunction with district health authorities. M2M will commence with services in five sites in the first quarter of FY 2008 and will continue to roll out and sustain programs in a total of 50 sites by the end of FY 2009. The M2M Local partner for in-country program implementation is PACFA . As a provider of indirect support to local PMTCT programs, M2M and PACFA will support PMTCT activities throughout Rwanda. In active collaboration with district health officials, women and infants infected with HIV will be linked to ARV therapy programs.

Ongoing monitoring and evaluation (M&E) including quality assurance will be an integral part of the m2m program designed to ensure and promote the quality of training of MM and of the peer-education services they provide as well as ensure the program continues to be adapted and improved to meet the current needs of the PMTCT program in Rwanda and those of the HIV-infected women we serve. These M&E activities will draw on available data and complement those of other PMTCT implementing partners.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12792, 12806, 12876, 12887, 12903, 16732, 16739, 16746, 17059, 17102, 12901

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12903	8184.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$166,300
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12901	2785.08	6328	114.08	USAID Rwanda Mission	US Agency for International Development	\$2,479,021

## Emphasis Areas

New Partner Initiative (NPI)

## Food Support

## Public Private Partnership

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 8692.08

**Mechanism:** N/A

**Prime Partner:** American Refugee Committee

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

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

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 19490.08

**Planned Funds:** \$18,335

**Activity System ID:** 19490

**Activity Narrative:** The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

**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: \$7,966,700**

Estimated PEPFAR contribution in dollars \$220,000

Estimated local PPP contribution in dollars \$220,000

### Program Area Context:

The EP supports the strategic scale-up of prevention education and services. Prevention is also significantly funded in related activities in HBHC, HVCT, HVOP and OHPS in FY 2008.

According to the 2005 RDHS-III and the 2006 UNAIDS estimates, Rwanda's adult HIV prevalence is 3.1%. Seroprevalence rates among women (3.6%) are higher than men (2.3%) and are higher in urban areas (7.3%) than rural areas (2.2%). Prevalence rises progressively with age with women having higher prevalence rates than men up until 35-39 years after which the trend is reversed.

The age of sexual debut in Rwanda is relatively late for both women and men (20.3 and 20.8, respectively), and the prevalence rates among the youngest age group (15-19) reflect this data with 0.6% prevalence among girls and 0.4% prevalence among boys. However, the prevalence rate increases dramatically to 2.5% for women in the 20-24 age group, while the prevalence among men 20-24 remains almost the same at 0.5%. This difference suggests that women aged 20-24 are engaging in trans-generational sex with older men who also have higher prevalence rates. According to the 2005 RDHS-III, the HIV prevalence rate among women who reported having their first sexual experience with a partner 10 or more years older is 10.4%. Use of condoms during the first sex is extremely low (16.2% for girls aged 15-17 and 7.9% for boys in the same age category; 11.2% for girls aged 18-19 and 13.4% for boys in the same age category).

Knowledge of HIV/AIDS is almost universal in Rwanda. Knowledge of methods to reduce the risk of getting the AIDS virus varies by sex: 80% of women and 90% of men know that the risk of contracting HIV/AIDS can be reduced by using condoms; 86.8% of women and 87% of men know it can be reduced by limiting sexual intercourse to one un-infected partner; and 81.8% of women and 88.1% of men know about abstinence as a prevention method. Knowledge of HIV and HIV prevention is similar for youth aged 15-24.

When asked about sexual behaviors in the past 12 months, 15% of young women and 48% of young men (15-24) had engaged in higher-risk sexual intercourse. Among this cohort, 26% of women and 40% of men had used a condom at last reported higher-risk sexual intercourse. In Rwanda, 33.8% of women reported having ever experienced physical or sexual violence by their partner. Among women who reported that their husband "gets drunk often", 71.6% experienced physical or sexual violence. Reported condom use in last sexual intercourse is low: females: 27.4% (15-19 yrs) and males 37% (same age category). Use decreases for girls 20-24 to 23.3% and increases slightly for males to 40.5% in the 20-24 age category.

Although Rwanda has a comparatively low prevalence relative to neighboring countries, the epidemic is considered generalized. The EP prevention strategy is to target the general population with a special emphasis on MARPs – youth, especially young girls and youth shown to be at high risk; HIV-positive individuals and their families; prisoners; mobile populations (including the military, refugees and truckers); older men engaging in transactional or intergenerational sex; and female sex workers (FSWs) and their partners. The EP AB programs will take an integrated approach, which target individual behavior and societal norms as well as link AB with C/OP, particularly for programs targeting MARPs. This strategy fully supports and complements the 2006 GOR National Prevention strategy.

By the end of FY 2006, the EP had reached over 1.2 million individuals with AB messages; 246,000 youth with abstinence only messages and trained over 19,600 individuals in promoting the use of AB. The interventions used include a range of mass media radio dramas; interpersonal peer education; working through churches to increase the capacity of priests, religious leaders and parents to support young people to make and keep abstinence pledges; and activities in school conducted through the Healthy Schools Initiative. The EP has also supported activities with media institutions, including training journalists to improve their ability to accurately and fairly report on HIV/AIDS to reduce stigma surrounding HIV/AIDS in communities. EP partners in Rwanda continue to blend their use of radio and other media to communicate HIV information to youth and others, generating dialogue and discussion about the pertinent issues contributing to or resulting from HIV/AIDS. These activities in mass media are supported by exchanges at the interpersonal level in schools and communities to deepen the discourse around HIV and encourage the use of



AB.

In FY 2007, the EP partners continue these efforts and also provide AB messages to military, youth, OVC and their caretakers, PLHIV and their families, refugees, workers, and young premarital and married couples. Prevention messages have been integrated into all EP-supported activities, including TC, clinical care and treatment, PMTCT services, ART services, and community-based activities for OVC and PLHIV. In FY 2007, the EP integrated alcohol programming into its activities, including strengthening the TC protocol to screen for alcohol abuse; providing information to MARPS on the role of alcohol in increasing risk of HIV infection; and, providing support for clients to better understand the role of alcohol in initiating and adhering to ART. The EP also initiated activities that address the role of gender and gender based violence (GBV) in the spread of the epidemic such as working with clinical and community partners to create awareness and change societal norms related to GBV and to promote the availability and uptake of prophylaxis for victims of sexual violence. The EP has also used wrap-arounds to incorporate comprehensive prevention into ongoing USG programs in the tourism and coffee sectors. Through the Project Destination Nyungwe, the EP supports prevention activities in communities around the Nyungwe Forest by providing messages on abstinence and fidelity targeted at youth and young adults. The EP also supports the SPREAD project, targeted at coffee farmers and cooperatives, providing them with HIV prevention messages. These are complemented with TC services and referrals to other community and clinical services. EP efforts will continue to support and strengthen these activities in FY 2008.

In FY 2007, the EP has prioritized strengthening of the effort to “know our epidemic”. Activities to analyze and triangulate the different data sets - ( 2005 RDHS-III, the 2006 BSS and other behavioral data) - are underway and will refine our knowledge of the drivers of the epidemic as well as who is most at risk. This will enable the EP to better program and target activities to the most at risk groups, using the most appropriate AB and C/OP interventions. In FY 2008, the EP will undertake surveillance (including behavioral) and population estimates of female sex workers and other at risk groups. Technical assistance in FY 2008 will also focus on evaluating prevention activities. The EP will collaborate with the Prevention Technical Working Group to evaluate prevention activities, develop best practices, and provide strategic guidance to the country programs to incorporate best practices in prevention.

In FY 2008, the EP will continue to support integrated prevention activities with key prevention partners to implement social marketing and BCC campaigns. The campaigns will continue to target the general population with emphasis on young boys and girls using a variety of messages and techniques focused on abstinence and fidelity. These will include: increasing awareness about gender issues and HIV; improving communication between boys and girls and youth and their parents; addressing concurrency/multiple partners; empowering young girls; and increasing social support for abstinence and fidelity behaviors, especially to address the practice of cross-generational sex. They will also focus on developing life skills to strengthen young peoples' negotiation, communication, decision-making and leadership skills; and, improving self-confidence; and the ability to resist peer pressure.

Involving men as partners in the fight against HIV/AIDS calls for a renewed focus on reaching men where they work and gather. This will occur through ongoing prevention activities with the tourism and coffee industry. Additionally, the EP will launch an innovative partnership working with Rwanda's largest national brewery/bottler (BRALIRWA a Heineken subsidiary) to target HIV prevention activities to the associations of farmers that supply the brewery with sorghum/maize. These activities will reach approximately 5,500 farmers and their families. The EP will establish an MOU with the brewery and work to leverage in-kind or cash support. The terms of this arrangement will be finalized in early FY 2008.

The EP will reach 614,005 individuals with prevention messages and services promoting the use of abstinence and fidelity in FY 2008. In FY 2008, two major changes have occurred in the accounting for prevention targets. With regard to prevention services provided by partners: 1) the net number of such individuals has been reduced to more accurately and conservatively reflect the number of individuals who will actually be reached 2) the number of individuals reached by clinical partners with these services is reflected under HBHC whereas it had been reflected under AB in FY 2007. All EP prevention activities will continue to support the GOR National Plan for HIV Prevention (2005-2009).

#### Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	623805
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	129720
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10309

#### Custom Targets:

Table 3.3.02: Activities by Funding Mechanism

**Mechanism ID:** 8692.08

**Mechanism:** N/A

**Prime Partner:** American Refugee Committee

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 19479.08

**Planned Funds:** \$10,555

**Activity System ID:** 19479

**Activity Narrative:** The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7539.08

**Mechanism:** GHFP

**Prime Partner:** Public Health Institute

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 17063.08

**Planned Funds:** \$200,000

**Activity System ID:** 17063

**Activity Narrative:** USAID/Rwanda has three continuing staff engaged through the Global Health Fellows Program, and will support a fourth position in FY 2008. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. Continuing Fellows are an HIV/AIDS Prevention Advisor, a Logistics Advisor and a Senior Technical Advisor in the Program Office. For FY 2008, EP Rwanda proposes to add a GFATM/Donor Coordination Advisor to be located in the GFATM office.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7585.08

**Mechanism:** Prtnr Rprtg System

**Prime Partner:** Social and Scientific Systems

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 16982.08

**Planned Funds:** \$100,000

**Activity System ID:** 16982

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between the EP and its implementing partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS M&E plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting systems.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the EP and GOR partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the EP and GOR. Additionally, all data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) collecting and verifying data, analysis and data interpretation, and development and implementation of a data use plan; (3) assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) conducting trainings/workshops on data quality improvement and use for EP staff and implementing partners; and (5) providing evaluation assistance including analysis of M&E plans and guidance on key evaluation activities for the EP, and performing additional M&E responsibilities in line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16885, 16984, 16958, 17065, 17029, 17031, 17034, 17039

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17065	17065.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17034	17034.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$200,000

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Table 3.3.02: Activities by Funding Mechanism

**Mechanism ID:** 4693.08

**Mechanism:** P-RFA

**Prime Partner:** Population Services International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 16951.08

**Planned Funds:** \$220,000

**Activity System ID:** 16951

**Activity Narrative:** In FY 2008, the EP will sign a MOU with Bralirwa, the local Heineken subsidiary and bottler of beer and soda, to expand the company's provision of HIV prevention services, especially among the farming community on whom they rely for raw materials. Terms of the MOU will be set early in FY 2008, but the EP will leverage a match from Bralirwa (preferably 1:1) in in-kind and cash contributions.

Heineken has a global reputation for its strong HIV workplace policy that provides comprehensive health services for all employees. In Rwanda, Bralirwa currently provides healthcare to 600 employees and 2,900 family members. The company's mission statement includes three health components: protecting the health of its employees; finding a national solution to the HIV epidemic; and setting an example for others. Bralirwa's HIV workplace program provides HIV prevention services including peer education, TC, and ART drugs for all current and former employees. The EP will leverage the company's strong commitment to HIV prevention and control and corporate social responsibility, by expanding the number of beneficiaries served by its workplace program.

As Rwanda's only beer and soda bottler, Bralirwa works closely with farming communities who supply raw materials (sorghum and maize). Through this innovative PPP, Bralirwa and an EP implementing partner will work together to train Bralirwa peer educators and leaders of 23 farming associations in HIV prevention messaging, who will in turn sensitize the 5,000 members of the farming associations. Messages will primarily promote fidelity in marriage and will help educate about and provide the linkage to clinical services in the community. This funding is complemented by funding in the HVOP area.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17563	17563.08	6292	4693.08	P-RFA	Population Services International	\$50,000

**Emphasis Areas**

**Food Support**

**Public Private Partnership**

Estimated PEPFAR contribution in dollars	\$220,000
Estimated local PPP contribution in dollars	\$220,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	30	False

**Target Populations**

**General population**

Adults (25 and over)

Men

Adults (25 and over)

Women

**Coverage Areas**

Bugesera

**Mechanism ID:** 4897.08

**Mechanism:** Peace Corps

**Prime Partner:** US Peace Corps

**USG Agency:** Peace Corps

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 16838.08

**Planned Funds:** \$1,800,000

**Activity System ID:** 16838

**Activity Narrative:** In 1994, Peace Corps closed its program in Rwanda due to political instability in the country. At the invitation of the GOR, Peace Corps will re-establish its presence in Rwanda in FY 2008. Peace Corps/Rwanda (PC/R) will recruit 35 volunteers, including 20 for the community development (CD) sector and 15 for the education sector. Projects in these two sectors will be designed in the context of Rwanda's Vision 2020 and decentralization plan. In the first year, 20 CD volunteers will be assigned to and collaborate closely with Rwandan administrative authorities at the district, sector, cell and umudugudu levels; international and Rwandan NGOs; C/FBOs; associations; cooperatives; and private sector partners. The primary assignment of the first group of 15 education volunteers' will be teaching English, information technology, math, or science. All volunteers will receive training in Kinyarwanda and French, live and work for two years at the community level, and collaborate with their counterparts to build capacity and support sustainable HIV prevention efforts.

In alignment with the GOR and EP strategies, volunteers will help build the capacity of rural communities to develop comprehensive HIV/AIDS prevention strategies. CD volunteers will conduct community-based training and other outreach efforts focused on prevention through abstinence and being faithful. Education volunteers will incorporate HIV/AIDS prevention activities into their classrooms, train fellow teachers, and organize after school programs.

In its initial year, PC/R's EP program will concentrate on strategic assignment of volunteers within EP priority districts to facilitate linkages between providers of HIV/AIDS prevention, care, treatment, and other wraparound services. Volunteers may be placed with other EP-funded organizations and institutions to help build their capacity to integrate HIV prevention into broader community development initiatives. All volunteers, regardless of assignment, will receive comprehensive EP-funded HIV/AIDS pre-service and in-service training and will be expected to integrate HIV prevention activities into their work. To ensure consistent messaging as well as strengthen PC/R's capacity for networking and collaboration, training will be conducted in partnership with GOR and EP partners. Volunteers will have access to a EP-funded grants mechanism, Volunteer Activity Support and Training (VAST), which provides funding for small community-initiated projects, training and educational events related to AB prevention. PC/R will reproduce training and messaging materials developed by other partners.

In accordance with the EP prevention guidance, volunteers will undertake specific activities that may include collaboration with PSI, CHAMP, and other EP-funded partners to strengthen AB prevention efforts at the community and district levels; building the institutional capacity of C/FBOs and associations in strategic planning, M&E, and project development; development and strengthening of community-based activities focused on partner reduction; reducing trans-generational sex and informal transactional sex; increasing girls/women's empowerment, male involvement and male norms; strengthening youth friendly health centers; helping to establish discordant couples' groups and activities focused on PFPs; and promotion of TC.

Funding for this activity covers start-up costs that will include office expenses, personal services contracts for host country national staff, all costs associated with supporting the 20 CD volunteers, and training materials development. These costs will be split proportionally between the HVAB and HVOP program areas. Peace Corps expects to field US direct hire staff in Rwanda by February 2008, with the first group of 35 volunteers arriving for 10 weeks of pre-service training on or about October 2008.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16841

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16841	16841.08	6334	4897.08	Peace Corps	US Peace Corps	\$700,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Wraparound Programs (Other)

- \* Education

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	16,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,900	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

**Prime Partner:** Catholic Relief Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 16856.08

**Planned Funds:** \$153,000

**Activity System ID:** 16856

**Activity Narrative:** The USG, through Title II and WFP, support a number of partners to provide food assistance and address food insecurity, especially for PLHIV, in Rwanda. In order to better link this food assistance with ongoing HIV and AIDS care, treatment and prevention services, the EP will (beginning with FY 2007 funding) issue an RFA to support and incorporate care for PLHIV and OVC into ongoing food distribution. In FY 2008, this will be expanded to include prevention services. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance to support prevention and care activities.

These awards will include HIV prevention activities to youth and PLHIV associations as part of food distribution. HIV prevention activities will focus on increasing community support for young people to choose abstinence until marriage; for people in unions to remain faithful to their partner; for addressing gender related issues in the community; and, to increase community support for healthy sexual behavior, including correct and consistent condom use. Funding will also increase the demand and uptake for TC services through links to other USG clinical partners. The EP expects to reach approximately 35,450 people with AB.

These partners will primarily be working in food insecure areas and will coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16857, 12768, 16945

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16857	16857.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$180,000
12768	12244.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$966,940
16945	16945.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$750,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

\* Food Security

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,450	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4740.08

**Prime Partner:** United Nations High  
Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 8700.08

**Activity System ID:** 12888

**Mechanism:** Refugees UNHCR

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$9,445

**Activity Narrative:** Noted April 24, 2008: The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

Rwanda is host to nearly 50,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases, particularly HIV, as well as violence, economic, and psychological distress. While much is currently unknown about HIV prevalence rates in the camp populations in Rwanda, recent service statistics show a prevalence of 5% among TC clients.

Since 2005, the EP has provided refugees with HIV/AIDS prevention and care services with linkages and referrals to local health facilities for treatment. In FY 2008, all clinical partners, including UNHCR, are funded for PFP activities under the HBHC program area. However, UNHCR implements prevention activities in the refugee community as well as in the clinical setting, and will therefore receive funding to continue these activities. UNHCR will promote AB messages to the refugee community, including in- and out-of-school refugee youth, men, and vulnerable women of reproductive age.

UNHCR will train or, as necessary, provide refresher training to peer educators using AB materials adapted for the refugee context. UNHCR will support interpersonal prevention activities that aim to increase youth access to prevention services, such as anti-AIDS clubs, life-skills training, school-based HIV prevention education, and community discussions. Messages delivered will focus on abstinence and fidelity and also include topics on the relationship between alcohol use, violence, HIV, and stigma reduction. Young girls in the refugee community, particularly female OVC, are vulnerable to predatory sexual behaviors of older men, as well as child sexual abuse, domestic violence, and sexual harassment at school. Prevention efforts under this activity will focus on changing social acceptance of cross-generational and transactional sex.

Key influential community members such as traditional and religious leaders and refugee camp leaders will also reinforce the messages of abstinence, delayed sexual debut, being faithful, reduction of GBV and responsible consumption of alcohol. As many risky behaviors can often be linked to other contextual factors such as unemployment, poverty, trauma, and psychosocial needs, UNHCR will strengthen referrals and mechanisms in coordination with other partners to provide refugee clients and their family members access to IGA, OVC programs, food support through Title II and WFP, vocational training, trauma counseling, legal support, and mental health care and support for at-risk clients.

CSWs are an important target group due to their risk exposure, difficulties in negotiating condom use, psychosocial needs, and the lack of alternative means for generating income. Cost-shared with HVOP funds, UNHCR will help establish support groups for CSWs to create opportunities for exchange and peer support, linkages to IGA and microfinance activities, vocational training, promotion of healthy RH behaviors, and psychosocial support and counseling.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8700

**Related Activity:** 12887, 12889, 12890, 12891, 12892, 12893

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24524	8700.24524.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$9,445
8700	8700.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$52,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12889	8711.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$4,723
12890	8718.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$8,204
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12892	8732.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$19,688
12893	8737.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$103,365

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9,800	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	False

## Indirect Targets

## Target Populations

### Other

Refugees/Internally Displaced Persons

## Coverage Areas

Byumba (prior to 2007)

Kibuye (prior to 2007)

Umutara (Mutara) (prior to 2007)

Gicumbi

Gatsibo

Karongi

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Mechanism:** CDC Country Office GHAI/TA

**Prime Partner:** US Centers for Disease Control and Prevention

**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:** 2849.08

**Planned Funds:** \$390,000

**Activity System ID:** 12904

**Activity Narrative:** In FY 2008, CDC will support one expatriate staff and one local staff member of the EP prevention team. Working in a country with a national HIV prevalence rate of 3.1%, it is vital for the EP to design and implement prevention strategies that can affect behavior change and reduce the number of new infections in order to stem the progression of the epidemic. The prevention team will be responsible for evaluating prevention activities, monitoring the epidemic through analysis of available data, collaborating with the National Prevention TWG on development of best practices, and providing strategic guidance to the country program.

The Prevention Specialist will also manage the CDC-funded prevention and TC activities by providing general oversight, TA, and support for monitoring and reporting of supported activities. This will include management of and TA to the Healthy Schools Initiative, CDC's largest prevention program, and the new PHE of couples testing.

This activity will also include the provision of TA from CDC headquarters to evaluate in-country programs and develop guidelines for best practices for use among all EP-supported prevention partners. This TA will support evaluation of behavior change prevention programs with youth, data use and analysis for development of an effective prevention strategy, and incorporation of international best practices in prevention.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7265

**Related Activity:** 12870, 12871, 12872, 17642

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28498	28498.09	U.S. Agency for International Development	US Agency for International Development	11660	11660.09	Cost of Doing Business	\$215,086
28496	28496.09	U.S. Agency for International Development	Reproductive Health Association of Cambodia	9765	9765.09	RHAC	\$28,228
28495	28495.09	U.S. Agency for International Development	Management Sciences for Health	11659	11659.09	Strengthening Pharmaceutical Systems	\$31,761
28494	28494.09	U.S. Agency for International Development	Research Triangle Institute	11658	11658.09	Health Policy Initiative	\$206,445
21063	2849.21063.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$20,000
7265	2849.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$0
2849	2849.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$0

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12870	2795.08	6321	128.08	PSI Healthy Schools	Population Services International	\$1,000,000
12871	4837.08	6321	128.08	PSI Healthy Schools	Population Services International	\$200,000
12872	2796.08	6321	128.08	PSI Healthy Schools	Population Services International	\$400,000
17642	17642.08	7835	7835.08	Couples Counseling	Population Services International	\$350,000

### Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

## Indirect Targets

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 121.08	<b>Mechanism:</b> WR Track 1.0
<b>Prime Partner:</b> World Relief Corporation	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 2790.08	<b>Planned Funds:</b> \$415,700
<b>Activity System ID:</b> 12919	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007.	

World Relief's "Mobilizing Youth for Life" project aims to 1) engage youth in interactive learning to establish standards of sexual protection, 2) equip influential adults to guide youth in making wise life choices, and 3) obtain commitments to abstinence before marriage and fidelity in marriage from youth aged 10-24 years old. Since the project's inception in March 2004, World Relief has reached over 730,800 youth through a combination of activities in over 2,380 churches, 520 schools, 684 clubs and other community settings. Over the past four years, the project expanded its activities into all 30 districts making it a national HIV prevention and stigma reduction program. With FY 2007 funding, World Relief focused in the 20 CHF/CHAMP districts, ensuring an integrated approach and coverage, with supplemental funding from EP supporting activities in the remaining 10 districts. Activities included support to the young people who had already made a commitment to abstinence as well as promoting and seeking commitments to abstinence for other youth. World Relief trained 8,052 youth leaders, pastors, peer educators and teachers using the Choose Life curriculum to reach youth with abstinence only messages. World Relief incorporated an alcohol and GBV approach into their programming, emphasizing the role of alcohol use in facilitating the transmission of HIV.

In FY 2008, World Relief will train and refresh all the youth influencers (church leaders, teachers, youth leaders and peer educators) to reach 40,000 new youth with AB messages through churches, youth rehabilitation centers and schools. They will also focus efforts on supporting the youth who have already committed to abstinence. Family focused activities such as youth and parent forums that encourage intergenerational discussion on HIV prevention will also be supported. World Relief will continue to use mass media (radio and video spots) to reach out to the community. FY 2008 is the last year of funding for World Relief under Track 1.0. Using master training of trainers and capacity building workshops on program planning and M&E, World Relief will ensure that local partners can continue the work carried out over the last few years. An end of project evaluation will be conducted to measure the overall effectiveness of the program and the results will be used to inform future programming.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7270

**Related Activity:** 12920

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21262	2790.21262.09	U.S. Agency for International Development	World Relief Corporation	9252	121.09	WR Track 1.0	\$832,138
7270	2790.07	U.S. Agency for International Development	World Relief Corporation	4361	121.07	WR Track 1.0	\$429,408
2790	2790.06	U.S. Agency for International Development	World Relief Corporation	2566	121.06	WR Track 1.0	\$655,131

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12920	2820.08	6337	452.08	WR Supplement	World Relief Corporation	\$250,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	15,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

## Indirect Targets

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

### Special populations

Most at risk populations

Street youth

### Other

Religious Leaders

Teachers

## Coverage Areas

Bugesera

Gatsibo

Nyagatare

Rwamagana

Gasabo

Kicukiro

Nyarugenge

Gakenke

Gicumbi

Rulindo

Kamonyi

Muhanga

Nyamagabe

Nyaruguru

Ruhango

Karongi

Rutsiro

Ngororero

Nyabihu

Rubavu



**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 452.08

**Mechanism:** WR Supplement

**Prime Partner:** World Relief Corporation

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 2820.08

**Planned Funds:** \$250,000

**Activity System ID:** 12920

**Activity Narrative:** This is a continuing activity from FY 2007.

World Relief's "Mobilizing Youth for Life" project aims to 1) engage youth in interactive learning to establish standards of sexual protection, 2) equip influential adults to guide youth in making wise life choices, and 3) obtain commitments to abstinence before marriage and fidelity in marriage from youth aged 10-24 years old. Since the project's inception in March 2004, World Relief has reached over 730,800 youth through a combination of activities in over 2,380 churches, 520 schools, 684 clubs and other community settings. Over the past four years, the project expanded its activities into all 30 districts making it a national HIV prevention and stigma reduction program. With FY 2007 funding, World Relief focused in the 20 CHF/CHAMP districts, ensuring an integrated approach and coverage, with supplemental funding from EP supporting activities in the remaining 10 districts. Activities included support to the young people who had already made a commitment to abstinence as well as promoting and seeking commitments to abstinence for other youth. World Relief trained 8,052 youth leaders, pastors, peer educators and teachers using the Choose Life curriculum to reach youth with abstinence only messages. World Relief incorporated an alcohol and GBV approach into their programming, emphasizing the role of alcohol use in facilitating the transmission of HIV.

In FY 2008, World Relief will train and refresh all the youth influencers (church leaders, teachers, youth leaders and peer educators) to reach 25,000 new youth with AB messages through churches, youth rehabilitation centers and schools. They will also focus efforts on supporting the youth who have already committed to abstinence. Family focused activities such as youth and parent forums that encourage intergenerational discussion on HIV prevention will also be supported. World Relief will continue to use mass media (radio and video spots) to reach out to the community. FY 2008 is the last year of funding for World Relief under Track 1.0. Using master training of trainers and capacity building workshops on program planning, monitoring and evaluation, World Relief will ensure that local partners can continue the work carried out over the last few years. An end of project evaluation will be conducted to measure the overall effectiveness of the program and the results will be used to inform future programming.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7272

**Related Activity:** 12919

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7272	2820.07	U.S. Agency for International Development	World Relief Corporation	4362	452.07	WR Supplement	\$250,000
2820	2820.06	U.S. Agency for International Development	World Relief Corporation	2580	452.06	WR Supplement	\$480,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12919	2790.08	6336	121.08	WR Track 1.0	World Relief Corporation	\$415,700

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	8,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

## Indirect Targets

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

### Other

Religious Leaders

Teachers

## Coverage Areas

Bugesera

Rwamagana

Gasabo

Kicukiro

Nyarugenge

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 128.08

**Prime Partner:** Population Services  
International

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 2795.08

**Activity System ID:** 12870

**Mechanism:** PSI Healthy Schools

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$1,000,000

**Activity Narrative:** The overall goal of PSI's Healthy Schools Initiative is to reduce HIV incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, changing social norms among men and women, and improving communication among secondary school youth. Prevention programs for youth remain a high priority for both the GOR and the EP. Since the overall national prevalence is 3.1%, there is a great need for prevention programming in the largely HIV-negative population and an opportunity to affect the progression of the epidemic by reaching the youth population. In addition, though 2005 RDHS-III data reflect a very low HIV prevalence among nearly all youth groups, recent testing data from some youth centers suggest that HIV prevalence among out-of-school youth could be as high as 7% in some areas.

During FY 2007, PSI collaborated with the MINEDUC to implement health communications interventions in 60 secondary schools under the Healthy Schools Initiative. In order to reach higher risk youth populations in FY 2008, this prevention initiative will be extended to 30 additional schools as well as out-of-school youth, through provision of comprehensive prevention and testing services at four youth centers in Rwanda. This strategy will thereby provide a more integrated prevention program for youth in Rwanda, targeting a diverse mix of in- and out-of-school youth.

The first component of the Healthy Schools Initiative is an interpersonal communication intervention focusing on improving parent-child communication about HIV/AIDS. During a five-session training, parents develop the knowledge and skills necessary to speak confidently to their children about the realities of HIV/AIDS in Rwanda. Children learn to speak more openly with their parents about the problems they encounter in everyday life. Emphasis is placed on the special vulnerability of girls and young women vis-à-vis GBV and transactional and cross-generational sex, and about protection from HIV through abstinence and fidelity.

A second component includes training of anti-AIDS clubs and other youth groups in gender and HIV/AIDS, interactive drama, peer education, interpersonal communication, and life skills techniques. Through these trainings and ongoing formative supervision, the EP will contribute to strengthening the capacity of the anti-AIDS clubs to conduct outreach IPC interventions at their schools and in the communities.

Additionally, PSI produces the ABAJENE! youth call-in radio shows that focus on healthy lifestyles and reinforce the prevention messages communicated during peer education trainings. A related ABAJENE! youth magazine is also produced quarterly and disseminated to youth in secondary schools.

By the end of 2006, PSI had trained 1,626 peer educators who reached 62,620 students with AB messaging and information. An additional 40,000 students were reached in FY 2007 by the 1,000 peer educators trained in AB. In FY 2008, PSI will maintain its presence in the first 60 schools through intermittent support and refresher trainings and will expand the Healthy Schools Initiative to 30 additional secondary schools. 44,000 secondary school youth will be reached with AB messages through the Healthy Schools Initiative.

New in FY 2008 will be EP support to four youth centers where PSI offers comprehensive prevention and testing services. PSI will leverage its experience with youth-friendly services and employ innovative models to deliver high quality prevention messaging and TC to most at-risk youth. PSI will build the capacity of youth associations and out-of-school anti-AIDS clubs to conduct IPC and peer education activities. PSI will also conduct mobile video unit shows and special events at youth clubs and other youth venues promoting AB and OP as appropriate. Synergies between school based and out-of-school activities will be achieved through sharing of IEC materials and curricula as well as creation of linkages between the schools and testing services at the centers. Priority target groups reached by youth centers will include youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), youth frequenting hotspots, girls engaging in transactional sex, and OVC above 15. PSI will create linkages with the CHAMP project for referral of OVC to comprehensive services. Approximately 45,000 youth will be reached with AB messages at the four youth centers.

PSI will measure outcomes and objectives through an ongoing behavioral research study started in FY 2007. The behavioral tracking methodology utilizes in-depth surveys to assess factors that affect behavior change among the secondary school youth reached with behavior change prevention interventions. Information obtained from this research will help to refine project interventions during implementation.

Funding in this area is also provided to support the national HIV/AIDS hotline, which is managed by the CNLS. The objective of the hotline is to respond to client calls with information about behavior change to prevent HIV, provide psychosocial counseling for PLHIV, and refer clients to testing centers. Of the more than 30,000 calls received annually, more than half are for HIV prevention counseling. With this funding in FY 2008, an estimated 18,000 people will be reached with HIV prevention messages promoting abstinence and fidelity through the hotline. PSI will also conduct refresher trainings in behavior change prevention counseling for the six hotline staff who manage the calls.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7226

**Related Activity:** 12871, 12872

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24643	2795.24643.09	HHS/Centers for Disease Control & Prevention	Population Services International	10521	128.09	PSI Healthy Schools	\$0
7226	2795.07	HHS/Centers for Disease Control & Prevention	Population Services International	4343	128.07	PSI Healthy Schools	\$550,000
2795	2795.06	HHS/Centers for Disease Control & Prevention	Population Services International	2571	128.06	HIV/AIDS School Based Program-Procurement	\$350,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12871	4837.08	6321	128.08	PSI Healthy Schools	Population Services International	\$200,000
12872	2796.08	6321	128.08	PSI Healthy Schools	Population Services International	\$400,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	107,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,606	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

## Coverage Areas

Bugesera  
Gatsibo  
Kayonza  
Kirehe  
Ngoma  
Rwamagana  
Gicumbi  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Gasabo  
Kicukiro  
Nyarugenge  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu  
Musanze  
Huye

**Table 3.3.02: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 132.08	<b>Mechanism:</b> PSI-DOD
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 4004.08	<b>Planned Funds:</b> \$80,000
<b>Activity System ID:</b> 12873	

**Activity Narrative:** The overall goal of this activity is to decrease new HIV infections in the military through BCC with a focus on AB.

PSI/Rwanda and the Directorate of Military Services (DMS) work together to promote prevention among members of the Rwanda Defense Forces (RDF). While many soldiers practice sexual abstinence and fidelity, their living situation, mobility and age make them vulnerable to HIV. For married soldiers, the distance from their families and spouses can make it difficult to maintain stable relationships. A KAP survey conducted by PSI/Rwanda in 2004 (in Gitarama, Butare and Kigali-rural brigades) indicated that out of 1,171 soldiers, 60% were single and young, 90% were aged between 20 and 34, and 4.3% had abstained from sex during their lifetime.

In FY 2007, this program reached approximately 15,000 members of the RDF and surrounding communities with primary prevention messages. Soldiers were encouraged to abstain and be faithful while they are away from their spouses and partners. PSI/Rwanda, in collaboration with the DMS, implemented an AB campaign and continued to provide trainings and TA to anti-AIDS-clubs and peer educators. The peer educators and TOT were trained in ABC prevention that addressed the links between HIV, alcohol and GBV. 142 peer educators were trained to promote ABC messages, stressing AB or C to different sub-groups within the RDF based on KAP research and segmentation of the target population (married or single). The peer educators encouraged married members of the RDF who live far away from their families to practice abstinence while on duty at the same time being faithful to their spouses. Interpersonal and mass media communication strategy was employed in order to reach both primary and secondary (spouses and partners of soldiers) target audiences. Prevention of alcohol abuse and the link between alcohol, sexual risk behaviors and GBV were emphasized in the peer education trainings and IEC materials promoting AB were provided.

In FY 2008, these activities will continue with the program reaching 17,000 members of the RDF and surrounding communities with AB prevention messages. PSI/Rwanda will continue implementing a community-based communications campaign among soldiers, their sexual partners, and surrounding communities in brigades and battalions to increase safer sexual behaviors. Key prevention strategies will include 1) capacity building of anti-AIDS clubs through trainings and formative supervision; 2) an outreach communications campaign including peer education activities, competitions and IPC sessions promoting AB; and, 3) promotion of TC services with a particular focus on couples testing, disclosure of sero-status and care and support for PLHIV. Using the results of a behavioral survey planned for late 2007, DMS and PSI/Rwanda will organize a message development workshop and update IEC materials for the FY 2008 communications campaign.

Strategic priorities for message development will include the benefits of AB, the integration of FP into HIV/AIDS messages, male involvement for HIV/AIDS prevention and FP, reduction of GBV and prevention of alcohol abuse.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7230

**Related Activity:** 12874, 12875

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21024	4004.21024.09	Department of Defense	Population Services International	9191	132.09	PSI-DOD	\$150,000
7230	4004.07	Department of Defense	Population Services International	4344	132.07	PSI-DOD	\$60,000
4004	4004.06	Department of Defense	Population Services International	2574	132.06	PSI-DOD	\$35,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12874	2803.08	6322	132.08	PSI-DOD	Population Services International	\$144,000
12875	4006.08	6322	132.08	PSI-DOD	Population Services International	\$495,000



**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	157	False

**Indirect Targets**

**Target Populations**

**General population**

Adults (25 and over)

Men

Adults (25 and over)

Women

**Special populations**

Most at risk populations

Military Populations

**Other**

Civilian Populations (only if the activity is DOD)

Table 3.3.02: Activities by Funding Mechansim

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 4967.08

**Planned Funds:** \$70,000

**Activity System ID:** 12895

**Activity Narrative:** USAID/Rwanda has been providing local and international TA to GOR agencies and limited direct grants to local NGOs since FY 2004.

In FY 2008, the EP will continue to build local capacity and provide AB services in Rwanda. USAID anticipates continuing financial and technical support to Rwandan NGOs in sponsoring or attending conferences, workshops and technical meetings on HIV prevention. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS and MIGEPROF.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7253

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21050	4967.21050.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$70,000
7253	4967.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$20,000
4967	4967.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$225,000

#### Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

#### Indirect Targets

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3451.08	<b>Mechanism:</b> Transport Corridor Initiative
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 4776.08	<b>Planned Funds:</b> \$757,000

**Activity System ID:** 12831

**Activity Narrative:** This is a continuing activity from FY 2007.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop messages.

The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along the transport corridor. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through the LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans, and low-income women. This helps to secure the long-term economic health of individuals, families and communities and thereby reduce their vulnerability to HIV/AIDS.

Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide source financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight AIDS through their own corporate social responsibility platforms. ROADS provides TA in M&E and in community mobilization and advocacy to an estimated 150 different local associations, women's groups and CBOs.

ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border).

FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck drivers, mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming to improve HIV counseling by including alcohol abuse issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART; and a focused campaign with bar/lodging owners and religious leaders to reduce alcohol abuse among truckers and other men. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services.

In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities. By the end of FY 2007, ROADS will have trained 100 peer educators from the associations and reached 40,000 individuals with AB messages. In FY 2008, ROADS will continue to reinforce ongoing peer education and community mobilization activities to reach 85,400 individuals with AB messages. 305 peer educators will be trained to promote AB. The peer educators will be out-of-school youth, truck drivers, commercial sex workers, and other community members.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7199

**Related Activity:** 12832, 12833, 12834, 12835, 12836

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20999	4776.20999.09	U.S. Agency for International Development	Family Health International	9183	3451.09	Transport Corridor Initiative	\$0
7199	4776.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$488,000
4776	4776.06	U.S. Agency for International Development	Family Health International	3451	3451.06	Transport Corridor Initiative	\$100,800

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12832	4777.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$275,000
12833	8142.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$250,000
12834	8727.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$150,000
12835	4778.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$300,000
12836	8744.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$450,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	85,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,270	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	305	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Gicumbi

Rusizi

Gasabo

Kicukiro

Kirehe

Rubavu

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 169.08

**Prime Partner:** Community Habitat Finance  
International

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 2807.08

**Activity System ID:** 12814

**Mechanism:** CHAMP

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$360,000

**Activity Narrative:** The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by the EP.

CHAMP will provide technical and financial assistance to Rwandan CBOs and FBOs who will incorporate prevention messages – focused on abstinence and/or fidelity as appropriate - into their programs for community and religious leaders, youth, PLHIV and their families, OVC including child-headed households, and community caregivers. CHAMP-supported partners are reaching over 100,000 individuals with abstinence and/or faithfulness messages and training over 3,000 community volunteers to provide these messages in FY 2007. While much of the delivery of prevention messaging is being done by the new USAID award for BCC and SM, CHAMP will continue to provide technical and financial support to Rwandan partner organizations to include appropriate and targeted prevention messages in their programs for 52,500 OVC and PLHIV in communities in FY 2008.

Messages will be delivered using a family-centered approach through face-to-face interactions and will address the entire household. These messages will include the linkages between alcohol use, violence and HIV; stigma reduction; abstinence; fidelity; partner reduction; the vulnerability of young women; and, the importance of knowing your HIV status. This program will reinforce the norms of Rwandan society which have led to a relatively late age of sexual debut (20.3 among women and 20.8 among men). This is especially important as traditional family and community structures are affected by HIV and AIDS. In addition, the programs will support and/or link to activities which will enable individuals to practice abstinence and/or faithfulness, such as life skills and income generating activities, and will address the societal norms surrounding cross-generational and transactional sex.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7183

**Related Activity:** 12813, 12815, 12816, 12818, 12819, 12821, 12775, 12776, 12777

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20985	2807.20985.09	U.S. Agency for International Development	Community Habitat Finance International	9181	169.09	CHAMP	\$0
7183	2807.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$720,000
2807	2807.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$1,780,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12775	8130.08	6292	4693.08	P-RFA	Population Services International	\$1,645,000
12776	8138.08	6292	4693.08	P-RFA	Population Services International	\$675,000
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000
12819	2806.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12777	8169.08	6292	4693.08	P-RFA	Population Services International	\$720,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	52,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,500	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Gakenke

Gicumbi

Rulindo

Kamonyi

Muhanga

Nyamagabe

Nyaruguru

Ruhango

Bugesera

Gatsibo

Nyagatare

Rwamagana

Karongi

Rutsiro

Ngororero

Nyabihu

Rubavu

Gasabo

Kicukiro

Nyarugenge

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4714.08

**Prime Partner:** Texas A&M University System

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 8128.08

**Activity System ID:** 12771

**Mechanism:** SPREAD

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$110,000



**Activity Narrative:** This is a continuing activity from FY 2007 that incorporates prevention messages into SPREAD, a USAID economic growth project. This five-year, \$6 million project targets rural cooperatives and agribusinesses in 19 districts by providing them with appropriate and sustainable TA to increase incomes and improve livelihoods. SPREAD works primarily with coffee cooperatives and coffee washing stations. In the past four and half years, the specialty coffee sub-sector has seen a major increase in production, with exports rising to \$3.3 million by the end of 2005 and farmers have seen their incomes triple.

The SPREAD Project continues to build on these agricultural and economic achievements, and in 2007, added a new health component using wraparound funding from the EP and CSH. This component provides health information and increased access to family planning, malaria and HIV/AIDS services to the coffee farmers and cooperative members.

In FY 2007, AB messages were disseminated during cooperative meetings and at coffee washing stations where farmers queue for hours, waiting for their coffee beans to be sorted and washed. SPREAD disseminated IEC materials and conducted drama skits and mobile video screenings to encourage healthy behaviors, such as antenatal visits, facility-based deliveries and the use of LLITNs.

In addition to group interventions, SPREAD also reached individual farmers through home-visits conducted by their "animateurs de café", volunteers who regularly visit cooperative members to provide TA on farming practices. SPREAD trains these volunteers to disseminate HIV prevention messages that include information on abstinence, fidelity, correct and consistent condom use as well as on partner reduction, alcohol abuse and GBV. SPREAD also partners with PSI to deliver appropriate community-based BCC messages and socially marketed products, mainly condoms, family planning commodities, LLITNs, and other health products via the animateurs de café and their corresponding coffee cooperative structure. They also offer TC services and referrals to other clinical and community services provided in the area.

In FY 2008, SPREAD will train 60 cooperative volunteers to deliver health communication messages to approximately 4,000 individuals. This includes a subset of 400 youth reached with abstinence only messages. The volunteers will refer individuals to TC and other clinical services. Cooperatives will be linked to LLITN, family planning and condom distribution outlets (using separate Health and EP HVOP funding). SPREAD works closely with other community and clinical health partners, especially CHAMP and Twubakane, to ensure that activities are coordinated and that referrals to additional clinical services are made. The activity supports the integration of HIV/AIDS and health through community-based services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8128

**Related Activity:** 12772

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21031	8128.21031.09	U.S. Agency for International Development	Texas A&M University System	9193	4714.09	SPREAD	\$75,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12772	8136.08	6290	4714.08	SPREAD	Texas A&M University System	\$55,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

- \* Economic Strengthening

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	800	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Gakenke

Huye

Kamonyi

Nyamagabe

Gatsibo

Ngoma

Rwamagana

Gasabo

Kigali (Rurale) (prior to 2007)

Gicumbi

Rulindo

Gisagara

Muhanga

Nyaruguru

Karongi

Rusizi

Rutsiro

Nyamasheke

Rubavu

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4696.08

**Prime Partner:** International Resources Group

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 8124.08

**Activity System ID:** 12773

**Mechanism:** Biodiversity

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$110,000

**Activity Narrative:** This is a continuing activity from FY 2007 that incorporates prevention messages into Destination Nyungwe Project (DNP), a USAID economic growth project. This four-year, \$3.8 million project focuses on sustainable rural economic growth through the development of a tourism sector that is compatible with existing and potential community development activities around the Nyungwe Forest National Park and surrounding buffer areas in southwestern Rwanda.

The DNP focuses 20% of its resources on community based health activities to raise awareness of the interlinking issues of population, health and the environment. The project works in five districts with some of the highest population densities in the country (250-500/km<sup>2</sup>), reaching approximately 300,000 people. More than 90% of the people living in this catchment area are subsistence farmers who are highly marginalized with low education levels, large families, poor housing, frequent food insecurity, and limited access to basic health care and infrastructure. This population is considered to be at high risk for HIV because of their limited access to information about HIV and their increasing contact with highly mobile populations.

DNP provides information about family planning and HIV/AIDS prevention to the populations around Nyungwe Park. Communities are encouraged to seek antenatal services, TC and facility-based deliveries. They receive HIV prevention messages focusing on abstinence, fidelity, partner reduction, alcohol use and GBV through IEC print materials, interpersonal communications, and community drama. The shifting of social norms, particularly male behaviors, is emphasized through community events. Individuals have received direct AB messages, which are reinforced by the information provided at the health facilities. DNP also works to strengthen referrals to HIV/AIDS services and the linkages between the health facility and the community. The project coordinates closely with the EP clinical and community partners who offer services in the surrounding districts.

FY 2008 activities will continue building on the activities begun in FY 2007, strengthening the support given to youth to remain abstinent until marriage as well as creating social norms for fidelity in marriage. Through 330 trained peer educators, DNP will reach 14,000 individuals with messages on AB, including a subset of 7,000 youth with messages on abstinence alone.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8124

**Related Activity:** 12774

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8124	8124.07	U.S. Agency for International Development	International Resources Group	4696	4696.07	Biodiversity	\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12774	8131.08	6291	4696.08	Biodiversity	International Resources Group	\$55,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	330	False

**Indirect Targets**

**Target Populations**

**General population**

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Coverage Areas**

Nyamagabe

Nyaruguru

Nyamasheke

Karongi

Rusizi

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 4693.08

**Mechanism:** P-RFA

**Prime Partner:** Population Services International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 8130.08

**Planned Funds:** \$1,645,000

**Activity System ID:** 12775

**Activity Narrative:** This activity addresses behavior change communication and social marketing for HIV prevention and other significant health concerns such as malaria, FP and MCH. In HIV, it addresses issues related to: abstinence, partner reduction, correct and consistent condom use, alcohol use, GBV, provision of TC services, integration of services including family planning and reproductive health and the social marketing of condoms to most at risk populations.

The target groups for these prevention activities include high risk populations (sex workers and their partners, mobile populations, prisoners, young women in transactional and cross generational relationships, married men and out of school youth). Through the EP, the CDC has a complementary Healthy Schools program targeting in-school youth. In addition, the activity focuses on premarital and married couples and the general population to shift social norms in communication within families, violence against women, and alcohol consumption.

The activity is designed to address some of the key data gaps in understanding the drivers of the HIV epidemic. The implementing partner will be expected to contribute significantly to assessments, analyses, and evaluations of behavioral and population data that will inform HIV programming. The partner will also be expected to use best practices from other EP programs.

Previous social marketing and communication activities included youth friendly reproductive health services, interactive live radio programs, interpersonal communication and peer education as well as TC services for high risk groups including female sex workers and prisoners. Two key communication campaigns were initiated. The first campaign targeted young boys and girls with messages focused on increasing awareness about gender issues and HIV; challenges in communications between boys and girls; life skills building to strengthen young people's negotiation, decision-making and leadership skills; self-affirmation and the ability to resist peer pressure; and empowerment of young girls. A significant component of this campaign promoted abstinence and fidelity among youth by helping young people increase their personal risk perception; addressing gender barriers; and understanding issues related to sex. The second campaign focused on transactional and cross-generational sex by targeting young women and their parents, older men, and opinion leaders to begin shifting social norms. This campaign was a result of the 2005 RDHS-III, which suggests that women aged 20-24 engage in sexual relationships with older men, putting themselves at risk for HIV. Using advocacy and mass media strategies, the campaign started national dialogue around the issue of cross generational sex, with an aim to change society's view of the practice and to promote a sense of responsibility among leaders to take a public stance on cross generational practices that put young women at greater risk. These activities also focused on reaching MARPs located in high transmission zones with IEC on correct and consistent use of condoms, TC services and increased awareness on STI treatment.

FY 2007 activities will maintain the ABC messages developed for the campaigns, reinforcing them at the national, community, and interpersonal level. In collaboration with key local partners, the partner will implement integrated primary prevention messages to increase personal risk perception and promote safer sexual behaviors. Key strategies focus on shifting social norms; empowering young women for safer sex negotiation; improving communication between boys and girls and youth and their parents; improving reproductive health; and increasing demand for TC and health related products and services. Interventions include mass media campaigns, advocacy, life skills training, peer education, mobile video and drama and technical capacity building of the GOR and local partners. Activities targeted at youth promote young people's ability to adopt safer sexual behavior, especially abstinence, and where youth are in stable/married relationships, promote fidelity. With FY 2007 funding, 20,000 people will be reached with AB programs and over 300 individuals trained to implement AB activities.

FY 2008 activities will continue to increase social support for abstinence and fidelity among youth and married couples and improve social norms around cross-generational sex and GBV. A range of different communication channels and activities will be used, such as discussion forums, drama, mass media (especially radio), peer education and life skills, training of health service providers to improve the quality of the services they offer and engaging religious leaders to support abstinence and fidelity among their community members. With FY 2008 funding, over 154,000 people will be reached with AB messages and 462 individuals trained to implement AB activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8130

**Related Activity:** 12776, 12777

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12776	8138.08	6292	4693.08	P-RFA	Population Services International	\$675,000
12777	8169.08	6292	4693.08	P-RFA	Population Services International	\$720,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	154,285	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	30,800	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	462	False

## Indirect Targets

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 1072.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5233.08

**Activity System ID:** 12788

**Mechanism:** CRS Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$286,000



**Activity Narrative:** This is a continuing activity from FY 2007.

CRS, in collaboration with its partner Caritas-Rwanda, implements the “Avoiding Risk, Affirming Life” project, which focuses on HIV prevention through abstinence, secondary abstinence and fidelity in marriage. The primary target groups are secondary school students, out of school youth, teachers, partners, religious leaders and PLHIV. The objectives of the activities are that young people will reduce their HIV risk by practicing AB; and that unhealthy sexual behaviors such as cross generational sex and sexual exploitation are reduced. CRS successfully integrates this AB prevention program into its other Track 1.0 programs for OVC and ART. CRS works closely with the GOR, the Catholic Church, EP-supported groups, and established community based groups such as Parent-Teacher Associations to implement activities. The “Avoiding Risk, Affirming Life” project began implementing activities in Rwanda in September 2005 with a knowledge, attitudes and practices (KAP) study. CRS then conducted a series of 18 focus groups in January 2006 to gather information about HIV knowledge, stigma, and first sexual encounter. Using the results of this research, CRS developed radio messages for specific target groups – in-school and out-of-school youth and married couples.

In order to coordinate and integrate activities at the parish level, CRS created parish commissions, which help mobilize the community and monitor activities. Parish commission members, teachers, students, priests and members of the Catholic Action Movement participated in three-day trainings on the Choose Life curriculum, developed by World Relief. In addition to the Choose Life AB curriculum, CRS has developed and distributed peer education and premarital counseling materials in all 33 participating parishes. CRS currently has trained over 680 peer educators, teachers and priests who have reached over 68,650 youth and young adults since the project began with messages promoting abstinence outside of marriage and faithfulness in marriage. Major activities implemented so far include training of trainers in BCC; sensitization of 17 print and radio journalists to raise awareness of HIV/AIDS, stigma and discrimination; workshops with OVC on child rights and sexual exploitation and community awareness sessions.

With FY 2007 funding, CRS continued to work with Caritas-Rwanda to implement project activities with an increased emphasis on life skills training instead of large scale community mobilization events. This strategy is to increase the impact of AB messages on behavior change. More than 1,348 new teachers, religious leaders, and peer educators were trained in HIV/AIDS prevention focusing on AB, who in turn reached more than 57,870 individuals with AB messages. In addition to providing AB messages through peer education, youth clubs and local Catholic Church structures, the project also worked to strengthen referrals to health facilities for TC and other HIV/AIDS services.

With FY 2008 funds, CRS will continue implementing the above mentioned activities- using the Choose Life and Faithful House manuals; training volunteers in the rights of children, especially fighting sexual exploitation; supporting at the parish level, efforts on improving reproductive health and promoting family planning and mobilizing the community to practice AB. As FY 2008 is the last full year of funding for CRS ABY Track 1 activities, a final evaluation of the project will be carried out and results to inform future programming.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7157

**Related Activity:** 12798, 12792, 12794, 16863, 12789, 12796, 12791, 12797

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20963	5233.20963.09	U.S. Agency for International Development	Catholic Relief Services	9176	1072.09	CRS Track 1	\$282,562
7157	5233.07	U.S. Agency for International Development	Catholic Relief Services	4324	1072.07	CRS Track 1	\$176,592
5233	5233.06	U.S. Agency for International Development	Catholic Relief Services	2587	1072.06	CRS Track 1	\$204,833

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12789	2830.08	6301	1072.08	CRS Track 1	Catholic Relief Services	\$149,100
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	57,870	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,850	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,349	False

## Indirect Targets

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Religious Leaders

Teachers

## Coverage Areas

Gisagara

Huye

Nyanza

Nyaruguru

Rutsiro

Ngororero

Nyabihu

Rubavu

## HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

**Total Planned Funding for Program Area: \$3,500,000**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

The goal of the National Blood Transfusion Service (NBTC) of Rwanda is to reduce the risk of medical transmission of HIV and other blood borne pathogens and ensure adequate supplies of safe blood and blood products. The NBTC is responsible for all transfusion services in Rwanda. With TA from AABB and procurement assistance from SCMS, the NBTC will work towards these goals through the implementation of blood safety activities in FY 2008. The EP strategy currently supports the NBTC and AABB through direct funding to improve blood transfusion safety and prevent HIV infections. In addition to these ongoing activities, this fiscal year the EP will begin to support SCMS in the area of blood safety procurement to better leverage pricing and procurement streams.

In FY 2007, the NBTC had many notable accomplishments. There have been no blood shortages over the past 12 months and the centers in Kigali, Butare, and Ruhengeri have collected over 40,000 units of blood. Blood donations in Rwanda remain 100% voluntary and non-remunerated. All blood units are screened for HIV, Hepatitis B & C, and Syphilis. From January to June 2007, 0.65% of all blood units donated were HIV-positive. The NBTC was also granted autonomous status by the MOH. Furthermore, key local blood safety staff have been identified, and the rehabilitation of the Butare center has been completed.

Along with ongoing blood collection, screening, and transfusion services, there will be a focus on strengthening blood safety in Rwanda through various targeted activities in FY 2008. There will be an emphasis on building local capacity through the training of blood safety staff at the NBTC in the areas of blood transfusion medicine, technical components, management, and quality assurance (QA) activities. New protocols will be implemented to improve donor recruitment in conjunction with community mobilization and sensitization projects that aim to increase the number of low-risk donors. To ensure donor coverage to a greater percentage of the country, the western province's regional center in Kibuye will be rehabilitated. Finally, the NBTC will work towards linking blood transfusion to TC services through the donor notification system, which will inform seropositive donors of their HIV status.

### Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	47
3.2 Number of individuals trained in blood safety	300

### Custom Targets:

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 4728.08

**Mechanism:** AABB

**Prime Partner:** American Association of Blood Banks

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Medical Transmission/Blood Safety

**Budget Code:** HMBL

**Program Area Code:** 03

**Activity ID:** 8860.08

**Planned Funds:** \$500,000

**Activity System ID:** 12782

**Activity Narrative:** In FY 2008, AABB will continue to provide TA to advance the NBTC's strategic goals and to support the rapid strengthening of blood transfusion services in Rwanda. Specifically, AABB will support the following; long-term strategic planning, implementation of quality systems, refinement of the NBTC legal framework and related policy documents, and strengthening of local networks to ensure sustainability. Furthermore, the EP will support the implementation of service agreements, the development of a cost-recovery model to ensure financial sustainability, revision of SOPs, and documentation of national blood transfusion guidelines.

AABB will provide technical support to: 1) improve the process for donor screening and commodity procurement; 2) conduct training of trainers; 3) hold workshops to improve laboratory capacity and storage management processes including reagents, and expand component production; 4) improve cold chain management; and 5) support the computerization of technical operations in all regional blood centers.

In FY 2008, AABB will also provide logistical assistance for the rehabilitation of the Kibuye center. The EP will expand donor services, and assist with facility design, staff training and donor recruitment strategies.

Building local capacity is a key activity in FY 2008. AABB will train 60 NBTC staff to strengthen blood safety activities in the areas of blood transfusion medicine, technical operations, quality assurance, M&E, and management. AABB will coordinate training and provide mentoring for NBTC physicians. The NBTC trainers will subsequently be able to improve and expand transfusion medicine services throughout Rwanda. This will include donor counseling, laboratory operations in infectious disease testing, expanding blood component therapy, appropriate blood component utilization and related data collection. AABB will support NBTC physicians to establish transfusion committees in regional hospitals to improve blood transfusion practices from ordering and administration of blood products, to monitoring of transfusion outcomes.

In FY 2008, AABB will support the development of a donor notification process by which NBTC will inform all donors of their sero-status. A comprehensive notification program will require collaboration with other Rwandan health services to ensure follow-up and treatment for sero-positive donors – as well as enhanced prevention messages for donors who are negative.

AABB will work with the NBTC to conduct a KAP survey to investigate factors that influence blood donation in Rwanda, improve retention of low-risk donors and increase blood donor recruitment in under-served regions. The findings will help establish donor recruitment goals, develop donor retention strategies, and identify appropriate community messaging programs regarding blood donation. AABB and NBTC will collaborate with the MOH Communications Department to develop blood donor mobilization programs based on the findings of the KAP survey.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8860

**Related Activity:** 12862, 16865

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20699	8860.20699.09	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	9108	4728.09	AABB	\$500,000
8860	8860.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4728	4728.07	AABB	\$400,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12862	2786.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$2,500,000
16865	16865.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$500,000

## Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	60	False

## Indirect Targets

**Table 3.3.03: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 115.08	<b>Mechanism:</b> Strengthening Blood Transfusion Services
<b>Prime Partner:</b> National Program for Blood Transfusion, Rwanda	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> Central GHCS (State)	<b>Program Area:</b> Medical Transmission/Blood Safety
<b>Budget Code:</b> HMBL	<b>Program Area Code:</b> 03
<b>Activity ID:</b> 2786.08	<b>Planned Funds:</b> \$2,500,000
<b>Activity System ID:</b> 12862	

**Activity Narrative:** In FY 2008, the National Blood Transfusion Service (NBTC) will continue its activities in blood collection, screening, and transfusion throughout Rwanda. The NBTC will continue implementing its blood safety protocols involving screening for transfusion-transmissible infections (TTI) including HIV, commodity procurement of blood safety supplies, staff supervision, and training for blood safety activities at the 47 national service outlet sites.

In FY 2008, blood services will be expanded through site rehabilitation and community outreach activities to increase blood donations by 10% and encourage more low-risk individuals to donate. The NBTC will improve existing blood transfusion-related services and expand blood collection throughout the country. Increasing the number of collection sites and decentralizing transfusion capacity will better serve the outlying hospitals and reduce the demand on the Kigali center. To ensure the sustainability of the NBTC, a cost recovery system will be introduced.

In addition, implementation of a KAP (Knowledge Attitude Practices) survey will target donors and non-donors to investigate factors influencing blood donation and inform mobilization projects targeting low-risk donors. Based on KAP findings, the NBTC will conduct community education activities on the benefits of blood donation, in collaboration with the Rwanda Health Communication Center.

In FY 2008, the EP will improve the quality of existing services and increase local capacity. A major emphasis will be the quality assurance plan (QA). This includes establishing and communicating QA policies such as error management and audit programs, documenting blood transfusion standards and norms, developing a hemo-vigilance policy and blood utilization tracking system, and adapting biohazardous waste disposal guidelines. In addition, the EP will support distribution of the first procedure manuals for the blood collection process, train staff in standard operating procedures, achieve quality control for blood screening tests on a national level, install an information system for blood center operations, and develop a maintenance manual for laboratory equipment. Capacity building activities focusing on training in QA, laboratory practices, donor recruitment and retention, blood storage, M&E, platelet production, and blood transfusion management will be conducted in FY 2008. Over 300 blood safety staff in all health districts will be trained by NBTC.

The NBTC will also create linkages between blood safety activities and TC. There is currently no notification program for donors who give HIV-infected blood. In FY 2008, the NBTC will deploy new intake forms, which will better identify low-risk donors, and will inform all donors that their blood will be tested for various TTIs including HIV, Hepatitis B & C, and Syphilis. This program will inform strategies to improve the collaboration between blood safety and TC programs in Rwanda. This will expand overall HIV prevention efforts and ensure that HIV-infected individuals are referred to care, treatment, and follow-up.

**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 7223  
**Related Activity:** 12782, 16865

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20719	2786.20719.09	HHS/Centers for Disease Control & Prevention	National Program for Blood Transfusion, Rwanda	9115	115.09	Strengthening Blood Transfusion Services	\$3,000,000
7223	2786.07	HHS/Centers for Disease Control & Prevention	National Program for Blood Transfusion, Rwanda	4340	115.07	Strengthening Blood Transfusion Services	\$2,700,000
2786	2786.06	HHS/Centers for Disease Control & Prevention	National Program for Blood Transfusion, Rwanda	2564	115.06	Strengthening Blood Transfusion Services	\$1,000,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16865	16865.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$500,000
12782	8860.08	6297	4728.08	AABB	American Association of Blood Banks	\$500,000

**Targets**

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	47	False
3.2 Number of individuals trained in blood safety	300	False

**Indirect Targets**

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 115.08

**Mechanism:** Strengthening Blood Transfusion Services

**Prime Partner:** National Program for Blood Transfusion, Rwanda

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Medical Transmission/Blood Safety

**Budget Code:** HMBL

**Program Area Code:** 03

**Activity ID:** 16865.08

**Planned Funds:** \$500,000

**Activity System ID:** 16865

**Activity Narrative:** This is a new activity in FY 2008 as the EP will be assisting the CNTS to purchase and procure blood safety supplies and consumables. In FY 2008, SCMS, which works in close collaboration with CAMERWA, will procure viral serology test assays for HIV, HBV, HCV, as well as test assays for syphilis. Blood collection and transfer supplies will include plasma expressors, hemostats, blood and transfer bags, hand sealers, calibration weights and an analytical balance.

The EP will also purchase other critical lab reagents, disinfectants and equipment to ensure safe collection, processing and cold chain management of blood. These include glycerin, blood and platelet administration sets, and coolant packs.

Furthermore, SCMS and CAMERWA will procure biosafety commodities to implement safety procedures protecting the staff and the environment from work-related contamination from HIV and other infectious diseases. These commodities include safety goggles, face shields, gloves, hand sanitizer, bio-hazard waste bags, sharps containers, biohazard stickers, eye wash, and disinfectants.

The blood safety supplies will be used by the CNTS staff in daily operations at all four regional centers and at all mobile blood drives. The procedures put in place, using the materials, would also be available to protect donors, visitors, and the environment from unexpected exposure to blood-borne pathogens.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12782, 12862

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12862	2786.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$2,500,000
12782	8860.08	6297	4728.08	AABB	American Association of Blood Banks	\$500,000



## HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

**Total Planned Funding for Program Area: \$1,785,808**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

The goal of the EP Safe Injection Program is to prevent the transmission of HIV and other blood borne pathogens by reducing the number of unsafe and unnecessary injections and minimizing contact with infectious medical waste. With EP support, Rwanda will continue its safe injection activities by: 1) developing and implementing national policies on safe injection, 2) improving medical practices through the training of healthcare workers and medical waste handlers, 3) procuring necessary materials for safe injections, 4) improving the safe management of sharps and medical waste and, 5) reducing unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies.

JSI, the implementing partner for HMIN, continues to successfully implement safe injection and medical waste management activities in Rwanda. Since 2004, the MMIS Program has reached all 30 districts in the country. In FY 2008, JSI will maintain activities in four technical areas: logistics and central level procurement, training and capacity development, advocacy and behavior change communication, and medical waste management. JSI will provide safe injection equipment such as auto-disable syringes, safety boxes, and needle cutters to public health facilities through a continuing procurement partnership with CAMERWA and BUFMAR. Centralized procurement and supply chain management will be scaled-up to ensure consistent delivery and quality of injection safety supplies to health facilities throughout Rwanda. JSI will conduct trainings of trainers for healthcare professionals in injection safety and medical waste management. In FY 2008, the EP will reinforce partnerships between clinical sites and schools of nursing.

In previous years, JSI has been effective at implementing activities that reach the healthcare and general communities with clear and consistent messaging surrounding safe injection behavior change. These interventions will be sustained in FY 2008 to reduce the overall number of unnecessary injections.

In FY 2008, JSI will also track safe injection practices and monitor accidental needle sticks of healthcare staff in all public hospitals and health centers.

### Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 1950

### Custom Targets:

**Table 3.3.04: Activities by Funding Mechansim**

**Mechanism ID:** 133.08

**Mechanism:** Safe Injection

**Prime Partner:** John Snow, Inc.

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Medical Transmission/Injection Safety

**Budget Code:** HMIN

**Program Area Code:** 04

**Activity ID:** 2804.08

**Planned Funds:** \$1,785,808

**Activity System ID:** 17255

**Activity Narrative:** John Snow, Inc., in collaboration with the GOR, continues to scale up its injection safety program in the various hospitals and health centers throughout Rwanda. In FY 2008, JSI will implement injection safety activities focusing on capacity building, logistics, procurement, BCC and policy change, protection and care of healthcare staff, and M&E. 1,500 healthcare personnel and 450 medical waste handlers in the public and private sectors will be trained on safe injection practices, medical waste management, and reducing the number of unnecessary injections. Inter-district site visits will be conducted to exchange experiences and train teaching staff at nursing schools on safe injections and medical waste management.

In FY 2008, logistics and procurement activities will continue. In collaboration with the national procurement and distribution system, JSI will continue providing auto-disable syringes, safe boxes, and needle cutters to health facilities. JSI will also build capacity of pharmacy managers through training in stock management. The sustainable importation of security boxes and auto-disable syringes will continue. JSI will evaluate the utilization of BCC materials among healthcare workers and will conduct a KAP survey on safe injections.

JSI will also implement medical waste management activities in FY 2008. The system for collection and destruction of medical waste will be reinforced and safety boxes will be provided to health facilities. JSI will collaborate with the MOH, WHO and the private sector to develop and implement the National Medical Waste Management Plan.

The protection of healthcare staff is a significant challenge in injection safety. In FY 2008, JSI will procure protection equipment for all healthcare workers in public health centers and develop a national policy to ensure PEP and care. These activities will be monitored through joint supervision activities (MOH and TRAC). JSI will also evaluate safe injection practices and medical waste management in Rwanda.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7209

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21011	2804.21011.09	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	9186	133.09	Safe Injection	\$880,185
7209	2804.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4336	133.07	Safe Injection	\$0
2804	2804.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	2575	133.06	Safe Injection	\$2,115,000

**Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	1,950	False

**Indirect Targets**

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

**Total Planned Funding for Program Area:        \$4,104,000**

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

Estimated PEPFAR contribution in dollars	\$50,000
Estimated local PPP contribution in dollars	\$50,000

### **Program Area Context:**

The EP supports the strategic scale-up of prevention activities, particularly in the areas of education and services. Prevention is also significantly funded in related activities in HBHC, HVCT, HVSI and OHPS in FY 2008.

Data from three EP supported studies – the 2005 RDHS-III, PLACE and NCAS - are critical to improving the prevention program in Rwanda. The latest data reveal a generalized epidemic of 3.1% nationwide with significant variations by geography, gender, and age groups. In general prevalence is higher in urban (7.3%) than rural (2.2%) settings. Prevalence is higher among women (3.6%) than men (2.3%). The 2005 RDHS-III indicates that 2.5% of young girls 20-24 are HIV positive, whereas only 0.5% of boys in the same age bracket are HIV positive. At the same time, the highest prevalence rate among males is found among men aged 40-44 (7.1%) Together, these data suggest that older men and younger women are engaging in trans-generational sex. This is supported by other assessments revealing that young, rural girls and OVC are at higher risk for HIV.

While MARPs are the driving force behind concentrated epidemics, they also play a significant role in generalized epidemics. The following high risk groups significantly contribute to the epidemic in Rwanda: CSWs and their partners, mobile populations, and vulnerable youth. Prevention activities in the EP reflect integrated approaches to reaching these populations.

In FY 2007, the EP will prioritize strengthening the effort to “know our epidemic”. Activities to analyze the different data sets - (2005 RDHS-III, the 2006 BSS and other behavioral data) - are underway and will refine our knowledge of the drivers of the epidemic as well as who is most at risk. This will enable the EP to better program and target activities to the most at risk groups, using the most appropriate AB and C/OP interventions. In FY 2008, the EP will proceed with surveillance (including behavioral) and population estimates of female sex workers and other at risk groups. The EP will collaborate with the Prevention Technical Working Group to evaluate prevention activities, develop best practices, and provide strategic guidance to the country programs to incorporate best practices in prevention.

There are many challenges to implementing effective prevention programs in Rwanda. Research indicates that young men and women have few effective means of communicating with each other or with their parents over issues related to sexuality and reproductive health. Thus EP prevention programs focus on removing these communication barriers, educating young people on appropriate sexual health, and empowering them to delay sexual debut or negotiate safer sex. In addition, discussing condom use is difficult given the conservative religious and social norms in Rwanda. Fourteen years after the genocide there is limited discussion about family planning and condoms are heavily stigmatized. As a result, condom use remains low, especially among women who do not have the social freedom to buy or negotiate condoms due to associated stigma and potential labeling of promiscuity. According to 2005 RDHS-III respondents, only 26% and 39.5% of sexually active females and males aged 15-24 used condoms at last high-risk sex. According to the 2005 NCAS, the top four reasons for not using condoms among those age 15-49 are: trust in partner, stigma, insufficient social support, and low self-esteem. On the issue of access, the 2005 PLACE Study indicates that up to 90% of urbanites and only 30% of their rural counterparts can find condoms within 10 minutes of popular spots frequented by young people. These data demonstrate that a wider and more complex strategy is needed to encourage condom use and effectively prevent HIV transmission.

The EP will employ a variety of activities including BCC, social marketing, and integrated programming for CSW, mobile populations, and high risk youth. The EP strategy for prevention also includes promotion of TC services, prevention for positives, prevention and treatment of STIs, and integration of the role of alcohol and GBV into HIV/AIDS prevention activities. The EP also uses multiple wraparounds and a PPP to reach specific subpopulations with prevention messages.

In FY 2007, the EP focused not just on community prevention but on integration with TC promotion and clinical services. Messages were delivered during mobile TC pre- and post-test counseling sessions, which linked individuals testing positive to HIV treatment and community care services. The emphasis on family-centered TC, PITC, and prevention for positive campaigns focused on mainstreaming testing and condom use through family-centered approaches and changing social norms. In FY 2008, these activities are strengthened with a major emphasis on training clinical providers in PITC and prevention for positives.

Though knowledge of the effectiveness of condoms in reducing sexual transmission of HIV is high, few adults who engage in high risk sexual intercourse report using a condom. Consequently, the EP developed more intensive advocacy and communications to change the social norms and improve social support for condoms with the goal of increasing both the acceptance and the use of condoms in Rwanda. The EP broadened and refined its evaluation of condom social marketing from only counting the number of condoms sold to also monitoring the coverage and quality of outlets in high transmission areas. This was done by adding indicators such as appropriate pricing, consistency of stock, point-of-sale support, easy outlet identification by consumers, and retailer knowledge. The EP continues to participate in the multi-donor initiative that insures the widespread availability of condoms through procurement and distribution.

The EP BCC and community prevention efforts were implemented through a combination of new activities and existing USG partners. This strategy will continue in FY 2008 with an added emphasis on influencing social norms and improving social support for condom use. With the continued scale-up of HIV counseling, care and treatment services, there is and will continue to be a dramatic increase in identification of HIV-infected persons and the opportunity for prevention in this group (Prevention for Positives). Critical elements of this include BCC, sexual contact tracing/notification, patient education, management of OIs, and counseling regarding drugs, alcohol, and safe sex practices. Effectiveness of these activities in target populations' knowledge, attitudes and behavior will be determined and the program improved accordingly.

There is strong evidence for the preventive effect of male circumcision (MC). In FY 2007, information is being gathered on the acceptability of MC and readiness of clinical facilities and staff to use this intervention. The GOR has very recently endorsed male circumcision as a prevention tool against HIV and other STIs. The EP has set aside funding for male circumcision and will work with the GOR to determine the best way to proceed with male circumcision activities for both the civilian and military populations. Funding will be used to support exploratory activities to determine interest and willingness among different populations - from parental interest in neonatal circumcision to circumcision among university students (a group discussed by the GOR).

In FY 2008, the EP, through the DOD, will specifically support male circumcision in the military to include thorough information on the benefits and risks of MC, including the fact that it is not 100% protective and that soldiers should continue to practice healthy sexual behaviors (ABC). The DOD will also work with the GOR to create an enabling policy environment that promotes safe circumcision as part of a broader prevention strategy. Based on the outcome of the findings from the Mini-DHS, relevant attitude data, and experience with the military, a scaled-up MC intervention will be planned with the GOR for FY 2009.

Finally, involving men as partners in the fight against HIV/AIDS calls for renewed focus on reaching men where they work and gather. This will occur through ongoing prevention activities with the tourism and coffee industry. Additionally, the EP will launch an innovative PPP working with Rwanda's largest national brewery/bottler (BRALIRWA, a Heineken subsidiary) to target HIV prevention activities to the associations of farmers that supply the brewery with sorghum and maize. These activities will reach approximately 5,500 farmers and their families. The EP will establish an MOU with the brewery and work to leverage in-kind or cash support. The terms of this arrangement will be finalized in early FY 2008.

The EP will reach 209,500 individuals with prevention messages and services, which go beyond AB in FY 2008. EP activities will continue to support the GOR National Plan for HIV Prevention (2005-2009).

**Program Area Downstream Targets:**

5.1 Number of targeted condom service outlets	824
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	307078
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6425

**Custom Targets:**

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4693.08	<b>Mechanism:</b> P-RFA
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 17563.08	<b>Planned Funds:</b> \$50,000
<b>Activity System ID:</b> 17563	

**Activity Narrative:** In FY 2008, the EP will sign a MOU with Bralirwa, the local Heineken subsidiary and bottler of beer and soda, to expand the company's provision of HIV prevention services, especially among the farming community on whom they rely for raw material. Terms of the MOU will be set early in FY 2008, but the EP will leverage a match from Bralirwa (preferably 1:1) in in-kind and cash contributions.

Heineken has a global reputation for its strong HIV workplace policy that provides comprehensive health services for all employees. Bralirwa currently provides healthcare to 600 employees and 2,900 family members. The company's mission statement includes three health components: protecting the health of its employees; finding a national solution to the HIV epidemic; and setting an example for others. Bralirwa's HIV workplace program provides HIV prevention services including peer education, TC, and ART drugs for all current and former employees. The EP will leverage the company's strong commitment to HIV-prevention and control and corporate social responsibility, by expanding the number of beneficiaries served by its workplace program.

As Rwanda's only beer and soda bottler, Bralirwa works closely with farming communities who supply raw materials (sorghum and maize). Through this innovative PPP, Bralirwa and an EP implementing partner will work together to train Bralirwa peer educators and leaders of 23 farming associations in HIV prevention messaging, who will in turn sensitize the 5,000 members of their farming associations. Messages will promote fidelity in marriage and the correct and consistent use of condoms. The activity will also provide linkages to TC and clinical services in the community.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16951

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16951	16951.08	6292	4693.08	P-RFA	Population Services International	\$220,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Workplace Programs

**Food Support**

**Public Private Partnership**

Estimated PEPFAR contribution in dollars \$50,000

Estimated local PPP contribution in dollars \$50,000

**Target Populations**

**General population**

Adults (25 and over)

Men

**Coverage Areas**

Bugesera

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8692.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> American Refugee Committee	<b>USG Agency:</b> Department of State / Population, Refugees, and Migration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 19480.08	<b>Planned Funds:</b> \$5,277
<b>Activity System ID:</b> 19480	
<b>Activity Narrative:</b> The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7585.08	<b>Mechanism:</b> Prtnr Rprtng System
<b>Prime Partner:</b> Social and Scientific Systems	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 16984.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 16984	

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between the EP and its implementing partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS M&E plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting systems.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the EP and GOR partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the EP and GOR. Additionally, all data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) collecting and verifying data, analysis and data interpretation, and development and implementation of a data use plan; (3) assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) conducting trainings/workshops on data quality improvement and use for EP staff and implementing partners; and (5) providing evaluation assistance including analysis of M&E plans and guidance on key evaluation activities for the EP, and performing additional M&E responsibilities in line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16885, 16982, 16958

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$200,000

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 114.08	<b>Mechanism:</b> USAID Rwanda Mission
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 16520.08	<b>Planned Funds:</b> \$120,000
<b>Activity System ID:</b> 16520	
<b>Activity Narrative:</b> USAID/Rwanda has been providing local and international TA to GOR agencies and limited direct grants to local NGOs since FY 2004. In FY 2008, the EP will continue to build local capacity and provide HVOP services in Rwanda. USAID anticipates continuing direct financial and technical support to Rwandan NGOs in sponsoring or attending conferences, workshops and technical meetings on HIV prevention. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS which oversees HIV prevention activities in Rwanda.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4897.08	<b>Mechanism:</b> Peace Corps
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 16841.08	<b>Planned Funds:</b> \$700,000
<b>Activity System ID:</b> 16841	



**Activity Narrative:** In 1994, Peace Corps closed its program in Rwanda due to political instability in the country. At the invitation of the GOR, Peace Corps will re-establish its presence in Rwanda in FY 2008. Peace Corps/Rwanda (PC/R) will recruit 35 volunteers, including 20 for the community development (CD) sector and 15 for the education sector. Projects in these two sectors will be designed in the context of Rwanda's Vision 2020 and decentralization plan. In the first year, 20 CD volunteers will be assigned to and collaborate closely with Rwandan administrative authorities at the district, sector, cell and umudugudu levels; international and Rwandan NGOs; C/FBOs; associations; cooperatives; and private sector partners. The primary assignment of the first group of 15 education volunteers' will be teaching English, information technology, math, or science. All volunteers will receive training in Kinyarwanda and French, live and work for two years at the community level, and collaborate with their counterparts to build capacity and support sustainable HIV prevention efforts.

In alignment with the GOR and EP strategies, volunteers will help build the capacity of rural communities to develop comprehensive HIV/AIDS prevention strategies. CD volunteers will conduct community-based training and other outreach efforts focused on prevention through abstinence, being faithful, and consistent and correct condom use. Education volunteers will incorporate HIV/AIDS prevention activities into their classrooms, train fellow teachers, and organize after school programs.

In its initial year, PC/R's EP program will concentrate on strategic assignment of volunteers within EP priority districts to facilitate linkages between providers of HIV/AIDS prevention, care, treatment, and other wraparound services. Volunteers may be placed with other EP-funded organizations and institutions to help build their capacity to integrate HIV prevention into broader community development initiatives. All volunteers, regardless of assignment, will receive comprehensive EP-funded HIV/AIDS pre-service and in-service training and will be expected to integrate HIV prevention activities into their work. To ensure consistent messaging as well as strengthen PC/R's capacity for networking and collaboration, training will be conducted in partnership with GOR and EP partners. Volunteers will have access to a EP-funded grants mechanism, Volunteer Activity Support and Training (VAST), which provides funding for small community-initiated projects, training and educational events related to AB prevention. PC/R will reproduce training and messaging materials developed by other partners.

In accordance with the EP prevention guidance, volunteers will undertake specific activities that may include collaboration with PSI, CHAMP, and other EP-funded partners to strengthen prevention efforts at the community and district levels; building the institutional capacity of C/FBOs and associations in strategic planning, M&E, and project development; development and strengthening of community-based activities focused on partner reduction; reducing trans-generational sex and informal transactional sex; increasing girls'/women's empowerment, male involvement and male norms; strengthening youth friendly health centers; helping to establish discordant couples groups and activities focused on prevention for positives; and promotion of TC.

Funding for this activity covers start-up costs that will include office expenses, personal services contracts for host country national staff, all costs associated with supporting the 20 CD volunteers, and training materials development. These costs will be split proportionally between the HVAB and HVOP program areas. Peace Corps expects to field US direct hire staff in Rwanda by February 2008, with the first group of 35 volunteers arriving for 10 weeks of pre-service training on or about October 2008.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16838

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16838	16838.08	6334	4897.08	Peace Corps	US Peace Corps	\$1,800,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,300	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 4740.08

**Prime Partner:** United Nations High  
Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 8711.08

**Activity System ID:** 12889

**Mechanism:** Refugees UNHCR

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$4,723

**Activity Narrative:** Noted April 24, 2008: The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

Rwanda is host to nearly 50,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases, particularly HIV, as well as violence, economic and psychological distress. While much is currently unknown about HIV prevalence rates in the camp populations in Rwanda, recent service statistics show a prevalence of 5% among TC clients.

Since 2005, the EP has provided refugees with HIV/AIDS prevention and care services with linkages and referrals to local health facilities for treatment. In FY 2008, all clinical partners, including UNHCR, are funded for Prevention for Positives activities under HBHC. However, UNHCR implements prevention activities in the refugee community as well as in the clinical setting, and will therefore receive funding to continue these community-based prevention activities.

The 2004 UNHCR BSS and the FHI-supported RH assessment found high risk behaviors among refugee camp populations, including multiple partners, transactional sex, male cultural and societal norms that encourage high-risk behaviors and GBV, very low condom use, and alcohol abuse. UNHCR will target HIV-positive refugee patients, including discordant and married HIV-positive couples; unmarried HIV-positive refugee men and women; and ART patients. Health providers and volunteers will also target C/OP messages to high-risk populations in the camps-at-large. Target populations include TC clients who test negative, non-married and unemployed men, women- and out-of-school youth at-risk, STI clients, CSWs, and refugees with demonstrated high-risk behaviors such as alcohol abuse and a history of GBV.

The EP funds will support C/OP activities in three refugee camps. BCC will target high-risk and vulnerable refugee populations and use anti-AIDS clubs, peer educators, community forums, and relevant IEC materials. Key messages will promote risk reduction behaviors, condom use, and address social norms, GBV, and alcohol abuse. To monitor and track the reach of these messages and condom uptake, UNHCR will integrate program-level indicators, including DELIVER-supported condom distribution and tracking indicators into existing reporting forms and tools. EP will leverage UNFPA and GFATM public sector condoms for the camps.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8711

**Related Activity:** 12888

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24525	8711.24525.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$4,723
8711	8711.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$25,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12888	8700.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$9,445

## Emphasis Areas

Gender

\* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	3	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,780	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	120	False

## Indirect Targets

## Target Populations

### Other

Refugees/Internally Displaced Persons

## Coverage Areas

Byumba (prior to 2007)

Kibuye (prior to 2007)

Umutara (Mutara) (prior to 2007)

Gicumbi

Gatsibo

Karongi

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3516.08

Mechanism: Central Contraceptive Procurement

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 4876.08

**Planned Funds:** \$400,000

**Activity System ID:** 12894

**Activity Narrative:** The EP procures socially marketed condoms for private sector distribution, and generic condoms for the public sector.

In FY 2007, the EP supported the procurement of an estimated 13 million socially marketed condoms. In FY 2006, the CCP supplied three million free condoms for the public sector that allowed for a carryover in supply of condoms for FY 2007. The EP collaborated closely with GFATM and UNFPA to take into account the carryover and ensure the availability of condoms throughout Rwanda in FY 2007.

In FY 2008, the EP will support the procurement of an estimated 14.5 million condoms for the public and private sector. The EP will continue to work closely with GFATM and UNFPA to ensure the availability of condoms. The CCP is a key partner in condom procurement; however, the targets for distribution and outreach will be attributed to EP partners providing direct services. As a result, there are no direct targets for this mechanism.

As part of the Rwanda strategic plan, private sector condoms will be socially marketed by the EP partners. Public sector condoms will be managed by the GOR, with quantification and logistical TA provided by DELIVER.

These activities will increase the availability and accessibility of condoms by expanding the number of community-based condom distribution outlets. Purchasing condoms supports the ABC approach outlined in the Rwanda EP five-year strategy.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7251

**Related Activity:** 12776

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21049	4876.21049.09	U.S. Agency for International Development	US Agency for International Development	9199	3516.09	Central Contraceptive Procurement	\$500,000
7251	4876.07	U.S. Agency for International Development	US Agency for International Development	4355	3516.07	Central Contraceptive Procurement	\$450,000
4876	4876.06	U.S. Agency for International Development	US Agency for International Development	3516	3516.06	Central Contraceptive Procurement	\$814,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12776	8138.08	6292	4693.08	P-RFA	Population Services International	\$675,000

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

## Indirect Targets

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7088.08

**Mechanism:** FHI Bilateral

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 16741.08

**Planned Funds:** \$150,000

**Activity System ID:** 16741

**Activity Narrative:** Sex workers are often one of the groups with the highest HIV prevalence due to their high-risk sexual behavior and their limited access (due to stigma, discrimination, and marginalization) to services for HIV prevention, treatment, and care. A high prevalence of HIV in sex workers is a concern both for members of these subpopulations and for the general population, as sexual mixing can facilitate transmission of HIV from high-prevalence to low-prevalence groups.

Among EP focus and other bilateral countries, there is considerable variability in the proportion of HIV attributable to sex workers. Country-level responses to HIV prevention among these groups is also variable, and in some instances inadequate. In Kenya, South Africa, and Tanzania, where HIV is spread mainly through generalized, heterosexual transmission, there is increasing evidence of HIV transmission among sex workers, with potential for rapid spread among them. In Tanzania, Mozambique, and several other countries, in addition to sex workers, HIV is occurring among individuals involved in "transactional sex" (the exchange of sex for money and/or other goods with concurrent sexual partners) who are both vulnerable to HIV and likely to be a bridge group to the general population.

In FY 2008, FHI will work closely with the OGAC prevention technical working group to define, implement, and evaluate programming for prevention of HIV in Persons Engaged in High-Risk Behaviors (PEHRB). Specifically, multiple TA visits will result in collaboration with FHI to define and implement a package of services for sex workers, including community-based outreach, TC, condom programming, STI screening and treatment, referral to PMTCT and HIV treatment and care for those who are HIV-infected. In addition, the TWG and FHI will work together to determine policy, training, procurement and data needs to facilitate comprehensive HIV prevention programs for national coverage in Rwanda, and prepare tools that can assist all partners in implementing and expanding such programs.

Currently, FHI is providing STI services for sex workers at two clinical sites in Kigali. This funding will be used to support STI services for sex workers in two additional sites, one in Kigali and one in Gitarama, where HIV/AIDS care and treatment services are also available. These locations are EP-supported sites and are selected based on the sex worker and truck driver populations in the area. FHI will collaborate with the TWG on evaluation of these services for the purpose of developing best practices and evidence-based prevention programming in high-risk groups. Funding will also be used for at least one regional visit to another EP country in order to learn about and/or share best practices in this area.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16878

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15222	15222.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$258,134

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16878	16878.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$140,000

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	2	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10	False

**Indirect Targets**

**Target Populations**

**Special populations**

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

## Coverage Areas

Kicukiro

Nyarugenge

Muhanga

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 131.08

**Mechanism:** DOD Rwanda Office

**Prime Partner:** US Department of Defense

**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:** 16954.08

**Planned Funds:** \$200,000

**Activity System ID:** 16954

**Activity Narrative:** The overall goal of this activity is to decrease new HIV infections through male circumcision in the Rwanda Defense Forces (RDF) by providing training and capacity building to perform the procedure safely. Circumcision will be offered as a part of an expanded approach to reduce HIV infections in conjunction with other prevention programs including AB messaging, TC, treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution.

The WHO and UNAIDS recommended that male circumcision (MC) be made available in countries highly affected by HIV/AIDS to help reduce transmission of the virus through heterosexual sex. According to final data from two NIH-funded studies conducted in Uganda and Kenya, routine male circumcision could reduce a man's risk of HIV infection through heterosexual sex by 65%. According to the WHO, implementing circumcision programs in sub-Saharan Africa could prevent about 5.7 million new HIV cases and three million deaths during the next two decades if combined with other prevention activities, such as condom use, responsible behavior, and knowing your and your partner's HIV status. WHO is encouraging access to no-cost male circumcision to countries in Southern and East Africa where HIV rates are high and circumcision rates are low. These countries are being asked to consider adopting male circumcision as "an important and urgent" health priority, with the target group being boys and men ages 13 to 30.

In FY 2007, several questions were added to a mini-DHS and service provision assessment to assess the acceptability of MC and readiness of clinical services and staff to safely perform the procedure in Rwanda. In FY 2008, proposed activities will include correct communication and messaging to the population that the benefits accrue over time and that MC does not provide complete protection. It is critical that the Rwandan military know that even if circumcised, one can still contract and transmit HIV. Therefore, circumcised men should continue to practice abstinence, have fewer sex partners and use condoms.

The communication approaches will occur at the national level through media campaigns that encourage safe male circumcision as part of a complete approach to prevention, as well as local and inter-personal communication strategies. Attention will be paid to the socio-cultural context, human rights and ethical principles, health services strengthening, training, development of national policy on MC, gender implications, service delivery and evaluation. Conducting MC in the Rwandan military is considered vital since the members are predominately male, typically young, highly mobile and are considered a high risk group. MC will be offered to HIV-negative soldiers on a voluntary basis.

Preliminary results from a study being conducted in Uganda and presented earlier this month to UNAIDS and WHO officials found that HIV-positive men undergoing circumcision might be more likely to transmit the virus to their female partners, if they have sex before the circumcision wounds have healed. Special attention will therefore be placed on pre- and post- circumcision counseling to reduce the likelihood of transmission during this crucial time period after the procedure.

DOD will work with the MOH to create a policy that recognizes circumcision as an effective HIV prevention method alongside the ABC strategy and ensures that this service is provided to the public in a safe manner. Likewise, the DOD will sensitize soldiers to practice abstinence, reduce sexual partners, or use a condom during sex even after circumcision. It is important to prevent the perception that it is okay to engage in risky sexual behavior after being circumcised.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12873, 12874, 12875, 12828



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12873	4004.08	6322	132.08	PSI-DOD	Population Services International	\$80,000
12874	2803.08	6322	132.08	PSI-DOD	Population Services International	\$144,000
12875	4006.08	6322	132.08	PSI-DOD	Population Services International	\$495,000
12828	8165.08	6309	100.08	HIV Support to RDF	Drew University	\$57,229

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Male circumcision

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Mechanism:** CDC Country Office GHAI/TA

**Prime Partner:** US Centers for Disease Control and Prevention

**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:** 16878.08

**Planned Funds:** \$140,000

**Activity System ID:** 16878

**Activity Narrative:** This activity is comprised of two components: 1) an estimation of the size of high risk populations in Rwanda and their characteristics, and 2) technical support for Prevention for Positives (PPF).

Commercial sex workers (CSWs) are often one of the groups with the highest HIV prevalence due to their high-risk sexual behavior and their limited access (due to stigma, discrimination, and marginalization) to services for HIV prevention, treatment, and care. A high prevalence of HIV in CSWs is a concern both for members of these subpopulations and for the general population, as sexual mixing can facilitate transmission of HIV from high-prevalence to low-prevalence groups.

Among EP focus and other bilateral countries, there is considerable variability in the proportion of HIV attributable to CSWs. Country-level responses to HIV prevention among these groups is also variable, and in some instances inadequate. In Kenya, South Africa, and Tanzania, where HIV is spread mainly through generalized, heterosexual transmission, there is increasing evidence of HIV transmission among CSWs, with potential for rapid spread among them. In Tanzania, Mozambique, and several other countries, in addition to CSWs, HIV is occurring among individuals involved in "transactional sex" (the exchange of sex for money and/or other goods with concurrent sexual partners) who are both vulnerable to HIV and likely to be a bridge group to the general population.

In FY 2008, FHI will work closely with the OGAC prevention technical working group to define, implement, and evaluate programming for prevention of HIV in Persons Engaged in High-Risk Behaviors (PEHRB). Specifically, multiple technical assistance visits will result in collaboration with FHI to define and implement a package of services for CSWs, including community-based outreach, TC, condom programming, STI screening and treatment, and referral to PMTCT and HIV treatment and care for those who are HIV-infected. In addition, the TWG and FHI will work together to determine policy, training, procurement and data needs to facilitate comprehensive HIV prevention programs for national coverage in Rwanda, and prepare tools which can assist all partners in implementing and expanding such programs.

Technical support from the TWG will also help to conduct population size estimations of two to three high risk groups including CSWs and MSMs. Strategic information obtained by these estimations is necessary in order to determine prevalence and will contribute to the overall understanding of these groups in Rwanda and their need for HIV services.

The second component of this activity is to provide technical assistance to assure that activities provided for in FYs 2007 and 2008 requiring clinical and community partners to carry out Prevention for Positives are in fact carried out and conducted using the best methods available. The activity will provide for TA from US-based scientists to clinical and community partner organizations and their facilities. Funding for this activity includes travel for technical support.

Prevention for Positives is an essential part of a total prevention and care package to reduce the transmission of HIV disease.

Reinforcing existing programs by assuring training of physicians and community counselors who will be providing prevention counseling for HIV positives will help reinforce partner reduction and safer sex practices in this high risk group. In addition, assuring strategic placement of trained counselors and training physicians who are assigned and/or working at ART sites will help ensure that clients most in need will benefit from the counseling. Community counselors will promote couples counseling and provide prevention for positive messages to all their clients, but particularly PLHIV, to reduce their high risk behaviors through abstinence, being faithful to one partner or promoting "secondary abstinence" and counseling and discussing condom use for those discordant couples. Trained community counselors will benefit from training HIV positive individuals on aspects of health, including prevention to all their HIV positive clients.

In this activity, trainers will use a provider counseling manual currently being finalized at CDC and a DOD/OGAC manual based on the U.S. military program in practice since 1985. The program is based on one-hour modules for counselors to train/discuss with HIV positive patients issues including abstinence, safer sex, nutrition, drugs and alcohol, partner notification, disclosure, and medical aspects of HIV.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35	False

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 6146.08

**Mechanism:** Ibyiringiro

**Prime Partner:** Catholic Relief Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 16857.08

**Planned Funds:** \$180,000

**Activity System ID:** 16857

**Activity Narrative:** The USG, through Title II and WFP, support a number of partners to provide food assistance and address food insecurity, especially for PLHIV, in Rwanda. In order to better link this food assistance with ongoing HIV and AIDS care, treatment and prevention services, the EP will (beginning with FY 2007 funding) issue an RFA to support and incorporate care for PLHIV and OVC into ongoing food distribution. In FY 2008, this will be expanded to include prevention services. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance to support prevention and care activities.

These awards will include HIV prevention activities to youth and PLHIV associations as part of food distribution. HIV prevention activities will focus on increasing community support for young people to choose abstinence until marriage; for people in unions to remain faithful to their partner; for addressing gender related issues in the community; and, to increase community support for healthy sexual behavior, including correct and consistent condom use. Funding will also increase the demand and uptake for TC services through links to other USG clinical partners. The EP expects to reach approximately 38,838 people with prevention messages beyond AB.

These partners will primarily be working in food insecure areas and will coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:****Related Activity:** 16856, 12768, 16945**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
16856	16856.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$153,000
12768	12244.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$966,940
16945	16945.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$750,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

- \* Food Security

**Food Support****Public Private Partnership****Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	38,838	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	225	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3451.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 4777.08

**Activity System ID:** 12832

**Mechanism:** Transport Corridor Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$275,000

**Activity Narrative:** This is a continuing activity from FY 2007.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop messages.

The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along the transport corridor. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through the LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans, and low-income women. This helps to secure the long-term economic health of individuals, families and communities and thereby reduce their vulnerability to HIV/AIDS.

Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide source financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight AIDS through their own corporate social responsibility platforms. ROADS provides TA in M&E and in community mobilization and advocacy to an estimated 150 different local associations, women's groups and CBOs.

ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border).

FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck drivers, mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming to improve HIV counseling by including alcohol abuse issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART, and a focused campaign with bar/lodging owners and religious leaders to reduce alcohol abuse among truckers and other men. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services.

In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities. By the end of FY 2007, ROADS will have trained 470 peer educators from the associations, including 10 sex workers and 25 truckers trained specifically to provide prevention messaging beyond ABC. They will have reached more than 13,019 individuals with ABC messages, information on STIs, and TC referral and provided over 200,000 condoms. FHI ROADS is also working with PSI to ensure that all condom outlets around the truck stops are stocked with condoms as well as identifying new outlets to open. FHI ROADS has fostered a relationship with the Rwandan private sector and in FY 2007, linked over 300 low income women to handicraft production projects. In FY 2008, ROADS will continue these HIV prevention activities, reaching an estimated 55,000 people with HIV/AIDS information and referral to services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7200

**Related Activity:** 12831, 12833, 12834, 12835, 12836

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21000	4777.21000.09	U.S. Agency for International Development	Family Health International	9183	3451.09	Transport Corridor Initiative	\$0
7200	4777.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$150,000
4777	4777.06	U.S. Agency for International Development	Family Health International	3451	3451.06	Transport Corridor Initiative	\$100,800

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12831	4776.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$757,000
12833	8142.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$250,000
12834	8727.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$150,000
12835	4778.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$300,000
12836	8744.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$450,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	55,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Gicumbi

Rusizi

Gasabo

Kicukiro

Kirehe

Rubavu

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 132.08

**Prime Partner:** Population Services  
International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 2803.08

**Mechanism:** PSI-DOD

**USG Agency:** Department of Defense

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$144,000



**Activity System ID:** 12874

**Activity Narrative:** The overall goal of this activity is to decrease new HIV infections in the military through BCC with a focus on the correct and consistent use of condoms.

PSI/Rwanda and the Directorate of Military Services (DMS) work together to promote prevention among members of the Rwanda Defense Forces (RDF). While many soldiers practice sexual abstinence and fidelity, their living situation, mobility and age make them vulnerable to HIV. For married soldiers, the distance from their families and spouses can make it difficult to maintain stable relationships. A KAP survey conducted by PSI/Rwanda in 2004 (in Gitarama, Butare and Kigali-rural brigades) indicated that out of 1,171 soldiers, 60% were single and young, 90% were aged between 20 and 34, and 4.3% had abstained from sex during their lifetime. DMS distributes about 1,000,000 condoms to soldiers annually.

In FY 2007, this program is reaching approximately 15,000 members of the RDF with primary prevention messages, including condom use and prevention of alcohol abuse and GBV. PSI/Rwanda provided TA to the DMS and the brigades to establish and build capacity of local anti-AIDS-clubs to promote safer sexual behaviors including balanced prevention messages and "condom preparedness". PSI/Rwanda trained 142 anti-AIDS-club members as peer educators to promote correct and consistent condom use and to address the link between alcohol, risky sexual behaviors and GBV. By transferring skills and competencies in ABC messaging to anti-AIDS-clubs at brigade level, PSI/Rwanda will strengthen local capacity and decentralization of HIV service delivery and prevention within the military system.

PSI/Rwanda provided TA to the DMS, the medical brigade doctors and representatives of the anti-AIDS-clubs to develop a series of short movies demonstrating correct condom use, discussing the stigma of acquiring condoms (in military and non-military settings), promoting condom negotiation skills with partners, and demonstrating how alcohol use can lead to negative consequences. The program also developed IEC materials that promoted condom use by demonstrating and outlining reasons for using condoms with regular and non-regular partners. During military mobile TC events (both inside and around military camps), PSI will present educational films and then lead open discussions with the anti-AIDS-clubs on the barriers and solutions to condom use.

In FY 2008, PSI/Rwanda will continue implementing a community-based communications campaign among soldiers, their sexual partners, and surrounding communities in brigades and battalions to increase safer sexual behaviors. Key prevention strategies will include 1) capacity building of anti-AIDS clubs through trainings and formative supervision; 2) an outreach communications campaign including peer education activities, competitions and IPC sessions promoting correct and consistent condom use; and, 3) promotion of TC services with a particular focus on couples testing, disclosure of sero-status and care and support for PLHIV. Using the results of a behavioral survey planned for late 2007, DMS and PSI/Rwanda will organize a message development workshop and update IEC materials for the FY 2008 communications campaign focusing on correct and consistent condom use. 200 trained volunteers will reach 41,960 individuals with prevention messages that go beyond AB.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7229

**Related Activity:** 12873, 12875

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21025	2803.21025.09	Department of Defense	Population Services International	9191	132.09	PSI-DOD	\$144,000
7229	2803.07	Department of Defense	Population Services International	4344	132.07	PSI-DOD	\$60,000
2803	2803.06	Department of Defense	Population Services International	2574	132.06	PSI-DOD	\$35,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12873	4004.08	6322	132.08	PSI-DOD	Population Services International	\$80,000
12875	4006.08	6322	132.08	PSI-DOD	Population Services International	\$495,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Local Organization Capacity Building

Male circumcision

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	41,960	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

Table 3.3.05: Activities by Funding Mechanism

**Mechanism ID:** 128.08

**Mechanism:** PSI Healthy Schools

**Prime Partner:** Population Services International

**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:** 4837.08

**Planned Funds:** \$200,000

**Activity System ID:** 12871

**Activity Narrative:** The overall goal of PSI's Healthy Schools Initiative is to reduce HIV incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, changing social norms among men and women, and improving communication among youth. During FY 2007, PSI collaborated with MINEDUC to implement health communication interventions in 60 secondary schools under the Healthy Schools Initiative. In FY 2008, PSI will expand this activity to 30 additional secondary schools while maintaining presence in the first 60 schools through intermittent support and refresher trainings. By end of FY 2008, this coverage will extend to all 23 EP districts plus Huye and Musanze where two of the youth centers are located.

Prevention programs for youth remain a high priority for both the GOR and the EP. Since the overall national prevalence is 3.1%, there is a great need for prevention programming in the largely HIV-negative population and an opportunity to affect the progression of the epidemic by reaching the youth populations. In addition, though 2005 RDHS-III data reflect a very low HIV prevalence among nearly all youth groups, recent testing data from some youth centers suggest that HIV prevalence among out-of-school youth could be as high as 7% in some areas. In order to reach this higher risk population in FY 2008, this prevention initiative will be extended to out-of-school youth, through provision of comprehensive prevention and testing services at four youth centers in Rwanda. This strategy will thereby provide a more integrated prevention program for youth in Rwanda, targeting a diverse mix of in- and out-of-school youth.

The components of the school-based activities include an interpersonal communication intervention focusing on improving parent-child communication about HIV/AIDS, capacity building and training of anti-AIDS clubs in BCC, distribution of IPC tool kits, and production of the ABAJENE! youth call-in radio shows and youth magazines. With youth over age 15, a portion of the BCC interventions will focus on correct and consistent condom use for those who are sexually active, and specifically helping youth to develop condom negotiation skills. 11,000 secondary school youth will be reached with condoms and other prevention messaging.

New in FY 2008, the EP will extend support to four youth centers where PSI will offer comprehensive HIV prevention and testing services. In addition, STI services (including screening, diagnosis, and treatment) and family planning counseling will be provided, thereby ensuring that youth who access the centers receive a comprehensive package of services, all of which can contribute to prevention of HIV. PSI will also conduct mobile video unit shows and special events at youth clubs and other youth venues promoting AB and OP as appropriate, including at high risk youth workplaces and in hotspots and bars. Priority target groups reached by youth centers will include youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), youth frequenting hotspots, girls engaging in transactional sex, and OVC above 15. PSI will create linkages with CHAMP for referral of OVC to comprehensive OVC services. 25,000 youth will be reached at the youth centers with condoms and other prevention messaging.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7228

**Related Activity:** 12870

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24644	4837.24644.09	HHS/Centers for Disease Control & Prevention	Population Services International	10521	128.09	PSI Healthy Schools	\$0
7228	4837.07	HHS/Centers for Disease Control & Prevention	Population Services International	4343	128.07	PSI Healthy Schools	\$100,000
4837	4837.06	HHS/Centers for Disease Control & Prevention	Population Services International	2571	128.06	HIV/AIDS School Based Program-Procurement	\$200,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12870	2795.08	6321	128.08	PSI Healthy Schools	Population Services International	\$1,000,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	3	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	36,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,600	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

### Special populations

Most at risk populations

Street youth

## Coverage Areas

Bugesera  
Gatsibo  
Kayonza  
Ngoma  
Nyagatare  
Gasabo  
Kicukiro  
Nyarugenge  
Gicumbi  
Musanze  
Huye  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 4693.08

**Prime Partner:** Population Services  
International

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 8138.08

**Activity System ID:** 12776

**Mechanism:** P-RFA

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$675,000

**Activity Narrative:** This activity addresses behavior change communication and social marketing for HIV prevention and other significant health concerns such as malaria, FP and MCH. In HIV, it addresses issues related to: abstinence, partner reduction, correct and consistent condom use, alcohol use, GBV, provision of TC services, integration of services including family planning and reproductive health, and the social marketing of condoms to most at risk populations.

The target groups for these prevention activities include high risk populations, such as sex workers and their partners, mobile populations, young women in transactional and cross-generational relationships, married men and out of school youth. Through the EP, the CDC has a complementary Healthy Schools program targeting in-school youth. In addition, the activity focuses on premarital and married couples and the general population to shift social norms in communication within families, violence against women, and alcohol consumption.

The activity is designed to address some of the key data gaps in understanding the drivers of the HIV epidemic. The implementing partner will be expected to contribute significantly to assessments, analyses, and evaluations of behavioral and population data that will inform HIV programming. The partner will also be expected to use best practices from other EP programs.

Previous social marketing and communication activities in the EP included youth friendly reproductive health services, interactive live radio programs, interpersonal communication and peer education as well as TC services for high risk groups including female sex workers and prisoners. Two key communication campaigns were initiated. The first campaign targeted young boys and girls with messages focused on increasing awareness about gender issues and HIV; challenges in communications between boys and girls; life skills building to strengthen young people's negotiation, decision-making and leadership skills; self-affirmation and ability to resist peer pressure; and, empowerment of young girls. A significant component of this campaign promoted AB among youth by helping young people increase their personal risk perception; addressing gender barriers; and understanding issues related to sex. The second campaign focused on transactional and cross-generational sex by targeting young women and their parents, older men, and opinion leaders to begin shifting social norms. This campaign was a result of the 2005 RDHS-III, which suggests that women aged 20-24 engage in sexual relationships with older men, putting themselves at risk for HIV. Using advocacy and mass media strategies, the campaign started national dialogue around the issue of cross generational sex, with an aim to change society's view of the practice and to promote a sense of responsibility among leaders to take a public stance on cross generational practices that put young women at greater risk. These activities also focused on reaching MARPs – sex workers and their clients, prisoners and mobile groups located in high transmission zones with IEC on correct and consistent use of condoms, TC services and increased awareness on STI treatment.

FY 2006 activities also focused on reaching MARPs. The EP has also been supporting the social marketing of the Prudence Plus condom brand with co-funding from KfW for national coverage. The EP continues to face the challenge of increasing demand for condom use- especially through the public sector, where uptake is particularly low.

FY 2007 activities will continue to promote communication campaigns that seek to increase personal risk perception and improve self-efficacy to enable MARPs to make informed choices about sexual behaviors and prevention methods. Condom social marketing activities will include brand visibility and promotion and condom distribution at hot spots such as border transit points, bars and nightclubs, and fixed and mobile TC sites. The social marketing program will work to increase the skills among MARPs for correct condom use. EP funding from HVOP will improve the evidence base for programming with MARPs by increasing knowledge of key sub-populations, including MSM, prisoners and CSWs.

FY 2008 activities will build on the activities from FY 2007 and will continue to strengthen support to MARPs by making available products, services and information for safer sex practices, including the distribution and sale of socially marketed condoms. Communication on condoms will not only support the brand of socially marketed condoms available, but will also support generic/non-branded communication to promote the use of condoms including public sector condoms. This activity should help increase the uptake and use of public sector condoms, which have limited demand. The partner will also work with female sex worker associations to improve their ability to negotiate safer sex with their clients and regular partners; to use condoms correctly; and where possible, to adopt alternate income generating activities. HIV prevention activities in FY 2008 will also focus on workplaces, which are predominantly male and PLHIV associations-targeting prevention for positives.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8138

**Related Activity:** 12775, 12777

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12775	8130.08	6292	4693.08	P-RFA	Population Services International	\$1,645,000
12777	8169.08	6292	4693.08	P-RFA	Population Services International	\$720,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Local Organization Capacity Building

Workplace Programs

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	600	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	54,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	480	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 4696.08

**Prime Partner:** International Resources Group

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 8131.08

**Activity System ID:** 12774

**Mechanism:** Biodiversity

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$55,000



**Activity Narrative:** This is a continuing activity from FY 2007 that incorporates prevention messages into Destination Nyungwe Project (DNP), a USAID economic growth project. This four-year, \$3.8 million project focuses on sustainable rural economic growth through the development of a tourism sector that is compatible with existing and potential community development activities around the Nyungwe Forest National Park and surrounding buffer areas in southwestern Rwanda.

DNP focuses 20% of its resources on community based health activities to raise awareness of the interlinking issues of population, health and the environment. The project works in five districts with some of the highest population densities in the country (250-500/km<sup>2</sup>), reaching approximately 300,000 people. More than 90% of the people living in this catchment area are subsistence farmers who are highly marginalized with low education levels, large families, poor housing, frequent food insecurity, and limited access to basic health care and infrastructure. This population is considered to be at high risk for HIV because of their increasing contact with highly mobile populations. They have little access to information about HIV.

DNP provides information about family planning and HIV/AIDS prevention to the populations around Nyungwe Park. Communities are encouraged to seek antenatal services, TC, and facility-based deliveries. They receive HIV prevention messages focusing on abstinence, fidelity, partner reduction, alcohol use, and GBV through IEC print materials, interpersonal communications, and community drama. The shifting of social norms, particularly male behaviors, is emphasized through community events. Individuals have received direct C/OP messages, which are reinforced by the information provided at the health facilities. DNP also works to strengthen referrals to HIV/AIDS services and the linkages between the health facility and the community. The project coordinates closely with the EP clinical and community partners who offer services in the surrounding districts.

In FY 2008, DNP will continue to build on the activities of FY 2007, in particular strengthening community-based outreach of HIV/AIDS prevention, family planning, and maternal health information to those communities living in and around Nyungwe National Park. This includes organizing IEC sessions with high risk groups in the workplace to promote condom use and distribute condoms and to support extension services through three health clinics to local communities. 30,000 individuals will be reached with these activities. Key messages will include practicing and maintaining health behaviors, making condoms available and facilitating the skills of individuals to use condoms correctly.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8131

**Related Activity:** 12773

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8131	8131.07	U.S. Agency for International Development	International Resources Group	4696	4696.07	Biodiversity	\$50,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12773	8124.08	6291	4696.08	Biodiversity	International Resources Group	\$110,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

Wraparound Programs (Other)

- \* Economic Strengthening

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	6	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Nyamagabe

Rusizi

Nyamasheke

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 4714.08

**Mechanism:** SPREAD

**Prime Partner:** Texas A&M University System

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 8136.08

**Planned Funds:** \$55,000

**Activity System ID:** 12772

**Activity Narrative:** This is a continuing activity from FY 2007 that incorporates prevention messages into SPREAD, a USAID economic growth project. This five-year, \$6 million project targets rural cooperatives and agribusinesses in 19 districts by providing them with appropriate and sustainable TA to increase incomes and improve livelihoods. SPREAD works primarily with coffee cooperatives and coffee washing stations. In the past four and half years, the specialty coffee sub-sector has seen a major increase in production, with exports rising to \$3.3 million by the end of 2005 and farmers have seen their incomes triple.

The SPREAD Project continues to build on these agricultural and economic achievements and in 2007 added a new health component using wraparound funding from the EP and CSH. This component provides health information and increased access to family planning, malaria and HIV/AIDS services to the coffee farmers and cooperative members.

In FY 2007, appropriate prevention messages were disseminated during cooperative meetings and at coffee washing stations where farmers queue for hours, waiting for their coffee beans to be sorted and washed. SPREAD disseminated IEC materials and conducted drama skits and mobile video screenings to encourage healthy behaviors, such as antenatal visits, facility-based deliveries, and the use of LLITNs.

In addition to group interventions, SPREAD also reached individual farmers through home-visits conducted by their "animateurs de café", volunteers who regularly visit cooperative members to provide TA on farming practices. SPREAD trains these volunteers to disseminate HIV prevention messages that include information on abstinence, fidelity, and correct and consistent condom use as well as on partner reduction, alcohol abuse and GBV. SPREAD also partners with PSI to deliver appropriate community-based BCC messages and socially marketed products, mainly condoms, family planning commodities, LLITNs, and other health products via the animateurs de café and their corresponding coffee cooperative structure. They also offer TC services and referrals to other clinical and community services provided in the area.

In FY 2008, SPREAD will train 60 cooperative volunteers to deliver health communication messages to approximately 4,000 individuals. SPREAD, through PSI, will ensure that condom outlets around the coffee washing stations are stocked with condoms and that the volunteers can accurately demonstrate and transfer correct condom use skills to relevant populations. The volunteers will refer individuals to TC and other clinical services. Cooperatives will be linked to LLITN, family planning and condom distribution outlets. SPREAD works closely with other community and clinical health partners, especially CHAMP and Twubakane, to ensure that activities are coordinated and that referrals to additional clinical services are made. The activity supports the integration of HIV/AIDS and health through community-based services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8136

**Related Activity:** 12771

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21032	8136.21032.09	U.S. Agency for International Development	Texas A&M University System	9193	4714.09	SPREAD	\$75,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12771	8128.08	6290	4714.08	SPREAD	Texas A&M University System	\$110,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

- \* Economic Strengthening

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	110	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Gatsibo

Ngoma

Rwamagana

Gasabo

Gakenke

Gicumbi

Rulindo

Gisagara

Huye

Kamonyi

Muhanga

Nyamagabe

Nyaruguru

Karongi

Rusizi

Rutsiro

Nyamasheke

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 4707.08

**Prime Partner:** John Snow, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 8134.08

**Activity System ID:** 12759

**Mechanism:** Deliver II

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$100,000

**Activity Narrative:** Through SCMS and DELIVER, the EP supports the procurement and distribution of ARVs, test kits, lab supplies, OI drugs, condoms for HIV prevention and contraceptive commodities for HIV positive families. SCMS focuses on ARV procurement and central level support and works with district pharmacies and warehouses. DELIVER supports contraceptive commodities and public sector distribution of condoms.

In FY 2007, DELIVER worked with SCMS and the GOR on quantification and reporting, supported the integration of contraceptive commodities in HIV and coordinated with other EP partners to avoid duplication of training. DELIVER has also conducted a baseline assessment of condom uptake in facilities to ensure smooth forecasting and quantification.

In FY 2008, DELIVER will continue to support the public sector contraceptive commodities and condom distribution program. The tasks will include quantification, customs clearance, distribution, district level support and training in contraceptive logistics.

In FY 2008, the EP will provide additional support to the public sector commodity system in collaboration with other donors. The goal is to ensure condom availability at public sector clinical facilities. To accurately project condom quantification, DELIVER will monitor condom uptake in facilities. DELIVER will also adapt distribution reporting tools to be used by all EP clinical sites and the EP partners will integrate these data collection tools into their site-level reporting.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8134

**Related Activity:** 12873, 12889, 12815, 16984, 16857, 12772, 12774, 16734, 12832, 16741, 16748, 12874, 12894

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20700	8134.20700.09	U.S. Agency for International Development	John Snow, Inc.	9109	4707.09	Deliver II	\$100,000
8134	8134.07	U.S. Agency for International Development	John Snow, Inc.	4707	4707.07	Deliver follow-on	\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12873	4004.08	6322	132.08	PSI-DOD	Population Services International	\$80,000
12874	2803.08	6322	132.08	PSI-DOD	Population Services International	\$144,000
16857	16857.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$180,000
16741	16741.08	7528	7088.08	FHI Bilateral	Family Health International	\$150,000
12832	4777.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$275,000
16984	16984.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
12894	4876.08	6327	3516.08	Central Contraceptive Procurement	US Agency for International Development	\$400,000
12889	8711.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$4,723
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12772	8136.08	6290	4714.08	SPREAD	Texas A&M University System	\$55,000
12774	8131.08	6291	4696.08	Biodiversity	International Resources Group	\$55,000

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* Family Planning

\* Malaria (PMI)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 169.08

**Prime Partner:** Community Habitat Finance  
International

**Mechanism:** CHAMP

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 2808.08

**Planned Funds:** \$350,000

**Activity System ID:** 12815

**Activity Narrative:** The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this 4-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by the EP.

CHAMP partners mobilize and support community-based HIV prevention efforts, including PFP and discordant couples, by incorporating these messages into their programs for community and religious leaders, youth, families affected by HIV/AIDS, and OVC including CHH. CHAMP partners are reaching 30,000 individuals with prevention messages that go beyond AB. CHAMP partners are also training 2,000 community volunteers to incorporate prevention messages, especially for high risk populations, into their community-based activities. While many of the general prevention activities are being implemented by the USAID RFA, CHAMP continues to provide technical and financial support to Rwandan partner organizations to include appropriate and targeted prevention messages in their programs for OVC and PLHIV in the community. These messages include the linkages between alcohol use, violence and HIV; stigma reduction; abstinence; fidelity; condom awareness and use; partner reduction; shifting social norms; and, the importance of TC for the entire family. CHAMP partners will continue to educate communities about risky behaviors and the correct and consistent use of condoms among appropriate target groups.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7184

**Related Activity:** 12813, 12814, 12816, 12818,  
12819, 12821, 12775, 12776,  
12777

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20986	2808.20986.09	U.S. Agency for International Development	Community Habitat Finance International	9181	169.09	CHAMP	\$0
7184	2808.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$350,000
2808	2808.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$446,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12814	2807.08	6308	169.08	CHAMP	Community Habitat Finance International	\$360,000
12775	8130.08	6292	4693.08	P-RFA	Population Services International	\$1,645,000
12776	8138.08	6292	4693.08	P-RFA	Population Services International	\$675,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000
12819	2806.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12777	8169.08	6292	4693.08	P-RFA	Population Services International	\$720,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	False

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Gakenke

Gicumbi

Rulindo

Kamonyi

Muhanga

Nyamagabe

Nyaruguru

Ruhango

Bugesera

Gatsibo

Nyagatare

Rwamagana

Karongi

Rutsiro

Ngororero

Nyabihu

Rubavu

Gasabo

Kicukiro

Nyarugenge

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: \$11,886,325**

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	\$2,218,184

## Program Area Context:

An estimated 190,000 people are currently living with HIV in Rwanda of which 91,000 are women and 27,000 are children under the age of 14. With FY 2008 funding, approximately 123,000 will be receiving care, treatment and support services through the EP, the GFATM, the World Bank's MAP, Clinton Foundation, UNITAID, WFP and other donors. Of these, 92,964 will be reached through direct EP support.

The EP and its implementing partners are working to ensure that all families have access to a comprehensive range of palliative care services, including preventive, medical, psychological, spiritual and social care services at both the clinic and community level. To date, the majority of prevention, care, and treatment services for PLHIV have been provided in the clinical setting, with implicit linkages to community care. Clinical services include the provision of cotrimoxazole for eligible adults and exposed infants according to national guidelines, referral for CD4 testing and clinical staging, diagnosis and treatment of common OIs, adherence counseling, ongoing clinical monitoring, nutritional assessment and support, prevention, and referrals to community-based care and support services. While social care services have been primarily provided through community-based activities, some clinical partners also provide patients with health "mutuelles" (a basic type of health insurance), transportation support, income generation through PLHIV associations, and linkages to food support.

Psychological, spiritual, social and prevention services in the community are provided through 12 Rwandan faith- and community-based organizations, and hundreds of PLHIV associations in 20 districts (out of 30). These services include home-based care for eligible PLHIV, psychological support, spiritual support through church leaders and volunteers, advocacy and mobilization support to PLHIV associations, access to mutuelles, screening and referrals for TB, PMTCT, OVC services, access to legal services and IGA. The EP also supports the training and support of caregivers in communities, with special attention to the needs of women and older girls as they are often the ones providing care. The EP supports a number of wraparound programs with the PMI, Title II, and other USAID programs in health, economic growth and democracy and governance in order to provide a comprehensive package of services to PLHIV.

All care providers (community and clinical) have incorporated prevention messages and appropriate prevention counseling into their care activities, especially for HIV-positive individuals and their families. Clinical HIV care services are integrated with CT, PMTCT, TB, OVC, family planning, and malaria services in EP-supported health facilities. However, a significant challenge has been linking clinical and community care services. In FY 2007, the EP undertook a significant initiative that brought its partners together to devise a methodology for assuring stronger linkages between clinical facilities and community services. This will be scaled up and implemented beginning in FY 2007 and continued in FY 2008. Specifically, the EP will support a linkages model, which utilizes facility-based staff, community volunteers and existing health committees at the health facility level. The model will be focused on improving the communication and coordination between clinical and community levels to ensure a continuum of care for HIV-positive individuals and their families. This model will also make explicit the links between the partners providing care at the facility and in the community.

To date, the EP in Rwanda has counted persons as receiving care through clinical partners reporting only. Each EP clinical partner is responsible for a unique set of districts and the EP is the lead in 23 of the 30 districts in Rwanda. As community-based activities overlap with these districts, the working assumption is that anyone receiving a community-based service will have been seen (and reported) by the EP clinical partner. Since all clinical partners provide clinical and preventive services, all persons reported as receiving care are receiving, at a minimum, these two types of services. In FY 2008, the EP will work closely with community based partners to improve their reporting to ensure that all persons receiving care are counted, that those counted are receiving a minimum package of services and that the numbers of family members receiving support are captured. Of the 65,000 PLHIV reached with FY 2007 funding (direct support), just 24,000 received support outside of the clinical setting. In order to improve the package of support being offered to PLHIV in FY 2008, the EP is expanding its support for wraparound activities (especially food, health and economic growth), and improving the outreach from clinical sites (training community health workers and providing home based care kits).

The absence of either a national palliative care policy, or a policy on the use of opioids for pain management present significant challenges. The EP will be providing technical assistance beginning in FY 2007 and continuing in FY 2008 to the GOR and implementing partners to overcome these barriers. In FY 2006 and FY 2007, the EP supported the GOR – MINISANTE, CNLS, TRAC and DSS - in the development and finalization of a community health policy. This policy addresses key issues for the training, supervision and support of community health workers. The EP will support implementation of this policy which calls for clinical facilities to train and equip a cadre of integrated community health workers (one woman and one man from each "umudugudu" or housing cluster). Health facilities will be responsible for their training, supervision and provision with home-based care kits. These community health workers, as well as other volunteers in the community, will be organized into cooperatives in order to benefit from community performance based financing and other incentives. The EP will provide limited TA to the national community PBF strategy (still in early stages of planning). New in FY 2008, the EP will work with the Development Credit Authority to establish partial credit guarantees to these groups to provide access to up to \$4 million in credit. CHAMP and other community service providers will work with these community-based associations to improve their ability to access and effectively utilize this credit guarantee.

In FY 2008, the EP will further expand and improve palliative care to HIV infected children as many children will be recruited through expansion of early infant testing and linkages with EPI, IMCI, PMTCT and ART programs. Specifically, the EP will support the expansion and monitoring of pediatric HIV-related outpatient services, including cotrimoxazole prophylaxis, early infant diagnosis, infant feeding education and ARV treatment for eligible infants and children. EP implementing partners will streamline the process of pediatric enrollment through early infant diagnosis by using specialized pediatricians to train general practitioners and reinforcing linkages to other consultation services such as nutrition, vaccinations, and well-child visits (a model developed in FY 2006). The EP also collaborates closely with UNICEF for pediatric care mentoring through TRAC and UNITAID for the provision of pediatric ARV drugs and the scale up of PCR testing for HIV-exposed infants.

In addition to the provision of services, the EP is scaling up by building the capacity of Rwandan organizations – governmental, faith and community-based – to ensure the sustainability of care. This includes technical and organizational capacity building for 12 Rwandan partner organizations under CHAMP. This community service project will be ending with FY 2008 funding. The EP

is planning to design and award a new community services activity in FY 2008 to ensure a smooth transition for current beneficiaries.

The EP procures all palliative care related commodities through PFSCM, including drugs for the prevention and treatment of OIs, and laboratory and diagnostic kits for improved and expanded OI diagnosis, and in coordination with the GOR's coordinated procurement. The exceptions are: the provision of bednets for PLHIV, which is being done through JSI/DELIVER in order to take advantage of the logistics and distribution system for malaria commodities being supported by PMI; and the provision of Sur Eau, a water treatment product being procured and distributed by PSI through the POUZN project.

In FY 2008, the EP will continue to provide a package of quality care services to individuals living with HIV, their caregivers and families by supporting the ongoing activities listed above. The EP will identify a standard package of services (cotrimoxizole, bed nets, safe water product, etc.) using best practices and lessons learned from other EP programs in South Africa and Uganda. In FY 2008, the EP will emphasize the following areas: the use of a family-centered approach for care; improvement of pain management through increased access to opioids; improved prevention counseling for HIV-positives through the provision of targeted risk reduction and behavior change messages (in both clinical and community settings); support for caregivers; and, improved linkages (community to clinic, within clinical services and wraparounds). Wraparound activities in FY 2008 include: the provision of bednets (through PMI), provision of safe water product and hygiene education (through POUZN); a new award to leverage food aid for PLHIV (Title II and WFP); support for economic growth and livelihoods (IGA assessment with EGAT, Development Credit Authority, support to USAID/Rwanda EG team's dairy sector project); and links to services for GBV (with clinical providers and police as supported by USAID/Rwanda democracy and governance team).

**Program Area Downstream Targets:**

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	249
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	92964
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	9059

**Custom Targets:**

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 169.08	<b>Mechanism:</b> CHAMP
<b>Prime Partner:</b> Community Habitat Finance International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 2811.08	<b>Planned Funds:</b> \$2,550,000
<b>Activity System ID:</b> 12816	

**Activity Narrative:** This is a continuing activity from FY 2007.

CHAMP is working to ensure access to high quality, sustainable HIV and AIDS care services through financial support and technical and institutional capacity building for Rwandan partner organizations. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this 4-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

In FY 2007, CHAMP is providing 22,000 PLHIV with HIV-related palliative care services, including income generating activities, psychosocial and spiritual support, improved nutrition and links to food assistance, community gardens, HIV prevention, HBC, and legal and human rights support. CHAMP is training 3,000 volunteer caregivers (primarily family members and members of PLHIV associations) in communities to provide these services.

CHAMP is supporting the finalization and implementation of a community health policy and is providing technical input to the national palliative care TWG. In FY 2008, CHAMP will continue to provide a menu of community-based services to PLHIV with a focus on improving quality using the family-centered approach. CHAMP will work closely with clinic-based case managers to ensure PLHIV and their families receive a comprehensive services. Case managers and community health workers in the health facilities will support PLHIV receiving clinical care to ensure follow-up and continuity of clinical services as well as link them to community services.

CHAMP supported community groups will provide a variety of services for PLHIV and the availability of these services will be documented and shared so that case managers and other clinic-based staff will be able to easily refer clients to these activities. Services will include: provision of nutrition support by liaising with MOH, TRAC and districts to effectively implement community-based nutrition programs; nutrition counseling and education; nutrition needs assessment and surveillance for malnourished individuals; support for household production of high-nutrient local staples; HBC for bedridden patients; provision of business development services for PLHIV families and associations; technical and financial support for viable and marketable services by PLHIV cooperatives; and linkages to health facilities, especially for testing and care. CHAMP will ensure that communities are aware of and have access to other EP supported clinical and community initiatives such as PMI, child survival and health programs, and food assistance. CHAMP supported partners will reach 22,000 individuals with a comprehensive menu of services in FY 2008. In FY 2008, CHAMP will train or offer refresher training to 3,000 community volunteers and caregivers and provide support to those caregivers trained previously. CHAMP will strengthen the systems, skills and attitudes of community health workers, upgrade their psychosocial, pastoral, grief and bereavement counseling skills (through Association Rwandaise des Conseillers en Trauma), and support for CHW associations with IGAs and HBC kits.

In order to ensure sustainability of these programs, CHAMP will use a training of trainers approach, building the knowledge and capacity of the staff of partner organizations and their association members to further train their members as community volunteers. These community volunteers will take a family-centered approach during home visits to PLHIV, monitoring and referring the children of HIV-affected households to OVC community services as necessary and encouraging parents and guardians to test their children. In this way, volunteers will help identify more HIV-infected children and family members and link them to appropriate care and treatment.

CHAMP will also work to increase male involvement in providing care as well as support women and girls as they tend to be the majority of primary care givers. CHAMP will also provide support to the PCAR to build their capacity to ensure the future of quality palliative care services in Rwanda. PCAR has received limited technical and financial support from APCA in Uganda to train palliative care service providers and advocate for a supportive environment for community-based care. CHAMP will support PCAR with technical, administrative, financial and managerial capacity building. CHAMP will work with its partners and the GOR to conduct appropriate M&E, data collection and use, and management of resources in order to improve the quality of HIV care and support services at the community level.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for beneficiaries. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

This activity supports the EP five-year strategy to integrate HIV prevention, care and treatment, expand pediatric HIV care, and mobilize community coordinated action.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7187

**Related Activity:** 12813, 12814, 12815, 12818,  
12819, 12821, 12809, 12794,  
12826, 16749, 16742, 16735

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7187	2811.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$2,550,000
2811	2811.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$1,552,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12814	2807.08	6308	169.08	CHAMP	Community Habitat Finance International	\$360,000
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16749	15227.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$668,324
12809	2799.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$1,285,846
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000
12819	2806.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

## Emphasis Areas

Gender

\* Increasing women's access to income and productive resources

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	3,000	False

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Bugesera  
Gatsibo  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 100.08

**Prime Partner:** Drew University

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 2752.08

**Activity System ID:** 12826

**Mechanism:** HIV Support to RDF

**USG Agency:** Department of Defense

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$306,686



**Activity Narrative:** This is a continuing activity from FY 2007.

Under the RDF, there are a total of three military hospitals and five brigade clinics throughout the country. Drew University began working in two military hospitals and three brigade clinics in FY 2005 with EP support. This support included TA and training on ARV and palliative care, M&E, and lab infrastructure. Drew University is considered a full EP clinical partner working in ARV, TB/HIV, PMTCT, Palliative Care and PFP. They collaborate with CHAMP for services in military communities such as OVC, and receive drug procurement from SCMS. In line with national policies, the hospitals use PBF as incentives for facilities.

Drew University improves the capacity of the RDF to provide quality HIV treatment and care for military personnel, partners and families of military personnel, and community members who live in the surrounding areas. Services include clinical staging and baseline CD4 count for all patients; control CD4 count every six months; prevention of opportunistic infections through prophylaxis with cotrimaxazole to eligible patients based on national guidelines and their diagnosis and treatment; psychosocial support (including counseling and referrals for positive women victims of domestic violence) and referrals of PLHIV in care to community-based palliative care services based on their individual need.

In FY 2007, Drew University provided the same palliative care services to 2,000 new PLHIV enrolled at three military hospitals and three brigade clinics. Through RPM+, Drew University provided diagnostic kits and drugs to three military hospitals and three brigade clinics to diagnose and treat opportunistic infections among new PLHIV in care in all eight sites. Drew University also provided technical assistance to RDF to strengthen linkages between community-based and clinic-based HIV care services. At brigade and/or community levels, Drew supported the formation of civil-military allied associations of PLHIV and trained members in provision of home-based care services, access to locally available and/or self-initiated nutritional support, and HIV Prevention for Positives. Caregivers were trained on adequate management, distribution and use of care services, and HIV clinical case detection and referral.

In addition, peer educators were trained to provide social support to members. Periodic inter-brigade/community interactive and experience-sharing discussion group workshops were organized to increase treatment adherence and encourage sharing of success stories witnessed during the course of HIV care therapy. At the clinic level, Drew University trained providers in and increased access to STI/OIs/mental health disorders diagnosis and treatment and integrated these services into brigade level clinics at three new RDF sites. Forty individuals were trained to provide HIV-related palliative care. In collaboration with CHAMP, Global Fund, and PMI, Drew University referred 2,000 PLHIV and their families for malaria prevention services including bed net provision. For clinically stable healthier PLHIV, Drew University assisted the RDF to strengthen referral to community-based support groups for improved treatment adherence and increased access to non-clinical HIV care services. Through SCMS, Drew University provided OI-related drugs, CD4 testing, and OI diagnostics for the clinical management of PLHIV enrolled in care. Drew University worked with RPM+ to ensure appropriate stock management, inventory control, and storage for all EP procured commodities at Drew University supported sites.

In FY 2008, these activities will continue. More significantly, Drew University will develop and distribute HIV care package to all HIV infected individuals receiving care in RDF sites and also pay for mutuelles (health insurance) for all individuals receiving HIV care in RDF sites. Palliative care services will be provided to 3,894 PLHIV at eight sites. Through EP support, Drew University will ensure the provision of improved quality of HIV treatment and care services, train RDF providers at the facility level in diagnosis and treatment of STI/OIs/mental health disorders diagnosis by integrating these services into the five brigade clinics. To improve the health of HIV positive patients, Drew University will implement a MTCU linked to the health facility, which will conduct outreach HIV staging, clinical evaluation and treatment initiation and follow-up of hard-to-reach HIV infected patients. The MTCU will ensure the provision of a continuum of care and treatment services which includes, but is not limited to: basic HIV laboratory tests, STIs/OIs screening and treatment, provision of CTX prophylaxis, ART, ART adherence support, psychosocial support, family planning, nutrition counseling, PFP, HIV status disclosure, spiritual care, bereavement care as well as hygiene and malaria education. Palliative care activities will be implemented in conjunction with other services such as AB, C/OP, TC, FP, ART, TB/HIV, OIs, and/or STIs delivery settings in RDF.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7191

**Related Activity:** 12827, 12828, 12829

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27525	27525.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11242	5857.09		\$100,000
27522	27522.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11241	6079.09	CDC	\$75,000
27521	27521.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11242	5857.09		\$100,000
20994	2752.20994.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$52,352
20993	2752.20993.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$270,018
7191	2752.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$357,123
2752	2752.06	Department of Defense	Drew University	2554	100.06	HIV Support to RDF	\$265,125

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12828	8165.08	6309	100.08	HIV Support to RDF	Drew University	\$57,229
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325

### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

### Food Support

### Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,894	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

**Indirect Targets**

**Target Populations**

**General population**

Adults (25 and over)

Men

Adults (25 and over)

Women

**Special populations**

Most at risk populations

Military Populations

**Other**

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 129.08

**Prime Partner:** Columbia University Mailman School of Public Health

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 2799.08

**Activity System ID:** 12809

**Mechanism:** Columbia MCAP Supplement

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$1,285,846

**Activity Narrative:** This is a continuing activity from FY 2007.

Columbia began providing basic palliative care to 28,000 PLHIV at 46 sites. Palliative care services in FY 2008 will continue including clinical staging and baseline CD4 count for all patients, follow-up CD4 every six months, management of OIs and other HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, children and exposed infants based on national guidelines, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. In addition, Columbia will continue to provide psychosocial counseling including counseling and referrals for HIV-infected female victims of domestic violence. To ensure comprehensive services across a continuum, Columbia, through the partnership with CHAMP and other community services providers, refers patients enrolled in care to community-based palliative care services based on their individual need, including adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. Through SCMS, Columbia will provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2008, Columbia will expand its services to provide palliative care for 28,000 existing patients and add an additional 4,646 new patients at 46 existing sites and 10 new sites, including 46 ART sites and 10 TC/PMTCT sites. Expanded services will emphasize on quality of care, continuum of care through operational partnerships, and sustainability of services through PBF. Strengthened nutritional services through training and provision of nutritional care will include counseling, nutritional assessments using anthropometric indicators, and management of malnutrition through provision of micronutrient and multivitamin supplements, and links to Title II food support for clinically eligible PLHIV and children in line national nutrition guidelines. Columbia will also support referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with CHAMP, GFATM and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and health education on hygiene. In addition family planning education, counseling and methods will be provided to PLHIV and their spouses. This service will be located within the counseling unit of the site to reduce need for referrals.

Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRAC training in psychological support for all Columbia-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on Prevention for Positives.

In addition the Ministry of Health will implement a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. Columbia will support 56 facilities to train, equip, and supervise 20 community health leads per health facility, in addition to other health care workers, reaching a total of 1,254 health workers trained. These community health workers will organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community based services providers constitute an effective system that ensures continuum, coverage and quality of palliative care.

In order to ensure continuum of HIV care, Columbia in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC service providers for more efficient use of patient referrals slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. Columbia -supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up losses of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. Columbia will work with CHAMP to develop effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

Increasing pediatric patient enrollment is a major priority for all EP clinical partners in FY 2008. To expand quality pediatric care, Rwanda's few available pediatricians will train other clinical providers, using the innovative model developed in FY 2006 and continuing in FY 2007 and FY 2008. Columbia will support health facilities to refer HIV-infected children to OVC programming for access to education, medical, social and legal services. Columbia will also support sites to identify and support women who may be vulnerable when disclosing their status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected ones taken to HIV care and treatment sites.

PBF is a major component of the Rwanda EP strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, Columbia will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of palliative care and other indicators is contingent upon the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool.

In the context of decentralization, DHTs now play a critical role in the oversight and management of clinical and community service delivery. Columbia will strengthen the capacity of four DHTs to coordinate an effective network of palliative care and other HIV/AIDS services. The basic package of financial and

**Activity Narrative:** technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7177

**Related Activity:** 12806, 12808, 12810, 12811, 12812, 16955, 12800

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20978	2799.20978.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$267,255
20977	2799.20977.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$989,040
7177	2799.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$454,300
2799	2799.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$300,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12811	2800.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$209,688
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

\* Food Security

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	56	False
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	56	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	32,646	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,254	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Karongi

Rutsiro

Ngororero

Nyabihu

Rubavu

Gasabo

Kicukiro

Nyarugenge

**Mechanism ID:** 3493.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 4989.08

**Activity System ID:** 12794

**Mechanism:** CRS Supplemental

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$450,246



**Activity Narrative:** This is a continuing activity from FY 2007.

CRS began providing basic palliative care to 5,300 PLHIV at 14 sites in FY 2007. Palliative care services in FY 2008 will continue including clinical staging and baseline CD4 count for all patients; follow-up CD4 every six months; management of OI, STIs, and other HIV-related illnesses; routine provision of CTX prophylaxis for eligible adults, children and exposed infants based on national guidelines; basic nutritional counseling and support; positive living and risk reduction counseling; pain and symptom management; and end-of-life care. In addition, CRS will continue to provide psychosocial counseling including counseling and referrals for HIV-positive female victims of domestic violence. To ensure comprehensive services across a continuum, CRS through the partnership with CHAMP and other community services providers, refers patients enrolled in care to community-based palliative care services based on their individual need, including adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. Through SCMS, CRS will provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI and STI-related commodities.

In FY 2008, CRS will expand its services to provide palliative care for 5,300 existing patients and an additional 3,672 new patients at 14 existing sites and five new sites including two ART sites and three TC/PMTCT sites. Expanded services will emphasize quality of care, continuum of care through operational partnerships, and sustainability of services through PBF. Strengthened nutritional services through training and provision of nutritional care will include counseling; nutritional assessments using anthropometric indicators; management of malnutrition through provision of micronutrient and multivitamin supplements; and links to Title II food support for clinically eligible PLHIV and children in line with national nutrition guidelines. CRS will also support referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with CHAMP, GFATM, and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and hygiene health education. Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRAC training in psychological support for all CRS-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on PFPs.

In addition, the MOH will implement a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. With the assumption of 20 community health leaders per each health facility, CRS will support 19 facilities to train, equip, and supervise 380 community health leads. They will also organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between communities and facilities. In addition to these health community leads, CRS will also train 130 health care workers. The facility-based case managers, health community leads, health care workers, and community-based volunteers constitute an effective system that ensures continuum, coverage and quality of palliative care.

In order to ensure a continuum of HIV care, CRS, in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC services providers for more efficient use of patient referral slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected persons taken to HIV care and treatment sites.

CRS-supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up loss of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. CRS will work with CHAMP to develop effective referral systems between clinical care providers and psychosocial and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female- and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

PBF is a major component of the Rwanda EP strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, CRS will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of palliative care and other indicators is contingent upon the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool. DHTs now play a critical role in the oversight and management of clinical and community service delivery. CRS will strengthen the capacity of two DHTs to coordinate an effective network of palliative care and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

Increasing pediatric patient enrollment is a major priority for all EP clinical partners in FY 2008. To expand quality pediatric care, Rwanda's few available pediatricians will train other clinical providers, using the innovative model developed in FY 2006 and continuing in FY 2007 and FY 2008. CRS will support health facilities to refer HIV-positive children to OVC programming for access to education, medical, social and legal services. CRS will also support sites to identify and support women who may be vulnerable when disclosing their status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors.

This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other

**Activity Narrative:** activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7163

**Related Activity:** 12792, 16863, 12796, 12797

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20969	4989.20969.09	HHS/Health Resources Services Administration	Catholic Relief Services	9178	3493.09	CRS Supplemental	\$261,680
20968	4989.20968.09	HHS/Health Resources Services Administration	Catholic Relief Services	9178	3493.09	CRS Supplemental	\$525,782
7163	4989.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$221,340
4989	4989.06	HHS/Health Resources Services Administration	Catholic Relief Services	3493	3493.06	Catholic Relief Services Supplemental	\$56,300

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

\* Food Security

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	19	False
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	19	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,972	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	510	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Burera

Gicumbi

Gatsibo

Nyamasheke

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 6146.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Mechanism:** Ibyiringiro

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 12244.08

**Planned Funds:** \$966,940

**Activity System ID:** 12768

**Activity Narrative:** The USG, through Title II and WFP, support a number of partners to provide food assistance and address food insecurity, especially for PLHIV, in Rwanda. In order to enhance linkages between food assistance and ongoing HIV and AIDS care, treatment, and prevention services, the EP will (beginning in FY 2007) issue an RFA to support and incorporate care and prevention services for PLHIV and OVC into ongoing food distribution. A requirement of the awardees will be a significant in-kind contribution of food to distribute to PLHIVs. Current organizations distributing food include the recipients of Title II funding and the WFP. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance.

Under care, current food partners work with clinical sites and community-based organizations and associations to deliver food assistance to over 8,000 PLHIV and their families in food insecure areas. Under this RFA, these partners will be able to strengthen and expand the support they are providing to include nutritional counseling, home gardening techniques, income generating and microfinance activities, training for home-based care, psychosocial support, prevention messages, promotion of TC and PMTCT, adherence counseling, legal support, and spiritual support. The EP expects to reach 8,283 PLHIV with a comprehensive menu of services and train 401 caregivers under these new agreements.

Under OVC, current food partners have access to over 23,000 children through the PLHIV associations they are working with to provide food assistance. Many of these children are considered OVC and have needs the food partners are not currently able to address. This additional funding will support the provision of services to OVC, based on their needs. Partners will work through associations to monitor the children within the communities where they work to identify needs and address those needs or refer to other services in the community as necessary. The EP expects to reach 5,800 with a comprehensive menu of services and train 580 caregivers under these new agreements.

Under prevention, these new agreements will support HIV prevention activities to youth and PLHIV associations as part of food distribution. HIV prevention activities will focus on increasing community support for young people to choose abstinence until marriage; for people in unions to remain faithful to their partner; for addressing gender related issues in the community; and, to increase community support for healthy sexual behavior, including correct and consistent condom use. Funding will also increase the demand and uptake for TC services through links to other EP clinical partners. The EP expects to reach approximately 38,838 people with appropriate prevention messages under these new awards.

In addition to providing care and prevention services for communities, partners will be expected to link closely with clinical sites to identify PLHIV in need of food support and to ensure adequate follow-up.

Given the expertise of these partners in the provision and distribution of food, EP will use this mechanism to procure food for PMTCT and OVC programs.

Finally, these partners will primarily be working in food insecure areas and will need to coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12244

**Related Activity:** 16856, 16857, 16945

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20956	12244.2095 6.09	U.S. Agency for International Development	Catholic Relief Services	9171	6146.09	Ibyringiro	\$175,000
20955	12244.2095 5.09	U.S. Agency for International Development	Catholic Relief Services	9171	6146.09	Ibyringiro	\$1,575,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16856	16856.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$153,000
16857	16857.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$180,000
16945	16945.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$750,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Wraparound Programs (Other)

- \* Food Security

## Food Support

Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$2,218,184

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,283	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	401	False

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Gakenke

Musanze

Huye

Nyamagabe

Nyaruguru

Bugesera

Gatsibo

Kayonza

Nyagatare

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 6147.08

**Mechanism:** Water-POUZN

**Prime Partner:** Abt Associates

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 12247.08

**Planned Funds:** \$0

**Activity System ID:** 12769

**Activity Narrative:** This is a continuing activity from FY 2007.

Research has shown that 90 percent of PLHIV are affected by diarrhea, which results in significant morbidity and mortality. Hand washing, sanitation, and water disinfection and safe storage have been proven to significantly reduce diarrhea rates. According to the 2005 Rwanda DHS-III, only one-third of surveyed households had access to a protected source of drinking water. Over 70% of rural households must travel more than 15 minutes to any water source. FY 2007 EP activities included the re-launch and distribution of the 'Sur-Eau' point of use water treatment product through health facilities offering HIV clinical care; support to PLHIV associations including IGA through supplying seed stock for these groups to sell Sur Eau; mass media and IPC activities around safe water and hygiene. Building on the significant role that community health workers have in providing palliative care and other home based activities for PLHIV, PSI has trained the CHWs to conduct safe water and hygiene activities. FY 2008 will continue to build on the activities of FY 2007. PSI in collaboration with other EP community partners including CHAMP will make available Sur-Eau water treatment products to PLHIV groups in the 23 EP supported districts, ensuring too, that IEC information on the risks of dirty water and poor hygiene practices are understood by members of these associations. Community health workers will also include information and referrals during their home visits and support to PLHIV associations. Sur-Eau will be available for purchase at all EP supported clinical sites, and mass media and IPC activities will normalize the use of this product, to minimize any stigma that may become attached to the product.

This activity complements activities supported by CSH funds for child survival. Working with other centrally funded child survival partners, PSI has been promoting the uptake and use of safe water products and promoting hygiene practices to prevent and minimize the impact of diarrhea diseases in children under 5. In FY 2008, PSI will continue these activities as part of a broader wrap around initiative, combining health and EP activities. Vulnerable populations (children under 5 and PLHIV) will be reached with life saving safe water products and information on good hygiene practices.

### **HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12247

**Related Activity:**

## Emphasis Areas

Gender

\* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Child Survival Activities

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

### Other

People Living with HIV / AIDS



## Coverage Areas

Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Bugesera  
Gatsibo  
Kayonza  
Ngoma  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge  
Gicumbi  
Rusizi

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 6150.08

**Prime Partner:** Land O'Lakes

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 12249.08

**Activity System ID:** 12770

**Mechanism:** TBD--TBD Dairy

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$500,000

**Activity Narrative:** USAID/Rwanda is in the process of awarding a five-year Rwanda Dairy Sector Competitiveness (RDSC) Project. This project will be split funded between the Rural Economic Growth and EP teams. It will support integrated activities with the aim to increase production and marketing of quality milk by smallholder producers in Rwanda, with a focus on reaching out to PLHIV, their caregivers and community associations. EP support for this activity will provide PLHIV and their caregivers with IGAs, improve their access to quality dairy products, provide prevention messages and address stigma and discrimination. This project is expected to actively support and encourage the participation of PLHIV. According to the 2005 RDHS-III, over 30% of women and over 20% of men responded that they would not buy fresh vegetables from a shopkeeper who has HIV. By incorporating PLHIV as member-owners of project-assisted businesses, and ensuring participation by HIV-infected persons and affected smallholder producers in cooperatives established to support and manage milk cooling centers, it is anticipated that this project will contribute to the reduction of stigma surrounding HIV and AIDS. In addition, the cooperatives will bring together smallholder producers and other community members on a regular basis and will provide an opportunity for other EP funded partners to provide messages and materials on HIV prevention, care, and treatment. This project will work with other EP-funded partners to identify PLHIV and identify strategies for income generation activities that can either be developed by other EP-funded partners in the community or be developed and supported by this project. With this funding, approximately 750 PLHIV and their families will benefit.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12249

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20696	12249.2069 6.09	U.S. Agency for International Development	Land O'Lakes	9106	6150.09	Rwanda Dairy Sector Competitiveness Project	\$500,000

**Emphasis Areas**

Gender

\* Increasing women's access to income and productive resources

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 97.08

**Mechanism:** TRAC Cooperative Agreement

**Prime Partner:** Treatment and Research AIDS Center

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 2744.08

**Planned Funds:** \$100,000

**Activity System ID:** 12877

**Activity Narrative:** This is a continuing activity from FY 2007.

In FY 2007, the EP supported TRAC for central activities to ensure quality of HIV palliative care. TRAC created a forum for information exchange between facility-based palliative care service providers to identify weaknesses and constraints as well as methods for program improvement (including quarterly workshops for health center staff, district supervisors, TRAC and DSS). TRAC defines the roles of different types of health facilities in OI and STI service delivery in accordance with the network model (i.e. health center versus hospital) and monitors OI and STI service delivery sites to determine the sustainability of activities. In addition, in order to integrate palliative care at both facility and community levels to ensure a continuum of care, the EP supported national policy and guidelines adaptation on palliative care. TRAC is also revising and integrating into the national HIV training curriculum modules on psychosocial support, nutritional assessment, counseling and management of malnutrition and screening diagnosis and management of STI.

By the end of FY 2007, TRAC will have designed palliative care-related tools (including PLHIV case management tools, patient assessment and follow-up forms, and referrals) and counter-referral forms from facility to community and vice versa. In addition TRAC will have finalized the list of OI drugs, including use of opioids at clinic and community level for pain management. In FY 2008 TRAC will conduct training of trainers' sessions on palliative care for 200 doctors; and 100 nurses, social workers, HIV case managers, and nutritionists. In addition, the EP will continue to support TRAC through a national nutrition advisor position to oversee all nutrition programming activities at the national level; and providing supervision of training and nutrition activities implementation at site and community levels.

The EP will also support TRAC for a new staff specialist on STI. This staff will work with STI specialists at CDC and clinical partners to coordinate training, data analysis and use to better understand the epidemiology of STI in Rwanda in order to inform HIV prevention partners on special groups at higher risks. The TRAC specialist on STIs will ensure that site staff are well trained and the tools are available to screen diagnose treat clients with STIs and their partners and that sociodemographic data are available on those clients to indicate appropriate prevention strategies.

TRAC will supervise decentralized training on palliative care both for facility-based providers and community-based providers. TRAC will also design, in collaboration with PBF and the MOH Community Health Unit, key HIV program-related indicators to monitor for PBF at community level. Lastly, TRAC in collaboration with SCMS will provide timely and accurate data on OI and STI drug and diagnostics consumption, and OI and STI-related morbidity and mortality to the CPDS for drugs and reagent quantification. These activities support the EP five-year strategic goals of promotion of a continuum of HIV care and Rwandan national plan for palliative care and integration prevention and HIV care interventions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7245

**Related Activity:** 12876, 12878, 12879, 12880,  
12881, 12882

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21035	2744.21035.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$62,500
21034	2744.21034.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$90,000
7245	2744.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$100,000
2744	2744.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$0

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
12879	2741.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$150,000
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
12881	2739.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$834,040

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

## Indirect Targets

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 114.08	<b>Mechanism:</b> USAID Rwanda Mission
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 4968.08	<b>Planned Funds:</b> \$330,000
<b>Activity System ID:</b> 12896	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007.	

USAID/Rwanda has been providing local and international technical assistance to GOR agencies and limited direct grants to local NGOs since FY 2004. In FY 2008, the EP will continue to build local capacity and provide HBHC services in Rwanda. USAID anticipates continuing direct financial and technical support to Rwanda NGOs in sponsoring or attending conferences, workshops and technical meetings on HIV treatment. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS which oversees community and home-based care activities in Rwanda.

In addition, in FY 2008 the EP will support an assessment of IGAs. Through the EP, Title II food assistance, and economic growth activities, the EP is engaged in promoting IGAs in Rwanda to improve livelihoods through increased incomes from running profitable businesses. USG supports a range of IGAs including a ten year investment in the specialty coffee value chain for farmers to one-time small grants to community associations for livestock or arts and crafts. Many of the EP and other donor financed IGAs target vulnerable populations including people living with HIV. As part of the USGs commitment to a multi-sectoral comprehensive care approach to PLHIVs, the EP will incorporate best practices of IGAs into the design of a new community care program starting in FY 2009.

USAID will issue a contract through an existing IQC mechanism managed by USAIDs Economic Growth, Agriculture and Trade office to evaluate previous activities in small scale IGAs. While this assessment will be fully funded by the EP, USAIDs Economic Growth team will be substantially involved in designing and managing the assessment. It is envisioned that follow-on IGA activities in community care will be managed by the Economic Growth team and provide opportunities for wrap around programming. USAID is interested in identifying how many of these IGAs are operated by PLHIVs and/or associations funded through the EP as well as the impact of these programs. This will enable the EP to move to a more structured approach to IGA programs and ensure long-term sustainability of those programs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7254

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21052	4968.21052.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$230,000
7254	4968.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$35,000
4968	4968.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$35,000

## Emphasis Areas

Gender

\* Increasing women's access to income and productive resources

Wraparound Programs (Other)

\* Economic Strengthening

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

## Indirect Targets

## Target Populations

Other

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3451.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 8142.08

**Activity System ID:** 12833

**Mechanism:** Transport Corridor Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$250,000

**Activity Narrative:** This is a continuing activity from FY 2007.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk mobile populations--drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities--with regionally coordinated SafeTStop messages. The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along the transport corridor. SafeTStop represents a set of high quality services, geared to provide products, information and support for the prevention, care and treatment of HIV/AIDS in communities. Health services include general information on HIV/AIDS- including ABC messages, access to condoms, counseling and support for HIV/AIDS, TC, ARV information, referrals and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans and low-income women- this way securing the long-term economic stability of individuals, families and communities- a key HIV care and prevention strategy. Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide source financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight AIDS through their own corporate responsibility platforms. This partnership will be partially supported by HVAB funding. ROADS will provide TA in M&E and in community mobilization and advocacy to an estimated 150 different local associations, women's groups and CBOs.

ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyanguu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border). FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck drivers, mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming around alcohol to improve the TC counseling protocol to include alcohol abuse issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART and a focused campaign with bar/lodging owners & religious leaders to reduce alcohol abuse among truckers and other men. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services. In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities through continued links and referrals to existing OVC and PLHIV services in the communities. ROADS partners began providing care and support services to vulnerable HIV-affected families in the three community sites, including the training of 23 pharmacists in HIV prevention, positive living, nutrition and referral to clinical and non clinical services. 1000 OVCs and 1500 PLHIV were reached in FY 2007. Howard University is FHI ROADS's partner in pharmacy training, and has developed a referral guide for the pharmacists to use to refer truckers and other clients to HIV clinical and community services around the border communities.

In FY 2008, ROADS will continue strengthening the role of pharmacies and drug shops in providing palliative care for PLHIVs; strengthening the referral system for ART, opportunistic infections and nutritional counseling and also continue its alcohol related activities. 100 palliative caregivers will receive refresher training who will reach 2,000 PLHIV. New in FY 2008, will be the establishment of community farms, to provide food to PLHIV. In districts where there is overlap, FHI ROADS will partner and link to other EP community and clinical partners for OVC support, palliative care and treatment. This activity addresses the key legislative issues of gender, violence, stigma reduction, and wraps around Microfinance/ Microcredit. This activity also reflects the ideas presented in the Rwanda EP five-year strategy and the National Prevention Plan by focusing prevention efforts on high-risk, mobile populations.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8142

**Related Activity:** 12831, 12832, 12834, 12835, 12836

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8142	8142.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$100,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12831	4776.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$757,000
12832	4777.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$275,000
12834	8727.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$150,000
12835	4778.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$300,000
12836	8744.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$450,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS



## Coverage Areas

Gicumbi  
Rusizi  
Gasabo  
Kicukiro  
Kirehe  
Rubavu

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 170.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 2815.08

**Activity System ID:** 12855

**Mechanism:** HIV/AIDS Performance Based Financing

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$418,559

**Activity Narrative:** This is a continuing activity from FY 2007.

PBF is an innovative approach to financing health services based on output that enhances quality of services and leads to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of indicators with a performance incentive for the production of more than agreed upon quantities of services. Full or proportionally reduced payment of HIV/AIDS indicators is determined by the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool. Financial incentives provided by PBF to motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. The EP, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF and health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance and provided out-based financing to health facilities in six districts through direct performance sub-contracts with health centers and district hospitals for HIV/AIDS indicators. The EP adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. While PBF clearly increases performance, TA and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national roll-out of the PBF model by the GOR. At the health center level, EP partners purchase a quantity of indicators with a performance incentive. Examples of basic health care indicators include the number of HIV infected clients who tested their CD4 levels six-monthly, number of HIV infected clients treated with CTX each month, number of HIV infected women who are using FP, and number of HIV infected clients who have been screened for STIs. Performance on these indicators are measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit and quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are merged during the quarterly district PBF steering committee meetings and the final payment is approved. At the district hospital level, MSH/PBF will have sub-contracts with slightly different purpose and scope from that of health centers. In addition to the focus on increasing quality service outputs, there is an emphasis on quality assurance, self-evaluation, and review by peers (similar to an accreditation scheme). There is payment for indicators from the National District Hospital PBF Scheme which reinforces the supervisory role hospitals play in district health networks.

In FY 2008, MSH/PBF will continue providing support to the MOH PBF department and the national PBF TWG. In addition, MSH/PBF will provide TA to DHTs in all EP districts and to EP implementing partners to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF will also provide intensive technical assistance to districts that will be introducing PBF in FY 2008. At the District level, MSH/PBF will continue supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with national family health steering committee during data collection/entry and control of indicators, 2) facilitating the quantity control function by providing TA and paying associated costs, and 3) supporting secretarial functions for the Family Health Unit at the District level. Support to the District is critical for the proper functioning of the national PBF model since monthly HIV/AIDS invoices approved by the health center PBF management committee and MSH are presented to the district steering committee for merging with quality index and final approval before payments are made.

PBF of HIV/AIDS services is a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda EP five-year strategy for increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7220

**Related Activity:** 12854, 12809, 16749, 16742, 16735, 12794, 12856, 12857, 12858, 12859

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7220	2815.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$559,680
2815	2815.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$628,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16749	15227.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$668,324
12809	2799.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$1,285,846
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
12857	2812.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,971
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860
12859	8743.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972

## Emphasis Areas

Human Capacity Development

\* Retention strategy

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

## Indirect Targets

Number of service outlets providing HIV-related palliative care supported with performance-base financing= 161

## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Gatsibo  
Kayonza  
Ngoma  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4741.08

**Prime Partner:** Partnership for Supply Chain Management

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 8716.08

**Activity System ID:** 12865

**Mechanism:** SCMS

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$500,000

**Activity Narrative:** This is a continuing activity from FY 2007.

In FY 2007, SCMS worked closely with CAMERWA for the procurement, storage and distribution of all HIV-related commodities, including laboratory. This consolidated approach to procurement will increase cost savings and improve efficiencies in procurement and distribution of commodities. In FY 2007, RPM+ and SCMS supported the CPDS. Under the CPDS, donors, including GFATM, MAP, and others, purchase portions of Rwanda's national ARV needs based on a national quantification and according to their individual procurement restrictions and patient targets. The CPDS also meets regularly to forecast next year's needs and ensure that proper planning and ordering takes place to avoid any gaps in supply. In FY 2007, RPM+ ensured a smooth functioning of the CPDS system, quality data for quantification, and strong communication between sites, districts and CAMERWA. This activity will be continued by SCMS in FY 2008.

Partners will work in close collaboration through joint planning and work plan development, particularly for activities that support the LMIS and active distribution system. This activity comprises three components: procurement of OI and preventive care drugs; TA; and procurement for HBC kits. For OI drug procurement, SCMS will work with CAMERWA to procure, store and distribute OI drugs for all PLHIV at EP-supported sites. The EP, through SCMS, will support costs not covered by GFATM mutuelles to ensure that sites are supplied with all necessary equipment.

In FY 2007, SCMS provided training in quantification, forecasting, procurement, information systems, warehouse management and supply planning for CAMERWA staff. Modules included training in Quantimed software systems, forecasting methodology and reporting. SCMS provided on site capacity building and training with tender preparation and evaluation for procurement of ARVs, OI drugs, test kits and laboratory supplies in line with EP procurement regulations. In FY 2007, SCMS provided short term technical assistance to CAMERWA in Warehouse Operations Management. This included inventory management and control, management information system upgrade, cold chain management, storage and distribution best practice, security upgrade and capacity building and knowledge transfer. In FY 2007, CAMERWA moved from passive distribution to active distribution and delivered drugs and commodities to district pharmacies. This is a significant change as pharmacists from districts and clinics traditionally came to collect drugs at CAMERWA. SCMS also supported CAMERWA's Active Distribution Program with short term technical assistance to assist CAMERWA with the development of an active distribution strategy defining how drugs will be moved from central level to the district pharmacy level.

In FY 2008, SCMS will continue to provide ongoing TA to CAMERWA for quantification, EP procurement regulations and for appropriate distribution of products to all sites. Product selection will also conform to GOR's minimum list of preventive care, OI and other palliative care medications, as well as to WHO standards for QA. SCMS will support CAMERWA and the NRL to conduct quality assurance of OI medication arriving in country through TLC and use of mini-labs. As OI drugs will be integrated into the CPDS, SCMS will provide TA and support to the relevant committees of the CPDS to develop a procurement and distribution plan for OI and palliative care drugs, to conduct quantification, monitor consumption patterns and stock levels, and to provide regular reports to donors.

In FY 2008, SCMS will work closely with GFATM, MOH, CAMERWA, and districts to ensure the continuous availability and management of drugs and supplies included in the nationally defined HBC kits on an as needed basis. SCMS will also work with community and clinical partners, CAMERWA, and the MOH to review and revise tools to support the storage, distribution, and tracking of HBC kits from CAMERWA to the community level.

This activity addresses the legislative area of wrap around through leveraging funds from the GFATM for membership coverage of PLHIV for health insurance schemes. This will increase access to essential OI medicines for PLHIV. It also directly supports the Rwanda EP five-year strategy for ensuring sustainability by improving commodity forecasting, procurement procedures, storage and distribution, and information systems.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8716

**Related Activity:** 16865, 12866, 12867, 12868, 16862, 12869

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21015	8716.21015.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9189	4741.09	SCMS	\$50,000
21014	8716.21014.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9189	4741.09	SCMS	\$450,000
8716	8716.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$1,620,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16865	16865.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$500,000
12866	8664.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$650,000
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4707.08

**Prime Partner:** John Snow, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 16881.08

**Activity System ID:** 16881

**Mechanism:** Deliver II

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$300,000

**Activity Narrative:** This activity is new in FY 2008. JSI/DELIVER will procure LLITNs for PLHIV not already receiving nets from PMI or the GFATM. The EP, PMI, and the GFATM will work together to share the costs of procuring bed nets for Rwanda for an estimated 42,800 PLHIVs. Through Deliver, PMI is providing the majority of the LLITNs for Rwandese adults, children, pregnant women and some PLHIVs. The EP will procure and distribute LLITNs for additional PLHIVs not covered by PMI. PMI and the EP will ensure coordinated quantification, forecasting, and procurement of LLITNs. Furthermore, monitoring of product use, storage and inventory control through LMIS will be done for all LLITNs distributed in country. Using the same partner for both the EP and PMI funded LLITNs will allow for effective, efficient and cost minimizing programming. This PMI wrap around demonstrates the increased integration and collaboration between the EP and PMI, as well as collaboration with other donors.

DELIVER will provide TA to the PNLP for quantification and forecasting. DELIVER will also procure and clear the LLITNs into the country. The nets will then be distributed to district hospitals by CAMERWA.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Wraparound Programs (Health-related)

\* Malaria (PMI)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	42,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 7090.08

**Mechanism:** IntraHealth Bilateral

**Prime Partner:** IntraHealth International, Inc

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 15227.08

**Planned Funds:** \$668,324

**Activity System ID:** 16749



**Activity Narrative:** This is a continuing activity from FY 2007.

IntraHealth began providing basic palliative care to 8,586 PLHIV at 32 sites. Palliative care services in FY 2008 will continue including clinical staging and baseline CD4 count for all patients, follow-up CD4 every six months, management of OIs and other HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, children and exposed infants based on national guidelines, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. In addition, IntraHealth will continue to provide psychosocial counseling including counseling and referrals for HIV-infected female victims of domestic violence. To ensure comprehensive services across a continuum, IntraHealth, through the partnership with CHAMP and other community services providers, refers patients enrolled in care to community-based palliative care services based on their individual need, including adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. Through SCMS, IntraHealth will provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2008, IntraHealth will expand its services to provide palliative care for 8,586 existing patients and add an additional 2,056 new patients at 32 existing sites and five new sites, including 20 ART sites and 32 TC/PMTCT sites. Expanded services will emphasize on quality of care, continuum of care through operational partnerships, and sustainability of services through PBF. Strengthened nutritional services through training and provision of nutritional care will include counseling, nutritional assessments using anthropometric indicators, and management of malnutrition through provision of micronutrient and multivitamin supplements, and links to Title II food support for clinically eligible PLHIV and children in line national nutrition guidelines. IntraHealth will also support referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with CHAMP, GFATM and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and hygiene health education. In addition family planning education, counseling and methods will be provided to PLHIV and their spouses. This service will be located within the counseling unit of the site to reduce need for referrals. Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRAC training in psychological support for all IntraHealth-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on Prevention for Positives.

In addition the MOH will implement a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. IntraHealth will support 37 facilities to train, equip, and supervise 20 community health leads per health facility, in addition to other health care workers, reaching a total of 996 lead health workers trained. These CHWs will organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community based services providers constitute an effective system that ensures continuum, coverage and quality of palliative care.

In order to ensure continuum of HIV care, IntraHealth in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC services providers for more efficient use of patient referrals slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. IntraHealth-supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up losses of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. IntraHealth will work with CHAMP to develop effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

Increasing pediatric patient enrollment is a major priority for all USG clinical partners in FY 2008. To expand quality pediatric care, Rwanda's few available pediatricians will train other clinical providers, using the innovative model developed in FY 2006 and continuing in FY 2007 and FY 2008. IntraHealth will support health facilities to refer HIV-infected children to OVC programming for access to education, medical, social and legal services. IntraHealth will also support sites to identify and support women who may be vulnerable when disclosing their status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected ones taken to HIV care and treatment sites.

PBF is a major component of the Rwanda EP strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, IntraHealth will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of palliative care and other indicators is contingent upon the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool.

In the context of decentralization, DHTs now play a critical role in the oversight and management of clinical and community service delivery. IntraHealth will strengthen the capacity of four DHTs to coordinate an effective network of palliative care and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of

**Activity Narrative:** providers, and other support to carry out key responsibilities.

This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15227

**Related Activity:** 16746, 12816, 12865, 16750, 16751, 16752, 12842

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20670	15227.20670.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$271,892
20669	15227.20669.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$700,920
15227	15227.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$289,534

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12865	8716.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
12842	2776.08	6311	107.08	Capacity	IntraHealth International, Inc	\$275,000

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

- \* Retention strategy

### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Wraparound Programs (Health-related)

- \* Family Planning
- \* Malaria (PMI)
- \* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,642	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	996	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Nyagatare

Gasabo

Gicumbi

Rulindo

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 7623.08

**Prime Partner:** US Agency for International  
Development

**Funding Source:** GHCS (State)

**Mechanism:** DCA

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 16963.08

**Planned Funds:** \$150,000

**Activity System ID:** 16963

**Activity Narrative:** USAID's DCA can help establish partial credit guarantees with local lending institutions to provide credit to populations not normally receiving credit, such as associations of community health workers or PLHIV.

Recognizing that poverty is a major factor in the spread and management of HIV, the EP has supported a number of interventions – income generating activities, microfinance, financial and management capacity strengthening for local organizations – to address this issue among PLHIV, OVC and their families. In FY 2008, EP will support three activities to address this need: 1) conduct an assessment of IGAs; 2) award a follow-on community services project with a component for income generation; and, 3) develop loan guarantee through the DCA.

The EP, together with the USAID/Rwanda Economic Growth team and the EGAT Bureau, will conduct an assessment of all IGAs supported since the beginning of the program. This assessment will inform the income generation component of the follow-on activity which will provide community-based support for PLHIV, OVC, their families and caregivers to be designed in FY 2008. This new awardee will be responsible for working with groups identified to benefit from the DCA loan guarantees (to be determined based on DCA initial assessments) to ensure they have the appropriate business development, management and financial skills to receive and successfully use credit. In addition, the awardee will monitor the impact of the loan guarantees on health outcomes such as adherence to ART. The DCA will work with local lending institutions and the community-services follow-on project to establish loan guarantee and provide any technical assistance needed to ensure its ongoing success. The EP will incorporate the best practices of the DCAs current work with the agri-business sector that is in place with the USAID/Rwanda Economic growth team.

This activity addresses the EP five-year strategy for sustainability.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16960, 16962, 16829, 16964, 16961

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16962	16962.08	7623	7623.08	DCA	US Agency for International Development	\$200,000
16964	16964.08	7623	7623.08	DCA	US Agency for International Development	\$50,000

**Emphasis Areas**

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

## Target Populations

### Other

Business Community

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 7089.08

**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 15226.08

**Activity System ID:** 16735

**Mechanism:** EGPAF Bilateral

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$886,030

**Activity Narrative:** This is a continuing activity from FY 2007.

EGPAF began providing basic palliative care to 6,469 PLHIV at 33 sites. Palliative care services in FY 2008 will continue including clinical staging and baseline CD4 count for all patients, follow-up CD4 every six months, management of OIs and other HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, children and exposed infants based on national guidelines, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. In addition, EGPAF will continue to provide psychosocial counseling including counseling and referrals for HIV-infected female victims of domestic violence. To ensure comprehensive services across a continuum, EGPAF, through the partnership with CHAMP and other community services providers, refers patients enrolled in care to community-based palliative care services based on their individual need, including adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. Through SCMS, EGPAF will provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2008, EGPAF will expand its services to provide palliative care for 6,469 existing patients and add an additional 3,661 new patients at 33 existing sites and four new sites, including 26 ART sites and 37 palliative care sites. Expanded services will emphasize on quality of care, continuum of care through operational partnerships, and sustainability of services through PBF. Strengthened nutritional services through training and provision of nutritional care will include counseling, nutritional assessments using anthropometric indicators, and management of malnutrition through provision of micronutrient and multivitamin supplements, and links to Title II food support for clinically eligible PLHIV and children in line with the national nutrition guidelines. EGPAF will also support referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with CHAMP, GFATM and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and hygiene health education. In addition, EGPAF will collaborate with TWUBAKANE ensure provision of Family planning services; family planning education, counseling and methods will be provided to PLHIV and their spouses. This service will be located within the counseling unit of the site to reduce need for referrals. Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRAC training in psychological support for all EGPAF-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on PFPs.

In addition, the MOH will implement a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. EGPAF will support 37 facilities to train, equip, and supervise 20 community health leads per health facility, along with other health care workers, reaching a total of 808 health workers trained. These community health workers will organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community based services providers constitute an effective system that ensures continuum, coverage and quality of palliative care.

In order to ensure continuum of HIV care, EGPAF in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC services providers for more efficient use of patient referrals slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. EGPAF-supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up losses of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. EGPAF will work with CHAMP to develop effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

Increasing pediatric patient enrollment is a major priority for all EP clinical partners in FY 2008. To expand quality pediatric care, Rwanda's few available pediatricians will train other clinical providers, using the innovative model developed in FY 2006 and continuing in FY 2007 and FY 2008. EGPAF will support health facilities to refer HIV-infected children to OVC programming for access to education, medical, social and legal services. EGPAF will also support sites to identify and support women who may be vulnerable when disclosing their status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected ones taken to HIV care and treatment sites.

PBF is a major component of the Rwanda EP strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, EGPAF will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of palliative care and other indicators is contingent upon the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool.

In the context of decentralization, DHTs now play a critical role in the oversight and management of clinical and community service delivery. EGPAF will strengthen the capacity of five DHTs to coordinate an effective network of palliative care and other HIV/AIDS services. The basic package of financial and technical

**Activity Narrative:** support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15226

**Related Activity:** 16732, 17059, 16736, 16737, 16738, 12865

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20044	15226.2004 4.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$239,028
20043	15226.2004 3.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$809,279
15226	15226.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$182,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
12865	8716.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500



## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \* Task-shifting
- \* Retention strategy

### Local Organization Capacity Building

### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	37	False
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,130	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	808	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Gatsibo

Kayonza

Ngoma

Nyagatare

Rwamagana

Gasabo

Kicukiro

Nyarugenge

Bugesera

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 4740.08 **Mechanism:** Refugees UNHCR  
**Prime Partner:** United Nations High Commissioner for Refugees **USG Agency:** Department of State / Population, Refugees, and Migration  
**Funding Source:** GHCS (State) **Program Area:** Palliative Care: Basic Health Care and Support  
**Budget Code:** HBHC **Program Area Code:** 06  
**Activity ID:** 8718.08 **Planned Funds:** \$8,204

**Activity System ID:** 12890

**Activity Narrative:** This is a continuing activity from FY 2007.

Rwanda is host to almost 50,000 refugees in camps around the country. Refugee populations are considered to be at high risk of infectious diseases, in particular HIV, as well as GBV and other forms of violence, and economic and psychological distress. While much is currently unknown about HIV prevalence rates in the camp populations in Rwanda, recent service statistics of newly implemented TC and PMTCT programs in two camps record a prevalence rate around 5% among those tested, with at least 200 individuals currently known to be living with HIV. Since 2005, the EP has supported AHA and ARC to provide HIV prevention and care services in Kiziba, Gihembe, and Nyabiheke refugee camps with linkages and referrals for treatment. As of FY 2007, UNHCR is now the prime partner for these activities and subgrants to implementing partners ARC and AHA. FY 2008 funding for this activity will support the provision and expansion of palliative care services to 500 PLHIV and the training of 120 health providers, laboratory technicians, and community volunteers in Kiziba, Gihembe, and Nyabiheke refugee camp health clinics and communities.

UNHCR partners will ensure the provision of, or referrals for diagnosis and treatment of OIs and other HIV-related illnesses (including TB), routine clinical staging and systematic CD4 testing, medical records for all HIV-positive patients and infants, and referrals to community-based psychosocial and palliative care services. Infants born to HIV-positive mothers will be provided CTX; early infant diagnosis through PCR; and ongoing clinical monitoring and staging for ART. In collaboration with EP clinical partners, UNHCR partners will work with the Byumba, Kibuye, and Ngarama DHTs to ensure that health clinic providers receive training or refresher training in basic management of PLHIV, including training in ART adherence support, and in the identification and management of pediatric HIV. UNHCR partners will monitor and evaluate basic care activities through ongoing supervision, QA, and data quality controls. They will continue to build the capacity of local refugee health care providers to monitor and evaluate HIV/AIDS basic care activities through ongoing strengthening of routine data collection and data analyses for basic care.

SCMS will procure and distribute through CAMERWA all palliative care and OI drugs, laboratory supplies and diagnostic kits. UNHCR partners will work with SCMS and the districts to ensure appropriate storage, management and tracking of commodities, including renovation of pharmacy units at the health centers for adequate ventilation and security.

UNHCR will provide technical support and monitoring of IP activities and data collection, and ensure appropriate reporting through the hiring of an HIV/AIDS technical and program manager. This activity addresses the key legislative areas of gender through reduction of GBV and support for women confronted with GBV as well as increasing women's access to income generating activities; wrap around through Title II food activities, and stigma and discrimination through increased community participation in the care and support of PLHIV.

This activity supports the EP five-year strategy by providing prevention, care, and treatment to vulnerable and high-risk populations.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8718

**Related Activity:** 12887, 12888, 12889, 12891, 12892, 12893

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24526	8718.24526.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$5,559
8718	8718.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$44,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12888	8700.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$9,445
12889	8711.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$4,723
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12892	8732.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$19,688
12893	8737.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$103,365

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	False

## Indirect Targets

## Target Populations

### Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Byumba (prior to 2007)

Kibuye (prior to 2007)

Umutara (Mutara) (prior to 2007)

Gicumbi

Gatsibo

Karongi

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 7585.08

**Mechanism:** Prtnr Rprtnng System

**Prime Partner:** Social and Scientific Systems

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 17065.08

**Planned Funds:** \$100,000

**Activity System ID:** 17065

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for implementation in FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between the EP and its implementing partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS monitoring and evaluation plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting system.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the EP and GOR EP partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the EP and GOR. Additionally, all EP data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) Assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) Collecting and verifying data, analysis and data interpretation, and development and implementation of data use plan; (3) Assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) Conducting trainings/workshops on data quality improvement and use for EP staff and implementing partners; and (5) Providing evaluation assistance including analysis of monitoring and evaluation plans and guidance on key evaluation activities for EP, and performing additional M&E responsibilities in-line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16885, 16982, 16984, 17029,  
17031, 17039, 16958

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$200,000

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 9328.08

**Mechanism:** WFP

**Prime Partner:** World Food Program

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 21489.08

**Planned Funds:** \$633,060

**Activity System ID:** 21489

**Activity Narrative:** In COP 2008, this amount was set aside to support food and nutrition for PLWHA (in addition to funding from FY 2007). WFP submitted an unsolicited proposal which fit this activity and the team decided that there we sufficient funding in FY 2007 and FY 2008 to fund both activities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 7088.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 8144.08

**Activity System ID:** 17108

**Mechanism:** FHI Bilateral

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$973,263

**Activity Narrative:** This is a continuing activity from FY 2007.

FHI began providing basic palliative care to 17,807 PLHIV at 59 sites. Palliative care services in FY 2008 will continue including clinical staging and baseline CD4 count for all patients, follow-up CD4 every six months, management of OIs and other HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, children and exposed infants based on national guidelines, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. In addition, FHI will continue to provide psychosocial counseling including counseling and referrals for HIV-infected female victims of domestic violence. To ensure comprehensive services across a continuum, FHI, through the partnership with CHAMP and other community services providers, refers patients enrolled in care to community-based palliative care services based on their individual need, including adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. Through SCMS, FHI will provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2008, FHI will expand its services to provide palliative care to 17,807 existing patients in care and add 6,373 new patients at 59 existing sites, including 32 ART sites and 49 TC/PMTCT sites. Expanded services will emphasize on quality of care, continuum of care through operational partnerships, and sustainability of services through PBF. Strengthened nutritional services through training and provision of nutritional care will include counseling, nutritional assessments using anthropometric indicators, and management of malnutrition through provision of micronutrient and multivitamin supplements, and links to Title II food support for clinically eligible PLHIV and children in line national nutrition guidelines. FHI will also support referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with CHAMP, GFATM and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and health education on hygiene. In addition family planning education, counseling and methods will be provided to PLHIV and their spouses. This service will be located within the counseling unit of the site to reduce need for referrals. Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRAC training in psychological support for all FHI-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on PFPs.

In addition the MOH will implement a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. FHI will support 59 facilities to train, equip, and supervise 20 community health leads per health facility reaching a total of 1,370 lead health workers trained. These community health workers will organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community based services providers constitute an effective system that ensures continuum, coverage and quality of palliative care.

In order to ensure continuum of HIV care, FHI in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC services providers for more efficient use of patient referrals slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. FHI -supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up losses of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. FHI will work with CHAMP to develop effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

Increasing pediatric patient enrollment is a major priority for all EP clinical partners in FY 2008. To expand quality pediatric care, Rwanda's few available pediatricians will train other clinical providers, using the innovative model developed in FY 2006 and continuing in FY 2007 and FY 2008. FHI will support health facilities to refer HIV-infected children to OVC programming for access to education, medical, social and legal services. FHI will also support sites to identify and support women who may be vulnerable when disclosing their status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected ones taken to HIV care and treatment sites.

PBF is a major component of the Rwanda EP strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, FHI will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of palliative care and other indicators is contingent upon the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool.

In the context of decentralization, DHTs now play a critical role in the oversight and management of clinical and community service delivery. FHI will strengthen the capacity of four DHTs to coordinate an effective network of palliative care and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.



**Activity Narrative:** This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8144

**Related Activity:** 16739, 16741, 16743, 16744, 16745, 12816, 12865

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20663	8144.20663.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$127,335
20662	8144.20662.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$845,350

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16741	16741.08	7528	7088.08	FHI Bilateral	Family Health International	\$150,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12865	8716.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875

**Emphasis Areas**

Gender

- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

Human Capacity Development

- \* Training
- \*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- \* Malaria (PMI)
- \* TB

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care supported with performance-base financing	59	False
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	59	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,180	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,370	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Mechanism ID:** 8692.08

**Mechanism:** N/A

**Prime Partner:** American Refugee Committee

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 19487.08

**Planned Funds:** \$9,167

**Activity System ID:** 19487

**Activity Narrative:** The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 8697.08

**Mechanism:** N/A

**Prime Partner:** Population Services International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 19488.08

**Planned Funds:** \$400,000

**Activity System ID:** 19488

**Activity Narrative:** USAID has previously supported safe water activities in Rwanda through the centrally funded POUZN mechanism. The funding would be routed through Abt Associates back to PSI Rwanda for implementation. PSI Rwanda is the recent recipient of a bilateral award and USAID Rwanda proposes reprogramming the funds directly to PSI.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

**Total Planned Funding for Program Area:           \$5,102,426**

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:**

WHO estimates the 2005 tuberculosis (TB) incidence to be 361/100,000 including 158/100,000 new smear-positive TB cases in Rwanda. This represents a 270% increase over the past 15 years, with the HIV epidemic fueling much of the increase. The DOTS strategy for TB control has been implemented in Rwanda since 1990 through the national TB program, Programme National Intégré de lutte contre la Lèpre et la Tuberculose (PNILT). Rwanda has 100% DOTS coverage in health facilities. The GOR has made TB/HIV integration a priority with support from EP, WHO, GFATM and the Damien Foundation. In 2005 and 2006, a national policy on TB/HIV collaborative activities, implementation guidelines and standardized TB/HIV reporting were established.

With EP support, PNILT has been implementing the national TB/HIV reporting and surveillance. As a result, in FY 2006, 8,283 TB patients were registered, with 6,300 (76%) tested for HIV. Of these, 2,561 (31%) were HIV-infected, among which 1,124 (44%) were on cotrimoxazole, and 789 (31%) were on ART. By the second quarter of FY 2007, HIV status was known for 89% of TB patients registered and, of these, 36% were found to be HIV infected. Of the HIV-infected TB patients, 61% had access to cotrimoxazole, and 37% had access to ARVs.

In 2006, TRAC adopted national pre-ARV and ARV registers that include TB screening and TB treatment information. These have been used in a limited number of sites supported by the USG to inform program implementation. Of 27 USG sites reporting information, preliminary data show that over 80% of PLHIV in participating care and treatment sites are screened for TB. However, of this group only 2% are identified as having active TB. Although the provision of ART decreases TB incidence among PLWA, these new data highlight the need for improved TB diagnosis and ensuring access to DOTS for PLHIV/TB.

In FY 2007, with Plus-up funds a plan was drafted at TB/HIV meeting organized by OGAC in Washington D.C and finalized in country. The interventions have been designed and put in place to improve the diagnosis of TB among PLHIV through improved laboratory diagnostics and human resource capacity in-country. This has been accomplished through EP support for (1) TB diagnostics at the NRL (rapid culture techniques and rapid rifampin resistance testing, laboratory technical assistance and training); (2) improving infrastructure; (3) providing appropriate equipment, technical assistance and training to support a teaching lab in Kigali; and (4) support for a regional lab in Butare. In collaboration with the WHO/USG project to reinforce TB/HIV activities, the EP supported the human resources required for program rollout and regular supervision. Diagnostic capacity was enhanced by training physicians from each district hospital in chest radiography which emphasized atypical presentations of lung disease among PLHIV. Infection control plans have been developed and put in place with EP support. Two districts hospitals are also being supported to implement work place and administrative control measures, environmental control measures and a program to protect health workers. Despite significant progress, the GOR, EP and WHO have identified numerous challenges in integrating and coordinating services, including sustained and expanded political commitment to support TB/HIV collaborative activities between programs at all levels in the setting of recent health care decentralization.

In FY 2008, EP will continue to support these efforts by integrating services between HIV care and treatment services and TB diagnostic and treatment services, emphasizing early identification of patients with both HIV and active TB disease, providing coordinated care and treatment between programs, as appropriate, and monitoring program results using established standardized national program tools. EP will also provide TA and financial resources for district health authorities to build capacity and expand the health services case management model to ensure timely and effective referral systems between TB and HIV programs. In addition, EP will improve the screening and diagnosis of TB among PLHIV by expanding standardized intensified TB case finding at all HIV care and treatment sites, but also Counseling and testing and PMTCT stand alone sites, as well as community-based home visits, including implementing routine strategies for screening HIV-infected children for TB. In order to improve integration, EP will support training all TB providers in HIV care including staging, CD4 test ordering and CTX provision and refresher training on Ziehl Nelson, and international training of trainers to Rwanda TB lab staff at three reference and five regional hospitals.

FY 2008 EP activities will also continue to support HIV-testing of all TB patients, ensuring access to care (including cotrimoxazole, assessing clinical stage and CD4 count) and ART as appropriate, and support national level coordination and program supervision through a total of 10 national TB/HIV technical advisors and program coordinators at PNILT, TRAC, AIDSRelief and FHI. Moreover, EP will expand a "best practice model" of integrating TB/HIV activities at the model center at Gisenyi District Hospital to all ART and VCT/PMTCT sites. Included in this activity will be the revision of the national algorithm for the diagnosis of smear-negative and extra pulmonary TB to reduce diagnostic delays in diagnosing PLHIV with active TB. EP will also continue to support capacity building to improve TB culture services which began with support from EP FY 2007 Plus-Up funds.

In FY 2008, rapid TB culture services will be established at NRL and the national lab network will be expanded to include CHUK

and CHUB. National guidelines will be developed to guide the programmatic use of rapid culture services for PLHIV. In addition, quality assurance systems will be established, TB culture turnaround times analyzed, and an action plan developed to minimize turnaround times and delays to TB diagnosis. An additional priority for the EP will be to improve the diagnosis of extra pulmonary TB in Rwanda through on-going support in collaboration with AIDSRelief/IHV to build pathology laboratory capacity at CHK and the University of Rwanda national pathology laboratory. This will be accomplished by recruiting and training laboratory staff and doctors on fine needle aspirate of lymphnode among TB suspects and equipping the laboratories with appropriate materials and supplies.

With an increase in resources for TB/HIV activities for FY 2008, the EP will continue to promote the integration of TB/HIV care into core programs, and efforts to improve the standard of care by EP partners, particularly those in HIV care and treatment. Lessons learned from integrating TB and HIV will be monitored together by EP and the GOR for the integration of HIV into the health system. In FY 2008, EP implementing partners will support the implementation of the TB/HIV component of the clinical package of HIV care. This activity has eight components: (1) Implement routine PITC to TB patients at EP partner-supported sites; (2) Report the number and proportion of TB patients who received counseling and testing at EP supported sites, and intensified TB case-finding among PLHIV enrolled in care and treatment, which includes regular TB screening, appropriate diagnosis and TB treatment with DOTS; (3) Expand TB screening to PLHIV accessing other HIV services, such as, TC/PMTCT sites, as well as family members of HIV positive patients reached through home base care and community programs; (4) Ensure timely and appropriate TB diagnosis and treatment via DOTS for all PLHIV that are TB suspects; (5) Support sites to implement routine collection, recording, and reviewing of standard national TB/HIV program indicators to inform and improve services at the patient and facility level; (6) Support on-going training of doctors, nurses, social workers, and HIV and TB services providers on TB/HIV integration and standard operational protocols using national training modules; (7) Train hospital directors of doctors to draft and implement a plan of TB infection control according to national guidelines developed in collaboration with WHO/OGAC project; and (8) Support sites to provide incentives for effective TB and HIV patients' case management and referrals between the HIV and TB services by implementing clinical and community-based components of the national PBF system. In coordination with the HIV PBF project, partners will shift some of their support from input to output financing in a similar model to national PBF program. Health facilities will train supervise and motivate community volunteers based on number of TB suspects referred to facilities and number of TB patients supported for a treatment completion. In addition health facilities will be also motivated by USG partners with incentives based on performance in improving TB/HIV indicators. Examples of indicators include correctly filling stock control cards in X-ray departments, the percentage of TB lab exams that are corroborated during quarterly controls, the number of X-rays of good quality with correct diagnosis and report in patient file, and the quality of sputum smear microscopy as measured by percentage false negatives and false positives. Lessons learned from this performance based contracting for TB/HIV indicators will feed the national PBF program on how to include more TB/HIV indicators into the national list of PBF indicators.

#### 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	216
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1183
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1138
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3667

#### Custom Targets:

**Table 3.3.07: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8692.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> American Refugee Committee	<b>USG Agency:</b> Department of State / Population, Refugees, and Migration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 19478.08	<b>Planned Funds:</b> \$18,335

**Activity System ID:** 19478

**Activity Narrative:** The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 7585.08

**Mechanism:** Prtnr Rprtnng System

**Prime Partner:** Social and Scientific Systems

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 17029.08

**Planned Funds:** \$100,000

**Activity System ID:** 17029

**Activity Narrative:** The EP Strategic Information team devotes a significant amount of time managing partner reporting. This ongoing activity impacts the team's capacity to focus on analyzing critical data and strategic planning. A key EP activity proposed for FY 2008 is the design and implementation of the Rwanda Partner Reporting System (RPRS), a comprehensive electronic performance management, monitoring and reporting system. The system will be designed to interact with TRACnet and the CNLS decentralized reporting system.

RPRS will facilitate the capture and analysis of data on prevention, care and treatment. RPRS will be a web-based system to collect, store, aggregate, and share data between EP-funded partners and the EP team. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS monitoring and evaluation plan and implementation of UNAIDS "Third One"- One country-level Monitoring and Evaluation System.

RPRS will include a variety of standard reports focusing on program-level indicator totals to be sent to the EP partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as may be required by the EP and GOR. Additionally, all EP data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) Assessing the implementing partners' M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) Collecting and verifying data, analysis and data interpretation, and development and implementation of data use plan; (3) Assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) Conducting trainings/workshops on data quality improvement and use for EP implementing partners; and (5) Providing evaluation assistance, including analysis of monitoring and evaluation plans and guidance on key evaluation activities for EP, and performing additional M&E responsibilities in line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National multi-sectoral strategic plan for HIV/AIDS Control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16885, 16982, 16984, 17031, 17034, 17039, 16958

**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
16885	16885.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17034	17034.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$200,000

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 4740.08

**Prime Partner:** United Nations High Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 8670.08

**Activity System ID:** 12891

**Mechanism:** Refugees UNHCR

**USG Agency:** Department of State / Population, Refugees, and Migration

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$16,407

**Activity Narrative:** Noted April 24, 2008: The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

Rwanda has nearly 50,000 refugees in camps around the country. Refugee populations are considered to be at high risk of infectious disease, in particular HIV, as well as GBV and other forms of violence, and economic and psychological distress. While much is currently unknown about HIV prevalence rates in the camp populations in Rwanda, recent service statistics of newly implemented VCT and PMTCT programs in two camps record a prevalence rate around 5% among those tested, with at least 200 individuals currently known to be living with HIV. Since 2005, the EP has supported UNHCR implementing partners AHA and ARC to provide HIV prevention and care services in Kiziba, Gihembe and Nyabiheke refugee camps with linkages and referrals for treatment. In FY 2007, the EP consolidated its support by funding UNHCR directly to expand the package of services for prevention, care, and treatment services for PLHIV. UNHCR subcontracts to AHA and ARC who will continue to implement activities in the camps.

In FY 2007 this EP implementing partner began implementing the national TB/HIV policy and guidelines at their three supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 100% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal is to ensure 100% of all TB patients are HIV tested, 100% of those who are eligible receive cotrimoxazole and 100% of those eligible receive ART.

In addition, at UNHCR-supported HIV care and treatment sites, 100% of patients enrolled in HIV care are routinely screened for TB. However, lower than expected numbers of PLHIV in care and treatment are diagnosed and treated for TB. The priority in FY 2008 will be to expand implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY 2007, UNHCR supported sites with materials and training in routine recording and reporting of national TB/HIV programmatic indicators. Initial uptake and quality has been variable at sites. In FY 2008, UNHCR will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level per national guidelines. Additionally, in FY 2007 two staff from each district underwent initial respiratory infection control training and have begun drafting infection control plans.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV UNHCR is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. This EP partner also plans to increase support for integration of diagnostic services including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2008 UNHCR will continue to support 3 existing sites for the implementation of the TB/HIV component of the clinical package of HIV care.

In coordination with the HIV PBF project, partners will shift some of their support from input to output financing as done by national PBF project focusing on quality indicators. Examples of quality indicators include correctly filling stock control cards in X-ray departments, the percentage of TB lab exams that are corroborated during quarterly controls, the number of X-rays of good quality with correct diagnosis and report in patient file, and the quality of sputum smear microscopy as measured by the percentage of false negatives and false positives. Payment of indicators is linked to the quality of general health services through adjustments of payments based on the score obtained using the standardized national Quality Supervision tool and a performance incentive for the production of more than agreed upon quantities of each indicator.

This activity reflects the ideas presented in the Rwanda EP five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling and testing and care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8670

**Related Activity:** 12887, 12890, 16872, 16863,  
12878, 12892, 12914



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24527	8670.24527.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$13,897
8670	8670.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$23,420

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12890	8718.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$8,204
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12892	8732.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$19,688
12914	2737.08	6332	94.08	NHRC	US Department of Defense Naval Health Research Center	\$60,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

### Food Support

### Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	15	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	9	False

**Indirect Targets**

**Target Populations**

**Other**  
 Refugees/Internally Displaced Persons

**Coverage Areas**

Gatsibo  
 Nyagatare  
 Karongi

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 1527.08	<b>Mechanism:</b> CDC Country Office GHAI/TA
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 2850.08	<b>Planned Funds:</b> \$170,000
<b>Activity System ID:</b> 12905	

**Activity Narrative:** The overarching goals of the proposed activities are: (1) to build capacity in the central MoH to coordinate TB/HIV activities in collaboration with WHO-OGAC and UTAP TB/HIV central support, and (2) to conduct evaluations that inform the national programs. In FY 2006 CDC supported MoH in TB/HIV collaborative activities through guidelines and tools development at the central level and conducted targeted evaluations to inform national program quality and scaling up. CDC continues to support the MoH in developing TB/HIV guidelines, curriculum, and tool design in collaboration with WHO. CDC supports TDYs from CDC Atlanta for training in TB laboratory, TB lab assessment and technical support for targeted evaluations in TB/HIV. CDC also funds regional technical assistance to support PNILT to implement the electronic TB register in Rwanda, and to link it to the TRACNet database.

In FY 2007, CDC funded the TDY of a CDC/international expert in infection control for the training organized by WHO OGAC project as this expertise is not available among WHO staff. In order to meet the PEPFAR priority of providing quality smear microscopy services and effective TB diagnostic services for PLHIV, CDC supported short-term TB laboratory TA to work with NRL and Columbia University to enhance the performance of the smear microscopy EQA system and the quality of culture and drug sensitivity testing services. Surveillance for extremely drug-resistant TB (XDR) will be conducted at CHK among TB patients that are failing TB treatment. In FY 2007, CDC provided short-term support to train one additional lab technician in performing cultures and drug sensitivity testing at the supranational reference lab in Antwerp.

In FY 2008, CDC will continue to bring experts to train additional hospital staff in infection control and to review the planned national infection control policy and individual infection control plans. Two TDYs will be supported, one for the expanded training and another for infection control plan review and lessons sharing. CDC will continue to support TDYs for the targeted evaluations initiated in FY 2007, the evaluation of TB screening and diagnosis among HIV infected children, the evaluation of the diagnosis process for extra pulmonary and smear negative TB, and an evaluation to validate the national tool used to screen PLHIV for TB. A total of six TDYs will be supported for these evaluations. CDC will continue to support the laboratory system in Rwanda for new TB diagnosis, scale-up TB culture capacity, and decentralize quality assurance for microscopy and TB culture, and add capacity for DST for MDR and X-DR TB. A total of four TDYs will be supported for these laboratory related activities. Lastly CDC will provide technical assistance to PNILT and EP implementing partners working in 10 state prisons in Rwanda for routine TB surveillance based on experiences gained in the first two prisons where Columbia University is providing HIV services in FY 2007.

CDC will also provide funds and TA to WHO to continue TB/HIV collaborative activities in Rwanda. The activity is the continuation of the WHO/EP TB /HIV collaboration project started in FY 2006 with central funding from OGAC to WHO. As part of ongoing EP and WHO collaboration, the EP has set aside \$2,000,000 for FY 2006-2007 WHO-EP country-level TB/HIV activities in Kenya, Rwanda and Ethiopia. The funding level for Rwanda was \$350,000. The goal of this grant was for WHO to work with EP and host country health authorities to reinforce central level support for effective provision of HIV counseling and testing for all clients attending TB clinics, the strengthening of networks between TB and HIV/AIDS program areas. Specifically, the project is to ensure cross-referral of clients between the TB and HIV/AIDS programs so that people with TB are placed and continued on anti-retroviral treatment (ART) and People Living with HIV/AIDS are screened and, if eligible, treated for TB, and to develop collaborations with TB programs to enhance provision of ART and in particular to ensure adherence through innovative programs (e.g., use of existing DOT providers/services, provision of ART through existing DOT centers, using DOT providers to provide ARVs, etc...). The annual action plans and reports are planned jointly with EP. The main activities for the project in Rwanda are: 1) review of national guidelines, norms, and tools for TB/HIV integration, 2) training of service providers, to support data recording reporting, and use for improved TB/HIV collaborative activities, 3) training of providers on diagnosis of smear negative and extra pulmonary TB disease, and 4) reduction of nosocomial TB infections through training and implementation of their plan in selected facilities. In June 2007, a national project officer was recruited by WHO and based at PNILT. The national guidelines and norms were reviewed. In collaboration with CDC an expert was brought in country to train 36 doctors from all district hospitals on TB infection control concepts and guidelines. In addition 84 doctors were trained on reading and interpretation of chest X-rays. This initial collaboration with WHO (mission office, AFRO, WHO Geneva) also led to supporting PNILT to apply and successfully receive a global fund grant for broader TB and MDR TB control activities.

It was agreed during the partners meeting that WHO was instrumental to facilitate and coordinate TB/HIV activities in Rwanda and reach this level of achievement. All partners proposed the EP-WHO work plan timeline and budget to be extended for one more year (until September 2008) and a new project for the period from mid-2008 to mid-2009 should be prepared and included in the Rwanda COP as the OGAC central funding ends.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7266

**Related Activity:** 12903, 16872, 16863, 12878,  
12906, 12908, 12909, 12910,  
16764, 12902

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28508	28508.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8975	5640.09	Multiple activities	\$47,900
28507	28507.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8975	5640.09	Multiple activities	\$105,700
28506	28506.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8975	5640.09	Multiple activities	\$72,000
28505	28505.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8975	5640.09	Multiple activities	\$111,600
28504	28504.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8975	5640.09	Multiple activities	\$55,800
28503	28503.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8978	8355.09	GAP-BASE	\$325,680
28502	28502.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8978	8355.09	GAP-BASE	\$96,070
28501	28501.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8978	8355.09	GAP-BASE	\$43,625
21065	2850.21065.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$176,000
7266	2850.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$42,000
2850	2850.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$45,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12903	8184.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$166,300
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12908	2846.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$650,000
12909	2847.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$400,000
12910	2848.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$583,900
16764	16764.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$300,000
12902	2791.08	6329	122.08	CDC Country Office GAP/TA	US Centers for Disease Control and Prevention	\$1,135,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	130	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 8267.08

**Prime Partner:** World Health Organization

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 18827.08

**Activity System ID:** 18827

**Mechanism:** WHO Stop TB

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$280,000

**Activity Narrative:** In FY 2008, with funding through CDC-WHO central mechanism, WHO in Rwanda will continue supporting the national TB/HIV program in training, monitoring, supervision, and add on MDR and X-DR TB surveillance. Specifically, WHO will recruit another national project officer (NPO) to: oversee MDR and X-DR related activities, work with facilities to find all TB patients who failed first line and second line therapies, and ensure that MDR cases adhere to their treatment regimens. The NPO will work with the National Reference Laboratory for identification and diagnosis of second-line drug resistance among MDR patients who fail treatment or die during treatment. WHO will continue to train hospital staff including administrative directors on TB infection control and support them to draft and implement plans based on available funds from EP implementing partners and global fund support at the site level. WHO will expand physician training on TB diagnostics including chest radiography and atypical presentation of pulmonary disease in PLHI. As a result, 100 more MDs will be trained. In addition, WHO with EP support will train 30 MDs and hospital directors from GFATM zones in addition to those from EP zones. WHO will continue to facilitate monthly supervision of TB/HIV activities in districts by leading the team of supervisors located at PNILT, TRAC, FHI, AIDSRelief and CDC. This supervision will consist of reviewing data and providing sites with feedback on achievements and needed changes. Under the leadership of WHO, the team will organize periodic cross-learning visits with implementing partners and site staff to sites where best practices are exhibited for TB/HIV collaboration activities. In addition, WHO will facilitate a national discussion on the use of Isoniazid in preventing TB among PLHIV (including children) based on current available data. In collaboration with CDC direct TB/HIV program activities, two meetings will be organized for district hospital to present their infection control plans. The plans will be reviewed by experts and lessons learned in implementing infection control at district hospital will be shared. In order to better control nosocomial infections based on lessons learned from TB infection control, WHO will draft a general infection control plan to be implemented at Kigali national teaching hospital. Experiences from that facility will serve to draft national guidelines on infection control in Rwanda. This activity complements support from UTAP for TB/HIV integration in Rwanda and will reduce mortality among PLHIV.

The technical assistance provided by CDC in collaboration with WHO/OGAC and Columbia UTAP will enhance the quality of national TB/HIV program

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.07: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3493.08	<b>Mechanism:</b> CRS Supplemental
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 16863.08	<b>Planned Funds:</b> \$1,035,891
<b>Activity System ID:</b> 16863	

**Activity Narrative:** In FY 2007, CRS began to implement the national TB/HIV policy and guidelines at their 14 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV and improving the HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal is to ensure at least 95 % of all TB patients are HIV tested, 100% of co-infected patients receive cotrimoxazole and 100% of those eligible receive ART at 14 AIDSRelief supported ART sites. At five AIDSRelief-supported PMTCT and HIV care and treatment sites, 70-80% of 5,300 patients enrolled in HIV care are routinely screened for TB. However, lower than expected numbers of PLHIV in care and treatment are diagnosed and treated for TB. The priority in FY 2008 will be to expand implementation of regular TB screening for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY2007, CRS supported sites with materials and training in routine recording and reporting for the national TB/HIV programmatic indicators. Initial uptake and quality of services has been variable at different sites. In FY 2008, CRS will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level, per national guidelines. Additionally, in FY 2007 two staff from each district underwent initial respiratory infection control training and have begun drafting infection control plans.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV, CRS is supporting integrated planning and TB/HIV training to both HIV service providers and TB service providers. CRS also plans to increase support to integrate diagnostic services, including coordinating specimen transport for both programs, and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2008 This EP implementing partner will continue to support 14 existing sites and add five new sites for the implementation of the TB/HIV component of the clinical package of HIV care.

Besides site level TB/HIV support activities, in FY 2007 CRS also supported in a senior TB/HIV staff position to participate in TB/HIV programming implementation and monitoring at national level in collaboration with PNILT and TRAC and other EP partners. In addition, this EP implementing partner provided TA, training and materials to Butare University and Kigali national hospital pathology labs for the diagnosis of smear negative and extrapulmonary TB. Physicians were trained in lymph node aspiration, while lab technicians were trained in specimen processing. In FY 2008, CRS will continue supporting this staff position, and support two laboratories trainings, and provide additional training to five other regional laboratories in pathology specimen processing. The materials and supplies for these three laboratories are purchased under SCMS. This activity reflects the ideas presented in the Rwanda EP five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling and testing and care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare system.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12792, 12794, 12891, 12866,  
16872, 16736, 16743, 16750,  
12878, 12810, 12827, 12905,  
12796, 12797, 12812, 16955

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12866	8664.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$650,000
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership



## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	19	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	117	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	130	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	102	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Nyamasheke

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 7089.08

**Prime Partner:** Elizabeth Glaser Pediatric  
AIDS Foundation

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 15229.08

**Activity System ID:** 16736

**Mechanism:** EGPAF Bilateral

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$219,440

**Activity Narrative:** In FY 2007 EGPAF began implementing the national TB/HIV policy and guidelines at their 24 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 95% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal is to ensure at least 95% of all TB patients are HIV tested, 100% of those who are co-infected receive cotrimoxazole and 100% of all eligible patients receive ART. In addition at EGPAF-supported PMTCT and HIV care and treatment sites, 100% of 10,130 patients enrolled in HIV care are routinely screened for TB. However, lower than expected numbers of PLWHA in care and treatment are diagnosed and treated for TB. The priority in FY 2008 will be to expand implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY 2007 EGPAF supported sites with materials and training in routine recording and reporting for the national TB/HIV programmatic indicators. Initial uptake and quality of services has been variable at different sites. In FY 2008, this EP partner will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level, per national guidelines. Additionally, in FY 2007 two staff from each district underwent initial respiratory infection control training and have begun drafting infection control plans.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV, EGPAF is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. This EP partner also plans to increase support to integrate diagnostic services, including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2008 EGPAF will continue to support 26 existing sites and add 11 new sites for the implementation of the TB/HIV component of the clinical package of HIV care.

These activity reflects the ideas presented in the Rwanda EP five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling and testing and care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15229

**Related Activity:** 16732, 16735, 16863, 16743, 12905, 12810, 16872, 16737, 16738

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20045	15229.2004 5.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$159,084
15229	15229.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$73,140

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	37	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	132	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	68	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	990	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Gatsibo

Kayonza

Ngoma

Nyagatare

Rwamagana

Gasabo

Bugesera

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7088.08

Mechanism: FHI Bilateral

**Prime Partner:** Family Health International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 15228.08

**Planned Funds:** \$384,100

**Activity System ID:** 16743

**Activity Narrative:** In FY 2007, FHI began implementing the national TB/HIV policy and guidelines at their 59 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 95% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal is to ensure at least 95% of all TB patients are HIV tested, 100% of eligible patients receive cotrimoxazole and 100% of those who are eligible receive ART. In addition, at 59 FHI-supported PMTCT and HIV care and treatment sites, 100 % of 16,642 patients enrolled in HIV care are routinely screened for TB. However, lower than expected numbers of PLWHA in care and treatment are diagnosed and treated for TB. The priority in FY 2008 will be to expand implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY 2007, FHI supported sites with materials and training in routine recording and reporting for the national TB/HIV programmatic indicators. Initial uptake and quality of services has been variable at different sites. In FY 2008, FHI will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level, per national guidelines. Additionally, in FY 2007 two staff from each of the six supported districts underwent initial respiratory infection control training and have begun drafting infection control plans which is being implemented in one hospital.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV, FHI is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. This EP partner also plans to increase support to integrate diagnostic services, including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2008 FHI will continue to support 59 existing sites for the implementation of the TB/HIV component of the clinical package of HIV care.

In addition to TB/HIV activities at their supported sites, FHI will recruit three TB/HIV focal points in FY 2008. These focal points will be provided with extensive TB/HIV training and transportation. These staff located at FHI office will join those located at AIDSRelief, Columbia University, PNILT and TRAC and decentralization unit at Minisante to compose the national core team of supervisors for TB/HIV integration. The team will ensure the functioning of the national TB/HIV working group, conduct monthly regular supervision to district and feedback sites on the improvement and achievements for TB/HIV activities. This activity reflects the ideas presented in the Rwanda EP five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling and testing and care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15228

**Related Activity:** 16739, 17108, 12878, 16863, 12905, 12810, 16872, 16744, 16745

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20664	15228.20664.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$298,005
15228	15228.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$232,707

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
17108	8144.08	7528	7088.08	FHI Bilateral	Family Health International	\$973,263
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	False
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	59	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	314	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	190	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	800	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

People Living with HIV / AIDS



## Coverage Areas

Kicukiro  
Nyarugenge  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Karongi  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu  
Rutsiro

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 7586.08

**Prime Partner:** Columbia University Mailman  
School of Public Health

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 16872.08

**Activity System ID:** 16872

**Mechanism:** UTAP Follow-on

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$800,000

**Activity Narrative:** The overall goal of this activity is to build capacity at central level for TB/HIV guidelines, tools, best practices sharing, improving TB diagnosis, supervision and monitoring evaluation of TB.HIV integration activities.

In FY 2007, Columbia University is supporting TB/HIV collaborative activities at central level through continuation of a long-term advisor and four national supervisors at the national TB program to oversee collaborative activities. This includes support to the national TB/HIV working group for: guidelines, curriculum and tool revision. It also includes support for supervision by the national programs for quality TB and HIV services to co-infected patients—particularly to strengthen the implementation of routine HIV counseling and testing, prevention education, and referral for HIV care (if needed) for all TB patients at the TB/DOT clinics. Additionally, it includes implementation of standardized, symptom based TB screening and intensified TB case finding in HIV-infected patients at the ART clinics. In addition Columbia is supporting PNILT for the implementation of an electronic TB register at selected sites. Support to two model centers established in FY 2005 will continue (With Plus-up funds in FY 2007, Columbia (through its agreement with PNILT and national reference laboratory) is strengthening TB capacity throughout the Rwanda laboratory network. Lower-tier laboratories will use basic Ziel-Nielsen staining of specimens, and three reference laboratories located in NRL, Kigali University Teaching Hospital (KUTH), and Butare University Teaching Hospital will perform more complex assays such as TB culture, molecular diagnostics (PCR), TB resistance testing, MAC and other atypical mycobacterium diagnostics. In addition, the three reference laboratories will oversee the training and supervision of TB-related activities in the lower tier labs, improving quality of the microscopy-based diagnostic tests. A strong referral system will be developed to transport specimens from the lower tier labs to the reference laboratories for TB culture and other specialized tests. The Plus-Up funds is also contributing to better coordination of TB activities, including monitoring and evaluation systems, between PNILT and NRL, CHUK and TRAC.

Quality assurance systems was strengthened by guiding NRL in the development of an external quality assurance (EQA) program for TB-related diagnostics. The CHK pathology lab will be upgraded to accommodate the increasing volume of TB-related anatomical pathology and clinical pathology specimens. Finally these funds supported the drafting of a national strategic plan for TB lab diagnostics and lab networking strengthening, in coordination with the overall national plan for integrated TB and HIV activities.

In addition to the TB laboratory activities, ICAP will strengthen TB/HIV integration in three prisons currently providing ART services in Rwanda (ICAP-supported sites) and assure that systems are in place for effective data collection and tracing of HIV patients released to the community, including those co-infected with HIV and TB. ICAP will hire staff to work with the prisons on these aspects of TB/HIV integration ICAP will assist with the coordination of these activities with KUTH, BUTH, NRL and PNILT. ICAP will procure all equipment and contract with a local company to renovate laboratories at KUTH, BUTH and NRL.

In the first 6 months of FY 2008, Columbia University through the TRAC 1.0 mechanism will continue to strengthen national TB and HIV integration until the new award is made for UTAP follow-on. Columbia will continue supporting PNILT and NRL with existing and additional staff positions and trainings. These positions together with those located at FHI, AIDSRelief, TRAC and CDC will constitute the national supervision team that supports the national working group, designs and adapts guidelines and training curriculum and tools, and provides routine reporting and data analysis and use by central level and health facilities. This team will conduct monthly data review and feedback to all districts in Rwanda and those districts will in turn inform their respective health facilities. In addition Columbia will support additional staff positions and training at NRL, for TB culture molecular diagnostics (PCR), TB resistance testing, MAC and other atypical mycobacterium diagnostics as the demand is expected to grow in FY 2008 with scale-up active TB case findings among PLWA, smear negative suspect TB clients and their families. Columbia will continue to support the network of TB lab with transportation of specimens from low tier lab to the main three lab NRL, CHK and Butare University lab. In FY 2008 Columbia will support the decentralization of TB quality assurance to decrease the workload on NRL. These activities will reinforce timely diagnosis of extra pulmonary and smear negative TB thus decreasing the high mortality currently associated with delayed diagnosis of these types of TB disease.

With UTAP ending in March 2008, it is expected that Columbia University through TRAC 1.0 mechanism will continue the activities until a new award is made. UTAP follow-on will continue the same activities planned above for Columbia University TRAC. 1.0 during the second half of FY 2008 to ensure continuity of program

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12792, 16732, 16739, 16746,  
12854, 17059, 12864, 12876,  
12806, 12822, 12903, 17101,  
17102, 16885, 12887, 12813,  
17089, 17092, 12891, 12866,  
17029, 16863, 16736, 16743,  
16750, 12856, 12878, 16871,  
12810, 12827, 12764, 12905,  
12804, 12800, 16890

**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12864	8697.08	6319	4046.08	BASICS	Partnership for Child HealthCare Inc.	\$357,000
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
16885	16885.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12903	8184.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$166,300
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
17089	17089.08	7643	7643.08	M2M NPI	Mothers 2 Mothers	\$0
12866	8664.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$650,000
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
17029	17029.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12804	2736.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
16890	16890.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Target Populations**

**Other**

Laboratory staff

**Table 3.3.07: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7090.08	<b>Mechanism:</b> IntraHealth Bilateral
<b>Prime Partner:</b> IntraHealth International, Inc	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 15230.08	<b>Planned Funds:</b> \$186,028

**Activity System ID:** 16750

**Activity Narrative:** In FY 2007 Intrahealth, Inc. began implementing the national TB/HIV policy and guidelines at their 26 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 95% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal is to ensure at least 95% of all TB patients are HIV tested, 100 % of those who are co-infected receive cotrimoxazole and 100% of those who are eligible receive ART.

However, lower than expected numbers of PLWHIV care and treatment are diagnosed and treated for TB. The priority in FY2008 will be to expand implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensure adequate diagnosis and complete treatment with DOTS.

In FY2007 Intrahealth, Inc. supported sites with staff materials and training in routine recording and reporting for the national TB/HIV programmatic indicators. Initial uptake and quality of services has been variable at different sites. In FY 2008, this EP partner will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level, per national guidelines. Additionally, in FY 2007 two staff from each district underwent initial respiratory infection control training and have begun drafting infection control plans.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV, Intrahealth, Inc. is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. Intrahealth also plans to increase support to integrate diagnostic services, including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2008 Intrahealth Inc. will continue to support 26 existing sites and add 11 new sites for the implementation of the TB/HIV component of the clinical package of HIV care.

These activity reflects the ideas presented in the Rwanda EP five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling and testing and care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15230

**Related Activity:** 16746, 16749, 16872, 16863, 12878, 12905, 16751, 16752

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20671	15230.20671.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$161,676
15230	15230.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$133,224

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
16749	15227.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$668,324
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	37	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	138	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	256	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	816	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Gatsibo

Kayonza

Nyagatare

Gicumbi

Rulindo

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 4741.08

**Mechanism:** SCMS

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 8664.08

**Planned Funds:** \$650,000

**Activity System ID:** 12866

**Activity Narrative:** PFSCM procures all EP commodities working in close collaboration with CAMERWA. PFSCM will provide TA and funding for procurement, storage and distribution of all medicines, equipment and laboratory supplies for TB and other EP program areas.

In FY 2007, SCMS through the partnership of supply chain management procured microtomes, waterbaths, microscopes biosafety cabinets and hood for the Kigali teaching hospital for the diagnosis of extrapulmonary TB through examination of lymphnodes aspirate.

In FY 2008, SCMS will procure consumables for the pathology laboratory at Kigali teaching hospital to continue pathology diagnosis activity and expand this support to Butare University hospital. The consumables will include reagents for histology and materials of embedding paraffin. This activity is done in collaboration with AIDSRelief who provides through Institute of Human Virology trainings to lab technicians and physicians for better lymphnodes aspiration; and Columbia UTAP who renovate the lab and another pathology laboratory at Butare University teaching hospital. This activity will enable timely diagnosis of extrapulmonary TB among PLWA and is in line with EP strategy to decrease the burden of TB on PLWA.

This activity contributes to the Rwanda EP five-year strategy goal of integrating TB and HIV services by strengthening TB diagnostic capacity at Rwanda's major reference hospitals.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8664

**Related Activity:** 12891, 16872, 17029, 12764, 16863, 16736, 16743, 16750, 12856, 12878, 12810, 16871, 12827, 12905

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21016	8664.21016.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9189	4741.09	SCMS	\$650,000
8664	8664.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$140,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
17029	17029.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Table 3.3.07: Activities by Funding Mechanism

<b>Mechanism ID:</b> 170.08	<b>Mechanism:</b> HIV/AIDS Performance Based Financing
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 4001.08	<b>Planned Funds:</b> \$179,383

**Activity System ID:** 12856

**Activity Narrative:** Performance-based financing (PBF) is an innovative approach to financing of health services based on output that enhances quality of services and leads to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of indicators with a performance incentive for the production of more than agreed upon quantities of services. Full or proportionally reduced payment of HIV/AIDS indicators is determined by the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool. Financial incentives provided by PBF motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. The EP, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF for health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance and provided output-based financing to health facilities in six districts through direct performance sub-contracts with health centers and district hospitals for HIV/AIDS indicators. The EP adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. While PBF clearly increases performance, technical assistance and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national roll-out of the PBF model by the GOR. At the health center level, EP partners purchase a quantity of indicators with a performance incentive. Examples of indicators include correctly filling stock control cards in X-ray departments, the percentage of TB lab exams that are corroborated during quarterly controls, and the number of complete series of AFBs correctly done. Performance on these indicators are measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit and quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are merged during the quarterly District PBF Steering Committee meetings and the final payments is approved. At the district hospital level, MSH/PBF will have sub-contracts with slightly different purpose and scope from that of health centers. In addition to the focus on increasing better quality service outputs, there is an emphasis on quality assurance, self-evaluation, and review by peers similar to an accreditation scheme. There is payment for indicators from the National District Hospital PBF Scheme which reinforces the supervisory role hospitals play in district health networks.

In FY 2008, MSH/PBF will continue providing support to the MOH PBF department and the national PBF TWG. In addition, MSH/PBF will provide TA to DHTs in all PEPFAR districts and to EP implementing partners to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF will also provide intensive technical assistance to districts that will be introducing PBF in FY2008. At the District level, MSH/PBF will continue supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with national family health steering committee during data collection/entry and control of indicators, 2) facilitating the quantity control function by providing TA and paying associated costs, and 3) supporting secretarial functions for the Family Health Unit at the District level. Support to the District is critical for the proper functioning of the national PBF model since monthly HIV/AIDS invoice approved by the health center PBF management committee (COGE) and MSH are presented to the district steering committee for merging with quality index and final approval before payments are made.

Performance-Based financing of HIV/AIDS services is a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda EP five-year strategy for increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7221**Related Activity:** 12854, 12855, 16863, 16736,  
16743, 16750, 12810, 12857,  
12858, 12859**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20709	4001.20709.09	U.S. Agency for International Development	Management Sciences for Health	9112	170.09	HIV/AIDS Performance Based Financing	\$0
7221	4001.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$746,240
4001	4001.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$144,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12855	2815.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$418,559
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12857	2812.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,971
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860
12859	8743.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972

**Emphasis Areas**

Human Capacity Development

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&amp;E, HMIS, Survey/Surveillance, Reporting)

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	127	False
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Indirect Targets

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 97.08	<b>Mechanism:</b> TRAC Cooperative Agreement
<b>Prime Partner:</b> Treatment and Research AIDS Center	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 12595.08	<b>Planned Funds:</b> \$120,000
<b>Activity System ID:</b> 12878	
<b>Activity Narrative:</b> The overall goal of this activity is to build capacity at central level for TB/HIV guidelines, tools, supervision, and monitoring and evaluation. In FY2006, TRAC supported staff positions at central level to support national TB/HIV program. In FY 2007, TRAC is supporting TB/HIV collaborative activities at the central level through continuation of an existing and two additional TB/HIV advisors at the national TB program to oversee collaborative activities, which support guidelines, curriculum, and tool revision, networking with PNILT, AIDSRelief, and supervision of all EP and non -EP sites for quality TB and HIV services to co-infected patients.  In FY2008, EP funding will continue to support the positions of the national advisors at TRAC. The advisors lead national activities on TB/HIV as related to guidelines, norms and tools review. They are part of the national team of TB/HIV supervisors in addition to those located at AIDSRelief, FHI, CDC, PNILT, and WHO. They will plan and coordinate TB/HIV training at the central and decentralized level. The team participates in monthly joint supervision of TB/HIV activities at the district level and reports issues and gives feedback to the national technical working group. The TB/HIV advisors at TRAC support the drafting and implementation of a TB infection control plan at selected hospitals. They participate in the national supervision team for quality of health services including TB. Finally, with EP support, TRAC will train 200 trainers in TB/HIV integration. These activities support the national TB/HIV collaborative and the EP under its component of integration for TB/HIV	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 12595	

**Related Activity:** 12876, 12877, 12891, 12866,  
16872, 17029, 16863, 16736,  
16743, 16750, 12856, 16871,  
12810, 12827, 12764, 12905,  
12879, 12880

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21036	12595.2103 6.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$310,000
12595	12595.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$0

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12877	2744.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$100,000
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
17029	17029.08	7585	7585.08	Prtnr Rprtn System	Social and Scientific Systems	\$100,000
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12866	8664.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$650,000
12879	2741.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$150,000
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 129.08

**Prime Partner:** Columbia University Mailman School of Public Health

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 4839.08

**Activity System ID:** 12810

**Mechanism:** Columbia MCAP Supplement

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$877,438

**Activity Narrative:** In FY 2007, Columbia began implementing the national TB/HIV policy and guidelines at their 46 supported sites including two state prisons. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 90% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART).

In FY 2008, the goal is to ensure at least 95% of all TB patients are HIV tested, and 100% of co-infected patients receive cotrimoxazole, and 100% of those eligible will receive ART. At 10 MCAP-supported PMTCT and HIV care and treatment sites, 95% of 40,800 patients enrolled in HIV care will be routinely screened for TB. However, lower than expected numbers of PLHIV in care and treatment are diagnosed and treated for TB. The priority in FY 2008 will be to expand implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY 2007 Columbia supported training in routine recording and reporting for the national TB/HIV programmatic indicators. Initial uptake and quality of services has been variable at different sites. In FY 2008, Columbia will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level, per national guidelines. Additionally, in FY 2007 two staff from each of the seven supported district underwent initial respiratory infection control training and have begun drafting infection control plans and one is being implemented at a district hospital.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV, Columbia is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. It also plans to increase support to integrate diagnostic services, including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extra pulmonary TB) to referral centers and appropriate follow-up.

In FY 2008, Columbia will continue to support 46 existing sites and add 10 new sites for the implementation of the TB/HIV component of the clinical package of HIV care. This activity reflects the ideas presented in the EP five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling and testing and care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7180

**Related Activity:** 12802, 12811, 12812, 12804, 12792, 16872, 16743, 16871

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20979	4839.20979.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$698,765
7180	4839.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$37,807
4839	4839.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$176,494

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12811	2800.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$209,688
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
12804	2736.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	56	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	424	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	94	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	850	False



## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 100.08

**Mechanism:** HIV Support to RDF

**Prime Partner:** Drew University

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 8146.08

**Planned Funds:** \$65,404

**Activity System ID:** 12827

**Activity Narrative:** Under the Rwanda Defense Force (RDF), there are a total of three military hospitals and five brigade clinics throughout the country. Drew University began working in two military hospitals and three brigade clinics in FY 2005 with EP support. The support modalities include TA and training on ART and palliative care, M&E, and lab infrastructure. Drew is considered a full EP clinical partner working in ART, TB/HIV, PMTCT, Palliative Care and PEP. It collaborates with CHAMP for services in military communities such as palliative care to PLWA and their families, OVC, and receives drugs and reagents procurement from PFSCM. In line with national policies, the hospitals start performance-based financing as incentives for healthcare providers.

In FY 2007 Drew University began implementing the national TB/HIV policy and guidelines at their three supported sites. In FY2007, this EP implementing partner supported sites with staff materials and training routine recording and reporting for the national TB/HIV programmatic indicators. Initial uptake and quality of services has been variable at different sites. However, the program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 50% to 75% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal is to ensure at least 95% of all TB patients are HIV tested, 100% of co-infected patients receive cotrimoxazole and 100% of those who are eligible receive ART. In addition, at three supported HIV care and treatment sites, 70-80% of 3894 patients enrolled in HIV care are routinely screened for TB. However, lower than expected numbers of PLHIV in care and treatment are diagnosed and treated for TB. The priority in FY 2008 will be to expand implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY 2008, this EP partner will support individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level, per national guidelines. Additionally, in FY 2007, two staff from each district underwent initial respiratory infection control training and have begun drafting infection control plans.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV, this EP implementing partner is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. The partner also plans to increase support to integrate diagnostic services, including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2008, the partner will continue to support six existing sites and add two new sites for the implementation of the TB/HIV component of the clinical package of HIV care. These activities support Rwandan national plan for TB/HIV and EP to prevent, diagnose and treat patients with both TB and HIV patients.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8146

**Related Activity:** 12826, 12829, 12822, 16872,  
16863, 16743, 12878, 12828

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20995	8146.20995.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$44,555
8146	8146.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$24,896

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12828	8165.08	6309	100.08	HIV Support to RDF	Drew University	\$57,229
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets supported with performance-based financing that are providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	51	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	100	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

## Coverage Areas

Nyagatare

Kicukiro

Nyamagabe

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

**Total Planned Funding for Program Area: \$12,960,193**

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	\$1,039,774

**Program Area Context:**

Rough estimates using 2005 Rwanda DHS data and census figures suggest that vulnerable children number approximately 1,264,000, of whom 820,000 are orphans of all causes. This is almost 30 percent of all Rwandan children under the age of 18. The UNICEF State of the World's Children report for 2007 puts the number of orphans due to AIDS in Rwanda at 210,000. An additional 27,000 are children living with HIV. According to UNAIDS projections, the percentage of children orphaned as a result of HIV will increase from seven percent to 52 percent by 2010.

The EP in Rwanda is the primary donor in OVC service provision and focuses on OVC aged 0-17 infected with HIV or from families affected by HIV and AIDS. UNICEF, the other major international donor working with OVC, focuses only on central level TA and provides no direct services. As of March 2007, USG assistance had reached an estimated 33,930 OVC with a menu of services that mirrors that of the GOR, including school fees, vocational training, health insurance, food aid, psychosocial support and HIV prevention education.

During FY 2007, CHAMP played the lead role in coordinating USG efforts to assist OVC and their families. CHAMP assisted the GOR with the development of district and sector level children's forums and orphan care committees. These efforts ensured the participation of children and local leaders in OVC activities as well as efficient coordination of services for OVC. In FY 2006, CHAMP conducted focus group discussions which examined and proposed ways of improving the quality of service delivery to OVC and PLHIV. The recommendations from the FDGs are being implemented in FY 2007 and a follow up assessment is planned in FY 2008. In the past year, OVC programming used a model of service delivery through Rwanda Partner Organizations (RPOs), which will be scaled up in FY 2008. The EP plans to increase both the number of RPOs and the range of their coverage. This model ensures that identification of beneficiaries is transparent, services are appropriate, and the program is sustainable as local capacity is built and strengthened through on-going skills transfer. To enhance the coordination of OVC services, the EP supported a full-time position at MIGEPROF in FY 2007.

In FY 2008, the overall strategy for providing services to OVC will not change. Partners will either directly provide OVC services or refer them to other care and support programs in EP districts. The EP and its partners will continue as active members of the OVC TWG which coordinates quality OVC programming, and is presently preparing an OVC situation analysis and vulnerability criteria. Service delivery and quality of care will be improved in FY 2008 by the use of the Child Status Index (CSI), a child-centered tool developed by MEASURE Evaluation, to monitor and evaluate the well-being of children who are affected by HIV and are receiving services directly or indirectly through OVC programs. The CSI provides direct information on child progress, program successes, and areas for improvement in domains critical for child survival and well-being. CHAMP will oversee the task of significantly increasing the number of beneficiaries by providing the needed technical and programmatic assistance to allow local partners and communities to take the lead in providing OVC services.

OVC partners will continue to work closely with local women's groups, FBOs, and PLHIV associations to provide technical training in OVC care and support as well as institutional capacity building for these CBOs. Implementing partners will continue to use the household centered approach which links OVC services to the family unit caring for OVC started in FY 2007. To ensure that the needs of children most affected by HIV are addressed, stronger links will be established and maintained between OVC services and other programs (TC, PMTCT, palliative care and ART). In FY 2008, the GOR and USG clinical partners will continue identifying and treating HIV positive OVC. The GIS mapping of OVC activities and implementers that is currently underway in Rwanda will support all EP implementing partners to do this.

With the limited number of donors working directly on OVC issues, the EP OVC strategy relies heavily on leveraging other sectors to provide optimal services to the affected population, wraparound programming and adopting best practices. EP activities for OVC will wrap around PMI, microfinance, education, youth employment, HIV prevention and TC activities to ensure integration and linkages with other USG funded/EP activities. To expand OVC access to direct food aid, USG will issue an RFA for a Title II food partner to provide other essential OVC services in addition to food assistance. To ensure OVC access to legal aid, EP funding in FY 2008 will provide support to Avocats Sans Frontiers that works closely with the Kigali Bar Association to provide legal services to vulnerable groups. Currently, only the Kigali Bar Association (KBA) members are allowed to represent OVC in a court of law, yet their fees are beyond the means of caregivers or civil society organizations working with OVC. In this regard, the OVC TWG will lobby the relevant authorities to change this requirement and allow other qualified lawyers who are not KBA members to provide legal aid to OVC.

In FY 2008, the EP will fund a follow-on activity that will have several months of overlap with the existing community services program in order to ensure a smooth transition for existing beneficiaries. This overlap ought to be sufficient to avoid a loss of any support to OVC and therefore should not have any decrease in targets. However, the new mechanism may not be able to prevent a fall in the number of OVC as a result of two Track 1.0 mechanisms, CRS and AVSI, ending in early 2009. FY 2008 EP OVC partners will reach an estimated 62,560 OVC (a figure that is slightly above the EP end target of 62,000 OVC served) and train over 7,405 OVC caregivers by the end of September 2008.

Primary Direct targets in FY 2008 will be 20,853 compared to Supplemental Direct targets at 41,707. This represents a 1:2 ratio, an increase from FY 2007 which was a 1:3 ratio.

These activities address the key legislative issues of wrap around programming for food, education and microfinance and support the EP five-year strategy to engage new partners, build sustainable local capacity, expand pediatric care, and link OVC care with other USG efforts.

#### **Program Area Downstream Targets:**

8.1 Number of OVC served by OVC programs	62560
*** 8.1.A Primary Direct	20853

**Custom Targets:****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 169.08**Mechanism:** CHAMP**Prime Partner:** Community Habitat Finance  
International**USG Agency:** U.S. Agency for International  
Development**Funding Source:** GHCS (State)**Program Area:** Orphans and Vulnerable  
Children**Budget Code:** HKID**Program Area Code:** 08**Activity ID:** 2810.08**Planned Funds:** \$8,850,000**Activity System ID:** 12818**Activity Narrative:** This is a continuing activity from FY 2007.

The Community HIV/AIDS Mobilization Program (CHAMP) is working to ensure access to high quality, sustainable HIV and AIDS care services through financial support and technical and institutional capacity building for Rwandan partner organizations. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by the EP.

CHAMP serves as the main coordinating mechanism for EP-supported OVC activities by providing TA, training and financial support to local partners to support and strengthen their capacity to directly provide care and by supporting GOR programs and policies for OVC by seconding technical staff at the central level.

In communities where CHAMP partners work, CHAMP advances the network model by linking HIV/AIDS clinical and community partners, and by doing wrap arounds with non-HIV/AIDS services that are supported by other funding streams. To ensure sustainable change, CHAMP supports and strengthens existing natural social linkages in the community for child protection, care and support. In FY 2007, CHAMP is providing financial and technical support to 12 Rwandan Partner Organizations in 20 districts to reach over 39,000 OVC with a menu of services and train 5,000 caregivers. CHAMP works closely with the RPOs and the EP Track 1.0 partners to assess the needs of individual OVC, and offer multiple services and/or refer OVC to other services in the community, based on their needs. CHAMP works to fill gaps and improve the quality of services currently being offered and expand services to ensure OVC have access to them, especially in the catchment areas around EP-supported health facilities, including those areas around military camps. CHAMP gives special attention to child headed households and takes a family-centered approach to providing care, linking closely with their community-based care activities for PLHIV. In FY 2006, CHAMP participated in the development and finalization of a national policy for OVC and the corresponding national plan of action. CHAMP supports the implementation of the OVC policy through participation on the OVC TWG, and secondment of a technical advisor in the MIGEPROF, the GOR entity charged with OVC services.

In FY 2008, CHAMP-supported partners will reach 43,774 OVC with a comprehensive menu of services as outlined in the national policy on OVC. CHAMP will train 5,600 OVC caregivers in psychosocial support, protection, HIV prevention and ways to link to other services such as education, healthcare, food and vocational training. CHAMP will ensure that caregivers trained previously receive follow-up support and refresher training as needed. CHAMP will continue to wrap around other EP-funded and CHAMP-supported OVC programs where appropriate. This includes Title II food support, the Ambassador's Girls Scholarship program, PMI, and other general health services for children supported by USG's child survival and health program, such as vitamin A distribution and immunization. CHAMP will work with their partners to develop an exit strategy and transition plan to ensure the smooth transition of beneficiaries to the new community services award to be made before the end of FY 2008.

This approach reflects the EP five-year strategy to integrate HIV prevention, care and treatment; expand pediatric HIV care; and mobilize community coordinated action.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7186**Related Activity:** 12813, 12814, 12815, 12816,  
12819, 12821, 16960, 16829,  
16961



## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20989	2810.20989.09	U.S. Agency for International Development	Community Habitat Finance International	9181	169.09	CHAMP	\$0
7186	2810.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$8,039,083
2810	2810.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$4,516,400

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12814	2807.08	6308	169.08	CHAMP	Community Habitat Finance International	\$360,000
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12819	2806.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

## Emphasis Areas

Wraparound Programs (Health-related)

\* Malaria (PMI)

Wraparound Programs (Other)

\* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	43,774	False
8.1.A Primary Direct	14,591	False
8.1.B Supplemental Direct	29,183	False
8.2 Number of providers/caregivers trained in caring for OVC	5,600	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Bugesera  
Gatsibo  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 1072.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 2830.08

**Activity System ID:** 12789

**Mechanism:** CRS Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$149,100

**Activity Narrative:** This is a continuing activity from FY 2007.

CRS's "Support for OVC Affected by HIV/AIDS" project began in Rwanda in 2004. Since that time, the project has reached thousands of OVC in four target dioceses in over 35 parishes. The project's main objectives are to ensure the provision of essential core services to OVC infected or affected by HIV and to strengthening the family and community's ability to provide these services. CRS successfully integrates this OVC program into its Track 1.0 AB program and its Title II food assistance project. As the lead OVC partner within the CHAMP project, CRS uses the experience and lessons learned from implementing this activity to guide and improve other EP-supported OVC activities. CRS works closely with its primary partner Caritas, the GOR, and CHAMP to implement its activities.

With FY 2007 funding, CRS is providing services to OVC in the following areas: education, health, agriculture/nutritional assistance, vocational training, and HIV prevention. As of June 2007, CRS monitored and supported 346 secondary students with school fees and scholastic materials and 2,771 primary students with school materials. CRS has also enrolled a total of 2,811 OVC in health insurance (Mutuelles de Santé). They have conducted gardening and nutrition trainings, which included bio-intensive agriculture for 2,228 OVC and their caregivers. CRS relies on parish level committees to mobilize the community as well as to select and monitor the OVC. CRS conducted training sessions for Caritas staff on topics such as nutrition, child rights, and savings& credit.

In FY 2008, CRS-through community level committees- will assess the individual needs of 2,198 OVCs and provide them with a tailored menu of services. These include support for formal education; vocational training including start-up kits; health insurance; HIV prevention & referrals to TC; linkages with ART services; nutrition support; economic strengthening; psychosocial support and protection. The OVC program will wrap around the PMI, the Ambassador's Girls Education Program and child survival programs. Recognizing that girls tend to be more vulnerable than boys, CRS will continue to provide gender and age specific services to OVC.

CRS will use the Child Status Index and an OVC needs assessment tool developed by CHAMP to monitor and improve the overall provision of services to the beneficiaries. As part of its exit strategy for this is the last year of funding for Track 1.0, CRS will conduct refresher-training sessions targeting community volunteers in child mentoring, Savings and Internal Lending Communities (SILC) methodology, nutrition & gardening, child rights, psychosocial support, and HIV prevention including Choose Life.

CRS will also conduct refresher training for OVC committee members in parishes and sub-parishes on their roles and responsibilities in community-based child care and support including advocacy. The program will build linkages between Caritas dioceses, community services and health centers for providing a continuum of care for HIV infected OVC. It will link SILC groups to formal microfinance institutions and organize handover of OVC activities to Caritas, local administration and CBOs or other OVC support projects.

This program addresses key legislative issues concerning gender, women's access to income, food and stigma reduction. These activities support the National OVC Plan of Action and the Rwanda EP five-year strategy of strengthening the capacity of community and faith-based organizations to address the needs of vulnerable children.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7156

**Related Activity:** 12788, 12818

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20964	2830.20964.09	U.S. Agency for International Development	Catholic Relief Services	9176	1072.09	CRS Track 1	\$522,086
7156	2830.07	U.S. Agency for International Development	Catholic Relief Services	4324	1072.07	CRS Track 1	\$0
2830	2830.06	U.S. Agency for International Development	Catholic Relief Services	2587	1072.06	CRS Track 1	\$431,844

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12788	5233.08	6301	1072.08	CRS Track 1	Catholic Relief Services	\$286,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

### Human Capacity Development

- \* Retention strategy

### Local Organization Capacity Building

### Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,198	False
8.1.A Primary Direct	733	False
8.1.B Supplemental Direct	1,465	False
8.2 Number of providers/caregivers trained in caring for OVC	170	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Gisagara

Huye

Nyanza

Nyaruguru

Kayonza

Kirehe

Ngoma

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3644.08

**Prime Partner:** Africare

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5262.08

**Activity System ID:** 12781

**Mechanism:** Africare Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$559,709

**Activity Narrative:** This is a continuing activity from FY 2007.

The aim of the expanded COPE project is to provide a comprehensive menu of services to OVC while strengthening the capacity of families and the community to meet the needs of vulnerable children. In FY 2007, Africare is providing services to 2,350 OVC in the areas of education (1,064 in primary school, 300 in secondary school) and vocational training (61), health care, nutrition, economic strengthening, psychosocial support, and protection. Through Service Corps Volunteers (SCV), 38 COPE clubs were initiated - 30 in schools and eight in the communities for out of school youth. In FY 2007, Africare trained 1,071 OVC caregivers in IGA management, market responsiveness, psychosocial support, and caregiver roles and responsibilities. In the same period, 260 peer educators were trained, who in turn trained 400 peer counselors.

In FY 2008, Africare will increase the number of OVC to 3,450 who will benefit from their menu of services. District officials, community leaders and OVC themselves will be instrumental in the process of selecting beneficiaries and needed services. Africare will provide training in financial and program management to new partner FBOs and CBOs. Africare will bring together religious leaders, teachers, district authorities, and community members to form a multi-sectoral district-level Child Forum and Orphan Community Care (OCC) committees to determine selection criteria and identify beneficiaries. This project will work with existing government structures, such as district committees, MIGEPROF and the other EP OVC implementers to deliver needed services to OVC.

This project will train community volunteers in psychosocial support, basic human rights for children, nutrition, trauma processing, HIV prevention and monitoring the status of OVC and their families. These volunteers will routinely visit the homes of beneficiaries using a family-centered, holistic approach in delivering emotional support and referrals to other services. Volunteers will link sick OVC to health care services and malnourished OVC to food assistance. The project will provide nutritional support and initiate backyard gardens. COPE will train caregivers in IGA support areas and assist them in undertaking selected income generation activities which have an identified commercial market. OVC will be enrolled in vocational training schools and provided start-up kits upon graduation. COPE will provide relevant technical assistance and capacity building to associations serving OVC in the local communities. Volunteers will create COPE clubs supported through CBOs, FBOs, schools and PLHIV associations in the communities served by the project. To avoid stigma, both OVC and non-OVC will participate in the club meetings which will serve to deliver HIV education and recruit peer educators.

Using a three month curriculum, volunteers will train youth as peer educators to provide OVC and other youth with correct information about HIV and AIDS; allow youth to understand their own risk factors; support youth in abstaining from sex; fidelity; and develop youth's negotiation skills to sustain these healthy practices. Particular attention will be given to the participation of OVC as peer educators. FBOs and CBOs will organize caregiver support groups to provide additional psychosocial support for OVC and their caregivers. The SCV will use the Child Status Index to appraise the effectiveness of services in effectuating change in OVC's well-being. The COPE project will wrap around PMI and other on-going EP funded programs such as Title II food (Africare is also a Title II implementing partner), immunization and vitamin A distribution.

Africare recognizes that gender often determines the needs and roles of youth in communities and families, as well as their access to services. Africare's approach ensures that both girls and boys are linked to appropriate services according to their age group and identified needs, and that girls have access to educational opportunities. This activity supports the Rwanda EP five-year strategy of mobilizing and supporting local Rwandan organizations to provide community-based care for Rwanda's most vulnerable children. It also supports two key legislative issues: stigma and discrimination, and increasing women's access to income and productive resources.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7148

**Related Activity:** 12818

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20698	5262.20698.09	U.S. Agency for International Development	Africare	9107	3644.09	Africare Track 1	\$445,505
7148	5262.07	U.S. Agency for International Development	Africare	4319	3644.07	Africare Track 1	\$760,451
5262	5262.06	U.S. Agency for International Development	Africare	3644	3644.06		\$191,281

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000

## Emphasis Areas

Gender

- \* Increasing women's access to income and productive resources

Human Capacity Development

- \* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

- \* Child Survival Activities

- \* Malaria (PMI)

Wraparound Programs (Other)

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,450	False
8.1.A Primary Direct	1,150	False
8.1.B Supplemental Direct	2,300	False
8.2 Number of providers/caregivers trained in caring for OVC	460	False

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Rwamagana

Gasabo

Kicukiro

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3643.08

**Mechanism:** AVSI Track 1

**Prime Partner:** Associazione Volontari per il Servizio Internazionale

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 5242.08

**Planned Funds:** \$416,384

**Activity System ID:** 12787

**Activity Narrative:** This is a continuing activity from FY 2007.

AVSI provides quality, comprehensive care services for OVC in collaboration with community development committees, MIGEPROF and GOR. AVSI builds the capacity of CBOs to provide care and support for OVC in their communities by identifying their needs and organizing workshops to improve management skills, accountability systems, and service delivery.

In FY 2007, AVSI provided a menu of services, including education fees and learning materials, vocational training (as needed), after school programs, health insurance, hygiene kits, psychosocial support, food assistance, and recreational activities/outings to 2,231 OVC in four districts. In addition, training is provided to 41 CBOs to build their organizational and management capacity; improve their ability to successfully implement IGAs and provide support and care for OVC in their communities.

In FY 2008, AVSI's activities will wrap around PMI and other EP funded child survival programs as well as strengthen its existing partnership with the World Food Program for the provision of food assistance to food insecure CHH. AVSI will reach 2,992 OVC with a comprehensive menu of services, especially those affected by AIDS. By working closely with community leaders and CBOs to identify beneficiaries they will ensure that the services provided are consistent with the real needs of the beneficiaries. AVSI social workers will conduct in-depth assessment of each OVC to assess their current situation and provide a package of services tailored to their needs. Thereafter the Child Status Index will be used to evaluate if and how OVC benefit from the services. AVSI will continue to take part in the Joint Action Network in every district of intervention.

The program ensures that every child who is supported is cared for by an adult, either in the family or by someone in the community. AVSI will train OVC caregivers, who include social workers and teachers. As one of the most at risk groups, girl heads of households will be especially targeted for vocational training in order to equip them with skills for economic self sustenance.

AVSI also works with communities to organize mobile tent activities in each community. These activities include recreational activities for children, health education sessions for all community members (separated for youth and adults), mobile libraries, songs, drawing competitions and dance activities. The aim of these activities is to disseminate information about HIV prevention, care and treatment, as well as reduce the stigma and discrimination associated with HIV and AIDS. In collaboration with CHAMP, AVSI will work to ensure that all OVC have access to appropriate HIV prevention messages and other HIV services as needed. In addition, general HIV prevention, care and treatment information will be shared with the CBOs receiving support under this activity through their regular meetings and capacity building activities.

AVSI will work closely with CHAMP and other EP-funded OVC programs, and the GOR to standardize service delivery, reporting and data collection. AVSI will continue to organize quarterly meetings to oversee service delivery and ensure quality, transparency, efficiency and synergy of program activities with other implementing partners. AVSI will use EP resources to leverage their other funding to expand ongoing efforts to provide education, health, economic and food assistance to OVC through a collaborative, multi-sectoral approach. AVSI will also work closely with CBOs to develop community gardens.

This activity supports the Rwanda EP five-year strategy of mobilizing and supporting local Rwandan organizations to provide community-based care for Rwanda's most vulnerable children. It also supports three key legislative issues: wraparounds, especially for food and education; stigma and discrimination and increasing women's access to income and productive resources.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7155



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20960	5242.20960.09	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	9174	3643.09	AVSI Track 1	\$768,000
7155	5242.07	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	4323	3643.07	AVSI Track 1	\$358,280
5242	5242.06	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	3643	3643.06		\$471,766

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000

**Emphasis Areas**

Gender

- \* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Malaria (PMI)

Wraparound Programs (Other)

- \* Education
- \* Food Security

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,992	False
8.1.A Primary Direct	997	False
8.1.B Supplemental Direct	1,995	False
8.2 Number of providers/caregivers trained in caring for OVC	160	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Kamonyi

Muhanga

Nyanza

Ruhango

Gatsibo

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 114.08

**Mechanism:** USAID Rwanda Mission

**Prime Partner:** US Agency for International  
Development

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable  
Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 4969.08

**Planned Funds:** \$85,000

**Activity System ID:** 12897

**Activity Narrative:** USAID has been providing local and international technical assistance to GOR agencies and limited direct grants to local NGOs since FY 2004. In FY 2008, the EP will continue to build local capacity and provide OVC services in Rwanda. USAID anticipates continuing direct financial and technical support to Rwanda NGOs in sponsoring or attending conferences, workshops and technical meetings on HIV treatment. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS and MIGEPPROF, which oversee OVC related activities in Rwanda.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7255

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21054	4969.21054.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$85,000
7255	4969.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$85,000
4969	4969.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$185,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

**Indirect Targets**

**Table 3.3.08: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3451.08	<b>Mechanism:</b> Transport Corridor Initiative
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 8727.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 12834	

**Activity Narrative:** This is a continuing activity from FY 2007.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multi-sectoral project targets high-risk mobile populations- drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities- with regionally coordinated SafeTStop messages. The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along transport corridors. SafeTStop represents a set of high quality services, geared to provide products, information and support for the prevention, care and treatment of HIV/AIDS in communities. Health services include general information on HIV/AIDS- including ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans and low-income women to secure the long-term economic health of individuals, families and communities- a key HIV care and prevention strategy.

Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide start-up financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight HIV through their own corporate responsibility platforms. This partnership will be partially supported with HVAB funding. ROADS will provide TA in M&E, community mobilization, and advocacy to an estimated 150 different local associations, women's groups and CBOs. ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border). FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck and mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming around alcohol to include improving TC to include alcohol related issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART and a focused campaign with bar/lodging owners & religious leaders to reduce alcohol abuse among truckers and others. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services.

In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities through continued links and referrals to existing OVC and PLHIV services. ROADS partners began providing care and support services to vulnerable HIV-affected families, including the training of 23 pharmacists in HIV prevention, positive living, nutrition and referral to clinical and non clinical services. 1,000 OVCs and 1,500 PLHIV were reached in FY 2007. Each of these beneficiaries also received age & circumstance appropriate AB and/or C information for HIV/AIDS prevention. The project trained about 20 volunteers (teachers, community and religious leaders and health workers) to work with truck drivers, low-income women and out-of-school youth. In FY 2008, ROADS will conduct a baseline assessment of OVCs in the three new proposed project sites. The project will provide 500 OVC with a menu of services including school fees and scholastic materials, health insurance, nutritional support, psychosocial support, economic strengthening opportunities, shelter and protection. HIV risk reduction, alcohol abuse and GBV activities will be introduced to older OVC. ROADS will train at least 50 caregivers in OVC care including nutrition, psychosocial support, protection and IGAs.

This activity addresses the key legislative issues of gender, violence, stigma reduction, and wraps around Microfinance/Micro credit. This activity also reflects the ideas presented in the Rwanda EP five-year strategy and the National Prevention Plan by focusing prevention efforts on high-risk, mobile populations.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8727

**Related Activity:** 12831, 12832, 12833, 12835, 12836

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21003	8727.21003.09	U.S. Agency for International Development	Family Health International	9183	3451.09	Transport Corridor Initiative	\$0
8727	8727.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$75,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12831	4776.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$757,000
12832	4777.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$275,000
12833	8142.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$250,000
12835	4778.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$300,000
12836	8744.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$450,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500	False
8.1.A Primary Direct	167	False
8.1.B Supplemental Direct	333	False
8.2 Number of providers/caregivers trained in caring for OVC	50	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Gicumbi

Rusizi

Gasabo

Kicukiro

Kirehe

Rubavu

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7620.08

**Mechanism:** Legal Aid

**Prime Partner:** Avocats Sans Frontieres

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 16948.08

**Planned Funds:** \$200,000

**Activity System ID:** 16948

**Activity Narrative:** USAID/Rwanda will award a legal aid cooperative agreement in October 2007. This four-year \$1 million project will improve access to justice for Rwanda's population and contribute to the emergence of the rule of law, in which law serves the most vulnerable groups. The project will establish legal advice centers in Gisenyi city and mobile legal advice centers that serve three prisons, as well as rural areas around Gisenyi. These mobile legal advice centers will help to build awareness among the population of their rights and the mechanisms available to them to protect those rights. Legal services will be provided in partnership with lawyers who are members of the Kigali Bar Association and NGOs working on human rights. Beneficiaries will be the population in general as well as persons in pre-trial custody, and more specifically orphans and vulnerable children, victims of GBV and persons affected by HIV and AIDS. The grantee will work in close coordination with Rwandan government institutions, other relevant USAID implementing partners (including EP clinical partners in the area), and local civil society groups such as the Kigali Bar Association and national NGOs.

With a total of \$300,000 in EP funding (\$200,000 in HKID and \$100,000 in OHPS), this project will expand the geographic area of operation for the project and further focus the activities of the implementing partner on providing legal services to OVC and persons living with and affected by HIV and AIDS in areas served by the project. The project will also focus on addressing the issue of GBV by assisting in the prosecution of sexual crimes. This activity addresses the key legislative issues of gender - particularly equity, access to justice, and reducing violence. This activity reflects the EP Five Year Strategy of targeting high-risk populations and of integrating EP programming with other USAID programming.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16829, 12834, 12818

**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
12834	8727.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$150,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000

**Emphasis Areas**

Gender

- \* Increasing women's legal rights
- \* Reducing violence and coercion

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
8.1 Number of OVC served by OVC programs	1,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

**Target Populations**

**Special populations**

Most at risk populations

    Incarcerated Populations

**Other**

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Nyabihu

Rubavu

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7585.08

**Mechanism:** Prtnr Rprtnng System

**Prime Partner:** Social and Scientific Systems

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 17031.08

**Planned Funds:** \$100,000

**Activity System ID:** 17031

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for implementation in FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between USG-funded partners and the EP Rwanda Team. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS monitoring and evaluation plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting system.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the USG and GOR EP partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the USG and GOR. Additionally, all EP data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) Assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) Collecting and verifying data, analysis and data interpretation, and development and implementation of data use plan; (3) Assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) Conducting trainings/workshops on data quality improvement and use for EP staff and its implementing partners; and (5) Providing evaluation assistance including analysis of monitoring and evaluation plans and guidance on key evaluation activities for EP, and performing additional M&E responsibilities in-line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16885, 16982, 16984, 17065, 17029, 17034, 17039, 16958



**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17065	17065.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17034	17034.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$200,000

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 7623.08

**Mechanism:** DCA

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 16962.08

**Planned Funds:** \$200,000

**Activity System ID:** 16962

**Activity Narrative:** USAID's DCA can help establish partial credit guarantees with local lending institutions to provide credit to populations not normally receiving credit, such as associations of community health workers or people living with HIV.

Recognizing that poverty is a major factor in the spread and management of HIV, the EP has supported a number of interventions – income generating activities, microfinance, financial and management capacity strengthening for local organizations – to address this issue among PLHIV, OVC and their families. In FY 2008, EP will support three activities to address this need: 1) conduct an assessment of IGAs; 2) award a follow-on community services project with a component for income generation; and, 3) develop loan guarantee through the DCA.

The EP, together with the USAID/Rwanda Economic Growth team and the EGAT Bureau, will conduct an assessment of all IGAs supported since the beginning of the program. This assessment will inform the income generation component of the follow-on activity which will provide community-based support for PLHIV, OVC, their families and caregivers to be designed in FY 2008. This new awardee will be responsible for working with groups identified to benefit from the DCA loan guarantees (to be determined based on DCA initial assessments) to ensure they have the appropriate business development, management and financial skills to receive and successfully use credit. In addition, the awardee will monitor the impact of the loan guarantees on health outcomes such as adherence to ART. The DCA will work with local lending institutions and the community-services follow-on project to establish loan guarantee and provide any technical assistance needed to ensure its ongoing success. The EP will incorporate the best practices of the DCAs current work with the agri-business sector that is in place with the USAID/Rwanda Economic growth team.

This activity addresses the EP five-year strategy for sustainability.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16960, 16829, 16961, 16963, 16964

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16963	16963.08	7623	7623.08	DCA	US Agency for International Development	\$150,000
16964	16964.08	7623	7623.08	DCA	US Agency for International Development	\$50,000

**Emphasis Areas**

Local Organization Capacity Building

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

## Target Populations

### Other

Orphans and vulnerable children

Business Community

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 6146.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 16945.08

**Activity System ID:** 16945

**Mechanism:** Ibyringiro

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$750,000

**Activity Narrative:** The USG, through Title II and WFP, support a number of partners to provide food assistance and address food insecurity, especially for PLHIV, in Rwanda. In order to enhance linkages between food assistance and ongoing HIV and AIDS care, treatment, and prevention services, the EP will (beginning in FY 2007) issue an RFA to support and incorporate care and prevention services for PLHIV and OVC into ongoing food distribution. A requirement of the awardees will be a significant in-kind contribution of food to distribute to PLHIVs. Current organizations distributing food include the recipients of Title II funding and the WFP. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance.

Under care, current food partners work with clinical sites and community-based organizations and associations to deliver food assistance to over 8,000 PLHIV and their families in food insecure areas. Under this RFA, these partners will be able to strengthen and expand the support they are providing to include nutritional counseling, home gardening techniques, income generating and microfinance activities, training for home-based care, psychosocial support, prevention messages, promotion of TC and PMTCT, adherence counseling, legal support, and spiritual support. The EP expects to reach 8,283 PLHIV with a comprehensive menu of services and train 401 caregivers under these new agreements.

Under OVC, current food partners have access to over 23,000 children through the PLHIV associations they are working with to provide food assistance. Many of these children are considered OVC and have needs the food partners are not currently able to address. This additional funding will support the provision of services to OVC, based on their needs. Partners will work through associations to monitor the children within the communities where they work to identify needs and address those needs or refer to other services in the community as necessary. The EP expects to reach 5,800 with a comprehensive menu of services and train 580 caregivers under these new agreements.

Under prevention, these new agreements will support HIV prevention activities to youth and PLHIV associations as part of food distribution. HIV prevention activities will focus on increasing community support for young people to choose abstinence until marriage; for people in unions to remain faithful to their partner; for addressing gender issues in the community; and to increase community support for healthy sexual behavior, including correct and consistent condom use. Funding will also increase the demand and uptake for TC services through links to other EP clinical partners. The EP expects to reach approximately 38,838 people with appropriate prevention messages under these new awards.

In addition to providing care and prevention services for communities, partners will be expected to link closely with clinical sites to identify PLHIV in need of food support and to ensure adequate follow-up.

Given the expertise of these partners in the provision and distribution of food, EP will use this mechanism to procure food for PMTCT and OVC programs.

Finally, these partners will primarily be working in food insecure areas and will need to coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16976, 16856, 16857, 12768

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16976	16976.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$1,700,000
16856	16856.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$153,000
16857	16857.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$180,000
12768	12244.08	6287	6146.08	Ibyringiro	Catholic Relief Services	\$966,940

## Emphasis Areas

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Malaria (PMI)

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Education
- \* Food Security

## Food Support

Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$1,039,774

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,800	False
8.1.A Primary Direct	1,933	False
8.1.B Supplemental Direct	3,867	False
8.2 Number of providers/caregivers trained in caring for OVC	580	False

## Target Populations

### Other

Orphans and vulnerable children

### HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

**Total Planned Funding for Program Area: \$4,442,806**

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

## Program Area Context:

According to 2005 RDHS-III and 2006 UNAIDS data, Rwanda's adult HIV prevalence is 3.1% reflecting what is considered a generalized epidemic. As Rwanda continues to successfully advance toward the goal of providing ART for all persons who need it, the strategic deployment of TC resources remain an important means to identify HIV-infected individuals. This ensures their early referral to care, maximizes the benefit of treatment, and provides information and tools to prevent HIV transmission to others. To accomplish this objective, TC activities in FY 2008 will be implemented at existing clinical sites and expanded to new sites in an effort to achieve universal access to services while focusing clinical, mobile, and outreach services to reach populations most likely to be HIV-infected.

TC has undergone a dramatic scale-up in Rwanda. By the end of FY 2007, the EP will have provided counseling and testing services to over 175,000 individuals at 159 sites in 23 districts in Rwanda, including 3 refugee camps, 6 military hospitals and 6 mobile sites. In FY 2008, the EP will add TC at 27 clinical facilities and 10 mobile sites for a total of 196 EP-supported sites. In addition, the EP will train 1,078 counselors and provide TC to 421,232 persons, accounting for over 70% of Rwanda's national TC target for 2008. The Global Fund also supports TC services at clinical sites in Rwanda and the EP team collaborates with the Global Fund to avoid duplication of sites and to ensure maximum site coverage throughout the country. Between GFATM and EP, all districts in Rwanda have TC services.

To strengthen facility-based TC in Rwanda, all USG clinical partners (FHI, Columbia, EGPAF, CRS, Drew, IntraHealth, and UNHCR) will continue to receive TC funding in 2008 and services will be added at 27 clinical sites that are currently without HIV services. HIV infected patients can also receive basic care such as PMTCT, CD4 staging, prevention for positives, OI prophylaxis and treatment, nutrition counseling, and referral to community services at these sites. 80% of these sites also provide ARV services. In order to reach more clients, EP partners have adopted advanced testing strategies including targeted PITC; increased testing of male partners of PMTCT clients; facilitated couples testing through weekend TC services and targeted mobilization campaigns; and improved pediatric case-finding through testing during immunization days and special family/child testing days during vacation days. A critical component of PITC is screening all TB patients, malnourished children, patients with OIs & STIs, and suspected HIV cases. In 2008, PITC will be extended to all mothers who come to health facilities for delivery.

In FY 2008, EP clinical partners will continue to employ counseling techniques that ensure confidentiality, minimize stigma and discrimination, and reach those individuals most likely to be infected. Counseling will include messages on alcohol reduction, prevention for positives, GBV, disclosure of status to partner, partner testing, and counseling for negatives including ABC messaging and provision of condoms.

In FY 2008, the EP will place a renewed emphasis on prevention counseling and follow-up for positive clients and discordant couples. Technical Assistance from CDC in the area of prevention with positives (funded in the HVOP program area) will help to ensure that high quality prevention counseling is being routinely provided to all HIV-infected clients by all EP-supported partners.

In recognition of the significant role that discordant couples play in the spread of the epidemic, several strategies are deployed in FY 2008 to reach couples with HIV testing and counseling. First, clinical partners will recruit male partners for testing through PMTCT services. Second, the EP supports a specific and highly weighted performance based financing indicator on couples testing to provide financial incentives for such testing. Third, to evaluate and ultimately ensure dissemination of best practices, the EP will fund a public health evaluation to compare couples testing strategies. The EP will then support technical assistance to TRAC for development of specific guidelines for couples TC.

In order to reach high prevalence populations who are unlikely to access TC services at clinical sites, EP efforts will continue to target several groups that are considered to be most at-risk with mobile TC. Four complementary activities with different points of emphasis are planned: 1) mobile teams fielded by PSI will focus on military members, their spouses and their families as well as outreach to high risk youth; 2) the implementer of the prevention RFA will emphasize mobile TC service delivery through testing for 35,000 MARPs including sex workers and their clients, prisoners, plantation workers, and fishermen; 3) through the wraparound Transport Corridor Initiative, FHI will ensure TC services at 7 SafeTStops for long distance truck drivers, sex workers and other mobile groups; and 4) PSI, through the Healthy Schools Initiative, will provide comprehensive TC and prevention services at four youth centers reaching 25,000 high-risk youth in urban areas. These activities will be coordinated to avoid duplication and maximize coverage to most at-risk populations. Counseling and testing provided in mobile settings will follow national guidelines and ensure linkages and referral to care. 60,000 individuals will be reached through mobile counseling and testing.

EP community partners CHAMP, PSI, and FHI/ROADS will continue to support the promotion of TC among OVC and partners and families of PLHIV, out of school youth, and truckers, respectively. This targeted promotion of TC services will identify those most likely to be infected and ensure they are referred to sites where they can receive testing, counseling, and referral to appropriate care. These activities will contribute to increasing the number of people served by both community and clinical partners.

In FY 2008, the EP will continue its technical and financial support to TRAC for the development of policies, guidelines, and tools for TC. This support is designed to elevate and sustain the capacity of the MOH. With an increased focus on testing families, there is an emerging need for guidelines and tools for testing and disclosure of results for children, couples counseling, and abbreviated counseling for PITC. TRAC will continue to conduct training of trainers and trainings for district supervisors. Quality control for HIV testing is performed on 10% of all testing samples throughout the country and is managed and supervised centrally by the NRL. The EP provides technical and financial support to the NRL in these activities, which are further detailed in the HLAB program area. SCMS will continue procurement implementation as the umbrella commodities management system. SCMS will provide test kits and laboratory supplies for all EP-supported TC activities in FY 2008. Tests procured will include lancets necessary to implement the newly-adopted finger prick specimen collection method.

**Program Area Downstream Targets:**

9.1 Number of service outlets providing counseling and testing according to national and international standards	197
9.3 Number of individuals trained in counseling and testing according to national and international standards	1078
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	421232

**Custom Targets:****Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7585.08	<b>Mechanism:</b> Prtnr Rprtnr System
<b>Prime Partner:</b> Social and Scientific Systems	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 17034.08	<b>Planned Funds:</b> \$100,000

**Activity System ID:** 17034

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for implementation in FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between the EP and its implementing partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS monitoring and evaluation plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting system.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the EP and GOR EP partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the EP and GOR. Additionally, all EP data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) Assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) Collecting and verifying data, analysis and data interpretation, and development and implementation of data use plan; (3) Assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) Conducting trainings/workshops on data quality improvement and use for EP staff and implementing partners; and (5) Providing evaluation assistance including analysis of monitoring and evaluation plans and guidance on key evaluation activities for EP, and performing additional M&E responsibilities in-line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 16885, 16982, 16984, 17029, 17031, 17039, 16958

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$200,000

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

**Table 3.3.09: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7835.08	<b>Mechanism:</b> Couples Counseling
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 17642.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 17642	



**Activity Narrative:** A primary aim for Rwanda under the Emergency Plan guidelines is to increase the number of Rwandans who undergo routine, confidential counseling and testing each year. Counseling and testing for couples is a unique strategy to encourage this important intervention. Knowing one's HIV status is the first step towards prevention, care and treatment. Reaching couples with HIV testing and counseling is a vital component of a comprehensive testing strategy. When healthy couples are reached with testing, discordant couples can be identified, thereby creating an opportunity for prevention of new infections in the uninfected partner through intensive counseling. Early identification of these discordant couples is also an opportunity to provide early referral to care and treatment. Key technical differences to the model include whether couples receive TC and/or disclosure of results together or separately. CVCT and disclosure of results may have an effect on the number of couples tested, acceptability by clients, potential for reducing GBV, and compliance with follow-up.

By providing counseling and testing to couples, counselors can address and help couples overcome obstacles such as gender inequity and stigma. Couples confidential counseling and testing has many benefits both for the couples themselves as well as the Rwandan community as a whole, including the following providing an important opportunity to promote fidelity and strengthen relationships; identifying serodiscordance among couples, which is common in Africa, and could account for a large proportion of new infections; reducing the rate of HIV transmission among partners; facilitating linkages to targeted prevention efforts to avert HIV infection; facilitating linkages to care and treatment, which can promote healthy behaviors/practices for positive living; empowering couples by promoting family decision-making and appropriate behavior changes; and encouraging faithfulness in concordant HIV-negative couples.

In FY08, CDC will support a partner to scale up Couples Voluntary Counseling and Testing (CVCT) in Rwanda and build the infrastructure capacity to carry out these activities. The partner will also provide a comprehensive counseling and testing package for couples, train local health-clinic staff on couples counseling-and-testing methods, establish and expand linkages between couples counseling-and-testing services and care-and-treatment services which will screen all HIV-infected persons and refer them for anti-retroviral (ARV) treatment and prevention of mother-to-child transmission (PMTCT) programs within the facilities and develop and implement innovative ways to increase community awareness and demand for couples counseling and testing.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 7090.08

**Mechanism:** IntraHealth Bilateral

**Prime Partner:** IntraHealth International, Inc

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 15443.08

**Planned Funds:** \$162,774

**Activity System ID:** 16751

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15443

**Related Activity:** 16746, 16750, 16752, 16749, 12867, 12857

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20672	15443.2067 2.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$188,622
15443	15443.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$150,495

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
16749	15227.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$668,324
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
12857	2812.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,971
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	31	False
9.1 Number of service outlets providing counseling and testing according to national and international standards	31	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	256	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	74,400	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Discordant Couples

## Coverage Areas

Gatsibo  
 Kayonza  
 Ngoma  
 Nyagatare  
 Rwamagana  
 Gasabo  
 Kicukiro  
 Nyarugenge  
 Gakenke  
 Gicumbi  
 Rulindo  
 Kamonyi  
 Muhanga  
 Nyamagabe  
 Nyaruguru  
 Ruhango  
 Karongi

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 7088.08

**Prime Partner:** Family Health International

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 15441.08

**Activity System ID:** 16744

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15441

**Related Activity:** 16739, 16741, 17108, 16743,  
12867, 16745

**Mechanism:** FHI Bilateral

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$231,088

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20665	15441.2066 5.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$207,673
15441	15441.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$312,944

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16741	16741.08	7528	7088.08	FHI Bilateral	Family Health International	\$150,000
17108	8144.08	7528	7088.08	FHI Bilateral	Family Health International	\$973,263
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	49	False
9.1 Number of service outlets providing counseling and testing according to national and international standards	49	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	48	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	79,032	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Gatsibo  
 Kayonza  
 Ngoma  
 Nyagatare  
 Rwamagana  
 Gasabo  
 Kicukiro  
 Nyarugenge  
 Gakenke  
 Gicumbi  
 Rulindo  
 Kamonyi  
 Muhanga  
 Nyamagabe  
 Nyaruguru  
 Ruhango  
 Karongi

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 7089.08 **Mechanism:** EGPAF Bilateral  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Counseling and Testing  
**Budget Code:** HVCT **Program Area Code:** 09  
**Activity ID:** 15442.08 **Planned Funds:** \$192,010  
**Activity System ID:** 16737  
**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 15442  
**Related Activity:** 16732, 16735, 16736, 12867, 16738

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20046	15442.2004 6.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$185,598
15442	15442.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$30,811

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	37	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	172	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	64,200	False

## Indirect Targets



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Discordant Couples

## Coverage Areas

Gatsibo  
Kayonza  
Ngoma  
Nyagatare  
Rwamagana  
Gasabo  
Kicukiro  
Nyarugenge  
Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Karongi

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 8692.08

**Mechanism:** N/A

**Prime Partner:** American Refugee Committee

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 19466.08

**Planned Funds:** \$22,002

**Activity System ID:** 19466

**Activity Narrative:** The monies in the UNHCR mechanism are being split at the request of State/BPRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,500	False

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 114.08	<b>Mechanism:</b> USAID Rwanda Mission
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 16521.08	<b>Planned Funds:</b> \$40,000
<b>Activity System ID:</b> 16521	
<b>Activity Narrative:</b> USAID/Rwanda has been providing local and international technical assistance to GOR agencies and limited direct grants to local NGOs since FY 2004. In FY 2008, the EP will continue to build local capacity and provide TC services in Rwanda. USAID anticipates continuing direct financial and technical support to Rwanda NGOs in sponsoring or attending conferences, workshops, and technical meetings on counseling and testing. USAID will also support direct TA to GOR agencies as needed.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4740.08	<b>Mechanism:</b> Refugees UNHCR
<b>Prime Partner:</b> United Nations High Commissioner for Refugees	<b>USG Agency:</b> Department of State / Population, Refugees, and Migration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 8732.08	<b>Planned Funds:</b> \$19,688
<b>Activity System ID:</b> 12892	
<b>Activity Narrative:</b> Noted April 24, 2008: Some funding allocated to ARC.	

This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8732**Related Activity:** 12887, 12888, 12889, 12890,  
12891, 12893, 12867**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24528	8732.24528.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$16,676
8732	8732.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$40,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12888	8700.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$9,445
12889	8711.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$4,723
12890	8718.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$8,204
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12893	8737.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$103,365

**Emphasis Areas**

## Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1,500	False

## Target Populations

### Other

Refugees/Internally Displaced Persons

## Coverage Areas

Byumba (prior to 2007)  
 Kibuye (prior to 2007)  
 Umutara (Mutara) (prior to 2007)  
 Gicumbi  
 Gatsibo  
 Karongi

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3451.08	<b>Mechanism:</b> Transport Corridor Initiative
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 4778.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 12835	
<b>Activity Narrative:</b> This activity is continuing from FY 2007. No new narrative is required.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 7201	
<b>Related Activity:</b> 12831, 12832, 12833, 12834, 12836, 12867	

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21004	4778.21004.09	U.S. Agency for International Development	Family Health International	9183	3451.09	Transport Corridor Initiative	\$0
7201	4778.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$125,000
4778	4778.06	U.S. Agency for International Development	Family Health International	3451	3451.06	Transport Corridor Initiative	\$86,400

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12831	4776.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$757,000
12832	4777.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$275,000
12833	8142.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$250,000
12834	8727.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$150,000
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12836	8744.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$450,000

**Emphasis Areas**

## Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Local Organization Capacity Building

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	7	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	9	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

## Coverage Areas

Gicumbi  
 Rusizi  
 Gasabo  
 Kicukiro  
 Kirehe  
 Rubavu

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 170.08 **Mechanism:** HIV/AIDS Performance Based Financing

**Prime Partner:** Management Sciences for Health **USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State) **Program Area:** Counseling and Testing

**Budget Code:** HVCT **Program Area Code:** 09

**Activity ID:** 2812.08 **Planned Funds:** \$298,971

**Activity System ID:** 12857

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7217

**Related Activity:** 12854, 12855, 12856, 12796, 16737, 16744, 16751, 12811, 12858, 12859

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20710	2812.20710.09	U.S. Agency for International Development	Management Sciences for Health	9112	170.09	HIV/AIDS Performance Based Financing	\$0
7217	2812.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$373,120
2812	2812.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$400,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12855	2815.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$418,559
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
12811	2800.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$209,688
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860
12859	8743.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972

## Emphasis Areas

Human Capacity Development

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	0	False
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Indirect Targets

## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Gatsibo  
Kayonza  
Ngoma  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Nyamasheke  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 4741.08	<b>Mechanism:</b> SCMS
<b>Prime Partner:</b> Partnership for Supply Chain Management	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 8167.08	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 12867	

**Activity Narrative:** This activity is continuing from FY 2007.

In FY 2007, the EP transitioned towards a consolidated approach for procurement of HIV-related commodities through the use of SCMS and NRL as the primary procurement partners. In addition, the GOR has expanded the CPDS to include all HIV-related commodities, including OI drugs and diagnostics, test kits and CD4. SCMS worked closely with CAMERWA for the procurement, storage and distribution of all HIV-related commodities, including laboratory. This consolidated approach to procurement has increased cost savings and improved efficiencies in procurement and distribution of commodities. In addition, partners worked in close collaboration through joint planning and work plan development, particularly for activities that supported the LMIS and active distribution system.

In FY 2008, SCMS will work closely with CAMERWA for the procurement, storage, and distribution of rapid test kits and supplies (gloves, lancets, filter paper) for EP-supported health facilities, to target all CT and PMTCT clients. In addition, SCMS will procure additional test kits for GFATM sites, continuing EP's ongoing support to GFATM, begun in FY 2005. Test kits will be procured in line with the national testing protocol, which includes Determine, First Response, Unigold, Capillus, OraQuick and others that may be incorporated into the national algorithm. SCMS will coordinate and regularly communicate with USG partners to ensure they have adequate information for the quantification and distribution of test kits, as well as to discuss issues related to test kit procurement, distribution and management.

SCMS will take over the support to the CPDS to ensure smooth functioning of the CPDS system, quality data for quantification, and strong communication between sites, districts and CAMERWA. As CPDS increasingly expands to include other commodities, SCMS will work closely with CPDS to ensure appropriate integration of kits into the system, including development of a procurement plan that integrates test kits, support for national quantification in collaboration with NRL and other members of the Quantification Committee and integrated distribution to sites. SCMS ensures appropriate integration of test kit information into LMIS at all USG-supported sites and district pharmacies, and to ensure appropriate stock management of test kits.

As the country continues to strengthen its CT strategy and implementation, SCMS will work with CAMERWA to analyze and report on district pharmacy and health facility stock levels on a regular basis to monitor for trends, potential stock outs, and make any revisions to procurement plans and projections.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8167

**Related Activity:** 16744, 16737, 16751, 12835, 12892, 12875, 12872, 12777, 12828, 12811, 12796

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21017	8167.21017.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9189	4741.09	SCMS	\$1,000,000
8167	8167.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$1,025,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
12835	4778.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$300,000
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
12811	2800.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$209,688
12828	8165.08	6309	100.08	HIV Support to RDF	Drew University	\$57,229
12892	8732.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$19,688
12777	8169.08	6292	4693.08	P-RFA	Population Services International	\$720,000
12872	2796.08	6321	128.08	PSI Healthy Schools	Population Services International	\$400,000
12875	4006.08	6322	132.08	PSI-DOD	Population Services International	\$495,000

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Indirect Targets

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 97.08	<b>Mechanism:</b> TRAC Cooperative Agreement
<b>Prime Partner:</b> Treatment and Research AIDS Center	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 2741.08	<b>Planned Funds:</b> \$150,000

**Activity System ID:** 12879

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7242

**Related Activity:** 12876, 12904, 12877, 12878,  
12880, 12881

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27413	27413.09	U.S. Agency for International Development	AIDSTAR I, Task Order#1	10908	10908.09	Mothers 2 mothers	\$500,000
21037	2741.21037.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$135,000
7242	2741.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$120,000
2741	2741.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$120,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12904	2849.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$390,000
12877	2744.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$100,000
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
12881	2739.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$834,040

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	120	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

**Indirect Targets**

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 128.08 **Mechanism:** PSI Healthy Schools  
**Prime Partner:** Population Services International **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:** 2796.08 **Planned Funds:** \$400,000  
**Activity System ID:** 12872  
**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 7227  
**Related Activity:** 12870, 12871, 12867

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24645	2796.24645.09	HHS/Centers for Disease Control & Prevention	Population Services International	10521	128.09	PSI Healthy Schools	\$0
7227	2796.07	HHS/Centers for Disease Control & Prevention	Population Services International	4343	128.07	PSI Healthy Schools	\$100,000
2796	2796.06	HHS/Centers for Disease Control & Prevention	Population Services International	2571	128.06	HIV/AIDS School Based Program-Procurement	\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12870	2795.08	6321	128.08	PSI Healthy Schools	Population Services International	\$1,000,000
12871	4837.08	6321	128.08	PSI Healthy Schools	Population Services International	\$200,000
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	25,000	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

## Coverage Areas

Rwamagana  
 Gasabo  
 Kicukiro  
 Nyarugenge  
 Musanze  
 Huye

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 132.08 **Mechanism:** PSI-DOD  
**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:** 4006.08 **Planned Funds:** \$495,000  
**Activity System ID:** 12875  
**Activity Narrative:** This activity is continuing from Fy 2007. No new narrative is required.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 7231  
**Related Activity:** 12873, 12874, 12867

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21026	4006.21026.09	Department of Defense	Population Services International	9191	132.09	PSI-DOD	\$495,000
7231	4006.07	Department of Defense	Population Services International	4344	132.07	PSI-DOD	\$450,000
4006	4006.06	Department of Defense	Population Services International	2574	132.06	PSI-DOD	\$255,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12873	4004.08	6322	132.08	PSI-DOD	Population Services International	\$80,000
12874	2803.08	6322	132.08	PSI-DOD	Population Services International	\$144,000
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000



## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

Table 3.3.09: Activities by Funding Mechanism

**Mechanism ID:** 4693.08

**Mechanism:** P-RFA

**Prime Partner:** Population Services International

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 8169.08

**Planned Funds:** \$720,000

**Activity System ID:** 12777

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8169

**Related Activity:** 12775, 12776, 12867

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12775	8130.08	6292	4693.08	P-RFA	Population Services International	\$1,645,000
12776	8138.08	6292	4693.08	P-RFA	Population Services International	\$675,000
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000

### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,000	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Refugees/Internally Displaced Persons

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 169.08

**Prime Partner:** Community Habitat Finance  
International

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 2806.08

**Activity System ID:** 12819

**Mechanism:** CHAMP

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$100,000

**Activity Narrative:** This activity is continuing from FY 2007. A narrative is included because this partner requires a justification waiver for more than 8% to any one partner.

The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

CHAMP partners are training volunteers/members from various community and faith-based organizations to promote CT services among OVC, PLHIV, their families and caregivers through home visits and group talks. By the end of FY 2007, over 6,000 individuals will have received messages on the importance of counseling and testing for HIV prevention, care, and treatment. In FY 2008, CHAMP partners will continue to support the promotion of CT among OVC and PLHIV and their families. This targeted promotion of CT services will identify those most likely to be infected and ensure they are referred to appropriate sites to receive care and treatment. CHAMP partners will not have any direct targets in this area, but will contribute to increasing the number of people served by clinical partners and mobile CT activities.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7182

**Related Activity:** 12813, 12814, 12815, 12816, 12818, 12821

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20990	2806.20990.09	U.S. Agency for International Development	Community Habitat Finance International	9181	169.09	CHAMP	\$0
7182	2806.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$100,000
2806	2806.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$192,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12814	2807.08	6308	169.08	CHAMP	Community Habitat Finance International	\$360,000
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Discordant Couples

## Coverage Areas

Gakenke  
Gicumbi  
Rulindo  
Kamonyi  
Muhanga  
Nyamagabe  
Nyaruguru  
Ruhango  
Bugesera  
Gatsibo  
Nyagatare  
Rwamagana  
Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 100.08	<b>Mechanism:</b> HIV Support to RDF
<b>Prime Partner:</b> Drew University	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 8165.08	<b>Planned Funds:</b> \$57,229
<b>Activity System ID:</b> 12828	
<b>Activity Narrative:</b> This activity is continuing from 2007. No new narrative is required.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 8165	
<b>Related Activity:</b> 12826, 12827, 12829, 12822, 12867	

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20996	8165.20996.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$51,981
8165	8165.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$36,641

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	8	False
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False



## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

Discordant Couples

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 129.08

**Mechanism:** Columbia MCAP Supplement

**Prime Partner:** Columbia University Mailman 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:** 2800.08

**Planned Funds:** \$209,688

**Activity System ID:** 12811

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7178

**Related Activity:** 12806, 12809, 12810, 12812, 16955, 12800, 12867

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7178	2800.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$75,614
2800	2800.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$474,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12809	2799.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$1,285,846
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	33	False
9.1 Number of service outlets providing counseling and testing according to national and international standards	34	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	173	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	61,200	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Discordant Couples

## Coverage Areas

Karongi

Rutsiro

Ngororero

Nyabihu

Rubavu

Gasabo

Kicukiro

Nyarugenge

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3493.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Mechanism:** CRS Supplemental

**USG Agency:** HHS/Health Resources  
Services Administration

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 8164.08

**Planned Funds:** \$94,356

**Activity System ID:** 12796

**Activity Narrative:** This activity is continuing from FY 2007. No new narrative is required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8164

**Related Activity:** 12792, 12794, 16863, 12797,  
12867

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20971	8164.20971.09	HHS/Health Resources Services Administration	Catholic Relief Services	9178	3493.09	CRS Supplemental	\$116,051
8164	8164.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$71,900

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards supported with performance-based financing	19	False
9.1 Number of service outlets providing counseling and testing according to national and international standards	19	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	130	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	68,400	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Discordant Couples

## Coverage Areas

Burera  
Gicumbi  
Gatsibo  
Nyamasheke

### HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs  
Budget Code: HTXD  
Program Area Code: 10

**Total Planned Funding for Program Area: \$10,250,000**

Percent of Total Funding Planned for Drug Procurement	44%
Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

### Program Area Context:

In January 2005, Rwanda became the first EP Focus Country to conduct a national coordinated procurement of ARVs for all donor-supported ART programs to increase their efficacy and reduce costs. Under this coordinated procurement and distribution system (CPDS), donors, including GFATM, MAP, and others, purchase portions of Rwanda's national ARV needs based on a national quantification and according to their individual procurement restrictions and patient targets. The selection of ARVs is based on efficacy, tolerance, and costs and is approved by the MOH. The CPDS also meets regularly to forecast next year's needs and ensure that proper planning and ordering takes place to avoid any gaps in supply.

National quantification and procurements are conducted on a bi-annual basis by the Quantification Committee (QFC). The team is comprised of quantification experts from TRAC, CAMERWA, Clinton Foundation, RPM+, and SCMS. The QFC uses site-level data, expected stock on hand, expected pipeline, expiration dates of existing stock, and stock movements related to rational use and prescribing clinician behaviors to estimate and forecast national drug needs. The results of the quantification are presented to the Resource Management Committee (RMC), which is comprised of donor agencies and implementing partners, and which approves the quantification and allocation of donor support. CAMERWA conducts a competitive tendering process, and evaluates suppliers for pricing, lead time, adequacy of packaging for patient needs, past performance, stability of the product, and refrigeration requirements.

This coordinated quantification, forecasting and procurement maximizes resources among donors. In FY 2008, Clinton Foundation, through UNITAID, will procure all Pediatric ARVs while USG funds provide for adult treatment. Since this had also been done in FY 2006 and FY 2007, there has been a surplus of funds from previous years, which are rolling over into FY 2008, and that will result in a precipitous drop in required funding for this area. Furthermore, cost per patient is expected to decrease due to access to SCMS pricing, increased availability of FDA-tentatively approved generics, and Rwanda's inclusion in the UNITAID/CHAI pediatric donation. SCMS also works within the CPDS in Rwanda to ensure that all drug and commodity procurement is undertaken in coordination with other donors and implementing partners.

At the end of FY 2007, there are an estimated 50,000 on ARVs, including 3,600 pediatric patients. 36,621 of these were directly supported by the EP. SCMS is working closely with CAMERWA and the NDA for the procurement of ARVs, PEP, OI drugs and other HIV commodities in line with USG procurement regulations, as well as for the storage and distribution of these commodities to the districts. SCMS/CAMERWA procurement in Rwanda follows GOR quality assurance, treatment guidelines, protocols and the National Essential Drug List. In FY 2007, CAMERWA and NDA, with support from SCMS, expanded the product formulary to include FDA-approved or tentatively-approved generics and all procured items meet WHO or FDA approved or tentatively approved requirements. All items are supplied with appropriate documentation, certificate of analysis, GMP (Good Manufacturing Practice) certificates, etc. in line with Government regulations and Ministerial instructions. SCMS supports CAMERWA, the NDA, and the PTF (Pharmacy Task Force) to ensure that product specifications included in tender documentation include appropriate packaging requirements and are appropriate for cold chain storage in country. The clinical partners that will be served in FY 2008 include EGPAF, FHI, Colombia, Intrahealth, CRS, Drew and UNHCR.

As there is no drug registration system in country, all new products require a visa and importation license, certification of quality assurance, and an official waiver from the MOH. The USG in Rwanda has recognized that ARV drug availability and procurement obstacles have sometimes threatened the smooth supply of ARVs in countries. To address this issue, the USG missions hired a Health Commodities and Logistics Advisor to work closely with the CPDS, EP partners and CAMERWA to keep track of ARV drugs for all USG partners in FY 2007 and will continue through FY 2008.

In FY 2007, SCMS has supported CAMERWA to ensure that goods are cleared through MAGERWA as quickly and efficiently as possible and within five days of arrival in country. Ensuring that items are supplied with all the correct documentation, labeling, and certification has enabled CAMERWA to seek the appropriate importation approvals from the MOH so that the items can be released from customs and transferred to the CAMERWA warehouse in Kigali. This support will be continued in FY 2008.

In FY 2007, EP supported CAMERWA's shift from passive to active distribution of all health commodities. SCMS supported CAMERWA's Active Distribution Program with short term technical assistance to assist CAMERWA with the development of an active distribution strategy defining how drugs will be moved from central level to the district pharmacy level. This input also included the development and implementation of Standard Operating Procedures for central and district level, management information systems, transportation including the procurement of trucks and other equipment, and inventory control and logistics management systems in support of active distribution. In addition to short term technical assistance, SCMS recruited and funded a Distribution Adviser post to support CAMERWA in the implementation of the active distribution strategy to be based in CAMERWA for one year. In FY 2008, SCMS will continue working with CAMERWA and district pharmacies to ensure appropriate financial systems, standard operating procedures, warehousing and inventory management information systems are in place.

CAMERWA operates three warehouses in Kigali. One is for drugs including ARVs (including cold storage) and commodities, and two others for bulk storage of insecticides, mosquito nets and equipment. In FY 2007, SCMS provided short term technical assistance to CAMERWA in Warehouse Operations Management. This included inventory management and control, management information system upgrade, cold chain management, storage and distribution best practice, security upgrade and capacity building and knowledge transfer. EP supported the procurement of shelving and equipment to support warehouse management systems and SCMS recruited and funded a Warehouse Manager to be based in the CAMERWA warehouse. In FY 2007, EP supported the strengthening of CAMERWA's commodity planning and data planning management systems by upgrading the in-house inventory management information system (EXACT) and by improving the coordination of management information and data in TRACNET and other applications. Support in warehouse management and management information systems will continue throughout FY 2008.

In order to build capacity in CAMERWA, the EP has supported CAMERWA, NRL, and PTF participation in the four week Warehouse Operations Training program run by the Fuel Group (a consortium member of PFSCM) in South Africa. Modules included warehouse best management and practice, inventory control, information management, reporting, transportation, distribution support. In FY 2007, SCMS provided training in quantification, forecasting and supply planning for CAMERWA and TRAC staff. Modules included training in Quantimed software systems, forecasting methodology and reporting. SCMS provided on site capacity building and training with tender preparation and evaluation for procurement of ARVs, OI drugs, test kits and laboratory supplies in line with USG procurement regulations. In FY 2007, CAMERWA moved from passive distribution to active distribution and will deliver drugs and commodities to district pharmacies. This is a significant change as pharmacists from districts and clinics traditionally came to collect drugs at CAMERWA. In FY 2008, SCMS will continue to provide on site capacity building and training to CAMERWA in EP regulations and requirements as part of SCMS' support in enabling CAMERWA to achieve EP direct grant status. SCMS will continue to work with CAMERWA, the NDA, and the PTF to both build capacity to manage a decentralized distribution system and also continue to support the main objectives for support of the supply chain management system: provide direct support to CAMERWA for the procurement storage and distribution of all USG-funded products; strengthen the capacity of the CPDS, district pharmacies and health facilities to manage HIV.

In FY 2008, SCMS will take on more of the logistics, distribution and supply chain activities and SPS (the RPM+ follow on) will focus its activities in the area of pharmacovigilance. In FY 2007, RPM+ monitored provider behaviors, and trained and supported district pharmacies and sites. TA was also provided to improve QA through the use of thin-layer chromatography (TLC). Furthermore, the FY 2007 funds that were planned for pharmacovigilance activities with support from FDA were reprogrammed to RPM+. The reprogramming occurred because of the preliminary work done by RPM+ with the Rwandan national drug task force and the need to conduct this activity through regional collaboration based on experiences in certain African countries. In FY 2008, SPS will continue to provide a program of passive surveillance for adverse events among Rwandan patients who receive EP-distributed pharmaceuticals. SPS will also conduct training for health providers, implement data collection, reporting, assessing, communicating and monitoring on drug cohort in sentinel sites, scale up data collection and drug cohort monitoring to all facilities, build capacity of the PTF to analyze and validate pharmacovigilance data and evaluate the pharmacovigilance system.

#### **Program Area Downstream Targets:**

#### **Custom Targets:**

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 4741.08

**Mechanism:** SCMS

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Drugs

**Budget Code:** HTXD

**Program Area Code:** 10

**Activity ID:** 8170.08

**Planned Funds:** \$9,900,000

**Activity System ID:** 12868

**Activity Narrative:** In FY 2006, EP began its transition towards a consolidated procurement system for HIV-related commodities through SCMS and NRL. SCMS has been supporting CAMERWA, the PTF, and NDA to strengthen warehousing, procurement, management and distribution. In FY 2007, EP procured all commodities, including laboratory supplies, through SCMS working in close collaboration with CAMERWA in order to increase cost savings and improve efficiencies. In addition, SCMS extended its support to the CPDS to ensure proper functioning of the CPDS system, availability of quality data for quantification, and improved information sharing between sites, district pharmacies and CAMERWA. SCMS, RPM+, DELIVER and PMI have been coordinating their activities in support of the LMIS and active distribution system. In FY 2007, CAMERWA moved from passive distribution to active distribution and delivered drugs and commodities to district pharmacies. This is a significant change as pharmacists from districts and clinics traditionally came to collect drugs at CAMERWA.

In FY 2008, funds for this activity will continue to support three components:

Under the first component, SCMS will work closely with CAMERWA, the NDA, and PTF for the procurement, warehousing, storage, and active distribution of EP-financed ARVs procured through the CPDS for 149 EP-supported ART sites and 40,439 patients, including 6,056 HIV-positive pregnant women. A key difference from FY 2007 is that SCMS will take over support from RPM+ for district pharmacies and oversee proper management of drugs from the district level to the facilities.

Under the second component, SCMS will be the lead TA agency to build the capacity of the CPDS. SCMS will provide technical support and supervision to the Quantification Committee, the Resource Management Committee and the Implementation Committee to ensure optimal use of funds. This will include continued funding of key positions within CAMERWA and one position in CPDS responsible for reporting to the GOR. This activity will also support coordination between donors and implementing partners and conduct data analysis of pipelines and stock movements. SCMS will also continue to participate in quarterly data quality control visits with TRAC and the districts. This will support the implementation of the LMIS between districts and CAMERWA and will collaborate with DELIVER for harmonization with FP, malaria, and other health commodities.

Under the third component, SCMS will collaborate with SPS to strengthen QA systems. It is critical that all drugs reaching patients are safe, effective and meet quality standards. SCMS will work with SPS, the NDA, CAMERWA and the CPDS to ensure prudent supplier and product selection and certification, and other components of the WHO Certification Scheme. SCMS will support the establishment of Thin-Layer Chromatography (TLC) and mini-labs in collaboration with the NDA, University of Butare and the NRL to test the quality of ARVs.

#### **HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8170

**Related Activity:** 12792, 16739, 16746, 17059, 12876, 12806, 12822, 12862, 12782, 16865, 12826, 12809, 16881, 12877, 17108, 16735, 12794, 12890, 12865, 12866, 12891, 16863, 16736, 16743, 16750, 12878, 12810, 16871, 12827, 12892, 12796, 16737, 16744, 16751, 12879, 12811, 16773, 16880, 12880, 16752, 16745, 16738, 12797, 12791, 12800, 12812, 16955, 12829, 12893, 16862, 12869, 12805, 12881, 16883



**Continued Associated Activity Information**

<b>Activity System ID</b>	<b>Activity ID</b>	<b>USG Agency</b>	<b>Prime Partner</b>	<b>Mechanism System ID</b>	<b>Mechanism ID</b>	<b>Mechanism</b>	<b>Planned Funds</b>
8170		U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$13,750,000

**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12822	8122.08	6309	100.08	HIV Support to RDF	Drew University	\$138,457
12862	2786.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$2,500,000
16865	16865.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$500,000
12782	8860.08	6297	4728.08	AABB	American Association of Blood Banks	\$500,000
12890	8718.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$8,204
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
12865	8716.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
17108	8144.08	7528	7088.08	FHI Bilateral	Family Health International	\$973,263
12809	2799.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$1,285,846
16881	16881.08	6280	4707.08	Deliver II	John Snow, Inc.	\$300,000
12877	2744.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$100,000
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12866	8664.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$650,000
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12892	8732.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$19,688
12811	2800.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$209,688
12879	2741.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$150,000
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356

16880	16880.08	7584	7584.08	SPS	Management Sciences for Health	\$200,000
16773	16773.08	7539	7539.08	GHFP	Public Health Institute	\$150,000
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
12893	8737.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$103,365
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875
12805	2734.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$300,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448
12881	2739.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$834,040
16883	16883.08	7584	7584.08	SPS	Management Sciences for Health	\$500,000

### Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Indirect Targets

### Target Populations

#### Other

Laboratory staff

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7539.08	<b>Mechanism:</b> GHFP
<b>Prime Partner:</b> Public Health Institute	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Area Code:</b> 10
<b>Activity ID:</b> 16773.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 16773	
<b>Activity Narrative:</b> USAID/Rwanda has three continuing staff engaged through the Global Health Fellows Program, and will add a fourth position in FY 2008. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. Continuing Fellows are an HIV/AIDS Prevention Advisor, a Logistics Advisor and a Senior Technical Advisor in the Program Office. For FY 2008, EP proposes to add a GFATM/Donor Coordination Advisor to be located in the GFATM office.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.10: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7584.08	<b>Mechanism:</b> SPS
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Drugs
<b>Budget Code:</b> HTXD	<b>Program Area Code:</b> 10
<b>Activity ID:</b> 16880.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 16880	
<b>Activity Narrative:</b> The EP relies heavily upon pharmaceutical interventions for the success of the overall program. However, these drugs often have secondary adverse effects that diminish their primary therapeutic benefits. While the antiretroviral and anti-infective drugs employed by the EP are well characterized, many could have adverse effects that remain unrecognized in certain clinical circumstances.	
<p>In FY 2007, the overall goal of this activity was to provide a simple, small-scale program of passive surveillance for adverse events among Rwandan patients who receive EP-distributed pharmaceuticals. This activity was programmed to receive support from the FDA. However, because of the preliminary work done by RPM+ with the Rwandan national drug task force and the need to conduct this activity through regional collaboration based on experiences in other African countries, the funds were reprogrammed to RPM+. RPM+ in collaboration with PMI, TRAC and APHAR provided TA to establish a small-scale program of passive surveillance for adverse events. This is the first categorical drug safety program instituted in Rwanda. RPM+ trained caregivers in select hospitals in the use of simplified reporting forms, and trained a GOR-based analyst in their appropriate interpretation. In addition, RPM+ has provided periodic QA and supervision to those health care providers to ensure appropriate completion of the reports, quality of data, and reporting to the NDA and PTF.</p> <p>In FY 2008, EP will build on this innovative activity by assisting the Pharmaceutical Task Force to establish a pharmacovigilance system at the central and district levels. In FY 2008, SPS (the new follow-on mechanism to RPM+), will conduct training for health providers, implement data collection, reporting, assessing, communicating and monitoring on drug cohort in sentinel sites, scale up data collection and drug cohort monitoring to all facilities, build capacity of the NDA and PTF to analyze and validate pharmacovigilance data and evaluate the pharmacovigilance system.</p> <p>This activity will complement PMI investments to ensure that pharmacovigilance systems strengthening is integrated across HIV/AIDS and Malaria drugs. This activity reflects the ideas presented in the Rwanda EP five-year strategy and the National Prevention Plan by providing quality assurance of treatment commodities, and strengthening the quality of ARV services.</p>	

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12868, 16862, 12869

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* Malaria (PMI)

**Food Support**

**Public Private Partnership**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

**Total Planned Funding for Program Area: \$29,148,820**

Amount of Funding Planned for Pediatric AIDS \$2,615,272

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:**

The GOR in collaboration with international donors, implementing partners and local organizations has been implementing a nationwide plan to rapidly scale-up HIV prevention and treatment services. As of July 31st, 2007, 40,768 patients had been

placed on ARV treatment, including 3,493 children, at 130 clinical sites across Rwanda. Approximately 1% of patients are on second line regimens and 15% of pregnant women are on HAART based on clinical and/or immunological parameters per the national PMTCT protocol introduced two years ago. The National Treatment Plan aims to extend ART treatment services to 58,325 patients, including 7,678 pediatric patients by December of 2007 – surpassing the EP target of 50,000 on ART by the end of FY 2009.

The EP strategy in Rwanda is integrated into the National Treatment Plan which was designed to rapidly increase access to HIV-related services for adults and children while working to improve the infrastructure and human resource capacities of the health care system to provide sustainable HIV-related services. In COP 07, the EP through its seven implementing partners is providing direct support to 138 clinical sites in 23 districts in the country and 56% of all patients currently on ART. This makes the EP the largest contributor to supporting treatment services in Rwanda, followed by the GFATM.

In FY 2008, the EP will continue supporting all levels of the decentralized ART network, starting from central level institutions and extending to the community as the most peripheral point of service. The EP will scale-up ART support by putting 13,557 newly eligible patients including 1,355 children on ART at 146 EP-supported sites of which 8 are new in FY 2008. In addition to expanding the number of full ART sites, the EP will improve geographic access by increasing the services provided in satellite ART sites where patients could be staged for ART and access a full range of routine ART management services near their homes. As the number of patients rapidly grows, the EP will work with GOR and other donors to establish interventions to evaluate and ensure quality of HIV-related services. This includes programs designed to provide site and program-level feedback regarding quality of clinical services and support at central levels to update guidelines, training materials and job aids. Additionally, EP will support improvements in basic and post-graduate medical education, provide basic and advanced-level trainings for new and established sites, and build quality improvement coaching skills among MOH staff and providers. The EP will also provide training to assist clinicians to identify patients in need of second-line regimens by evaluating clinical, adherence-related and immunological criteria as well as the use of targeted viral load determinations. This will be complemented with a targeted evaluation to identify mortality predictors through a descriptive analysis of the causes of death in patients enrolled in HIV services. Moreover, the EP will improve rational use of ARVs by creating DTCs at hospitals and establishing a national level DTC. In line with GOR policy, the EP will also expand PBF to all EP-supported sites to enhance quality, greater efficiency, and sustainability of services.

At the central level, the USG will continue working with TRAC, the NRL, the MCH and the P&D Units of the MOH directly through cooperative agreements and through a number of its implementing partners. The EP will continue to provide support to TRAC to revise national guidelines, tools, curricula, and conduct training of trainers for adult and pediatric HIV care and treatment. In FY 2008, with EP funding, TRAC will coordinate joint supervisory visits to clinical sites in coordination with the DHT to provide feedback, exchange information and share novel approaches. The EP will also provide support to the Planning and Decentralization Unit of the MOH to support district health teams in their new decision-making roles in strategic planning and budgeting. To expand and improve HIV-related services for children, the EP will work with the GOR to develop needed strategies, guidelines and training materials to support HIV testing of children in various in and out-patient settings. Through its collaboration with the Clinton Foundation and UNICEF, and its work with the MCH Unit, the P&D unit and BASICS and site-level partners, the USG will support the integration of pediatric HIV related services into MCH programs at the health center level to increase the numbers of children accessing prophylactic, clinical and treatment services in the country.

At the district level, EP partners will continue providing financial and technical support to their respective DHTs to strengthen linkages, referrals, transportation of patients and specimens, communications, forecasting, drugs and commodities distribution, and financial systems. In addition, EP partners will strengthen district level supervisory, management, mentoring and reporting capabilities. Each USG partner has been assigned districts where they are charged with providing support to all of their health care facilities and personnel. In districts where other donors are supporting some HIV-related clinical services (e.g.: VCT by the Global Fund), the EP partner is still responsible to work with donors to establish functional linkages that support continuity of care across sites and services. Each partner also is charged with providing direct mentoring and capacity building support to their district health team, thus building capacity to decentralize supervisory and quality assurance activities.

At site level, EP partners will provide a standardized package of ARV services through support and development of a coordinated network of HIV/AIDS services linking ART with PMTCT, TB, FP, MCH and other services. Following a tiered approach to service delivery, USG partners will provide comprehensive ART services at larger facilities and a basic package of ART services at satellite health centers. Nurses will serve as the primary HIV service provider at these more distal sites of the health care system and have physician back-up at district level facilities. The EP will continue supporting task shifting by strengthening nurse training through pre-service and in-service training, implementation of simplified protocols, and assigning district hospital physicians to support nurses in managing ART cases through regular mentoring visits and remote support via telephone for urgent questions. Services provided at the health center level will include identification of HIV infected persons who may be eligible for ART, initiation of ART, follow-up of patients on ART, and referral of complex cases. Additionally, EP partners will continue to focus on expanding pediatric HIV-related in-patient and outpatient services including provision of CTX prophylaxis, early infant diagnosis, infant feeding education and ARV treatment for eligible infants and children. Moreover, partners will streamline the model of pediatric enrollment through early diagnosis by using specialized pediatricians to train general practitioners and reinforcing linkages to other consultation services such as nutrition, vaccinations, and well-child visits. Additionally, partners will promote a service environment sensitive to recognize and address issues that may limit women's access to HIV/AIDS related services, including treatment.

At the community level, EP partners will ensure continuity of care and adherence support through case managers, community health workers, and peer support groups. Through community mobilization activities, home visits, community-based registers, referral slips, patient cards and other tools, community health workers will facilitate transfer of information within and between facilities and communities to improve patient retention. In addition to basic palliative care, these community workers will provide adherence counseling, patient education, and referrals for drug side effect management. EP partners will provide training and materials to those volunteers and link them to case managers at facilities for better referrals between facility and community. Moreover, case managers will ensure referrals of pediatric patients identified from PMTCT programs, TB services, PLHIV associations, and malnutrition centers as increasing pediatric patient enrollment is a priority for all EP clinical partners in FY 2008.

With a strong connection between facility-based staff and community-based volunteers and associations of PLHIV, the EP will help patients achieve the optimal health. During FY 2007, various EP partners worked closely with the World Food Program to ensure that HIV infected persons received necessary nutritional support. In FY 2008, the EP plans to expand efforts to provide nutritional support to qualifying adults, infants, children and pregnant and lactating women (see section in Care). This essential wrap-around service will help patients tolerate complex medication regimens, prevent malnutrition in vulnerable infants and improve retention into care of hard to reach populations.

In line with the Rwanda EP 5-year strategy and sustainability goals, all EP implementing partners will provide the same package of support at district, health facility and community level to ensure all patients receive the same standard of quality care. At the central level, the EP will capitalize on different partners' comparative advantages to provide targeted support to the national program. By consolidating lessons learned from the different programs piloted in the past, the EP has harmonized its support across all clinical implementing partners, with minor variations for those serving special populations such as refugees and the military. By so doing, the EP increases efficiencies and assures equity in the provision of services.

#### Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	149
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	13557
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	47460
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	42667
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1978

#### Custom Targets:

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7089.08

**Mechanism:** EGPAF Bilateral

**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 15446.08

**Planned Funds:** \$4,114,500

**Activity System ID:** 16738

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 15446

**Related Activity:** 16732, 17059, 16735, 16736, 16737, 12858

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20048	15446.2004.8.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$397,709
20047	15446.2004.7.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	8950	7089.09	EGPAF Bilateral	\$3,605,897
15446	15446.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$2,012,958

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16732	15215.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$539,020
16735	15226.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$886,030
16736	15229.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$219,440
16737	15442.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$192,010
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	26	False
11.1 Number of service outlets providing antiretroviral therapy	26	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,832	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,959	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,065	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	68	False

## Coverage Areas

Gatsibo  
 Kayonza  
 Ngoma  
 Rwamagana  
 Bugesera

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7088.08	<b>Mechanism:</b> FHI Bilateral
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11



Activity ID: 15444.08

Planned Funds: \$4,951,875

Activity System ID: 16745

Activity Narrative: This is a continuing activity from FY 2007. No narrative required.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 15444

Related Activity: 16739, 16742, 16743, 16744, 12858

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20667	15444.20667.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$445,013
20666	15444.20666.09	U.S. Agency for International Development	Family Health International	9099	7088.09	FHI Bilateral	\$4,034,780
15444	15444.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$4,762,598

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16739	15208.08	7528	7088.08	FHI Bilateral	Family Health International	\$502,175
16743	15228.08	7528	7088.08	FHI Bilateral	Family Health International	\$384,100
16744	15441.08	7528	7088.08	FHI Bilateral	Family Health International	\$231,088
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	32	False
11.1 Number of service outlets providing antiretroviral therapy	32	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,172	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	10,515	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	10,300	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	45	False

## Coverage Areas

Kamonyi  
 Muhanga  
 Nyamagabe  
 Nyaruguru  
 Ruhango

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7090.08 **Mechanism:** IntraHealth Bilateral  
**Prime Partner:** IntraHealth International, Inc **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS **Program Area Code:** 11  
**Activity ID:** 15445.08 **Planned Funds:** \$3,488,025  
**Activity System ID:** 16752  
**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 15445  
**Related Activity:** 16746, 16749, 16750, 16751, 12868, 16862, 17075, 12858, 12797, 12765

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20674	15445.20674.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$404,190
20673	15445.20673.09	U.S. Agency for International Development	IntraHealth International, Inc	9100	7090.09	IntraHealth Bilateral	\$3,664,656
15445	15445.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$2,591,184

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16746	15219.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$525,549
16749	15227.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$668,324
16750	15230.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$186,028
16751	15443.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$162,774
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
17075	17075.08	7637	7637.08	Colorado Health	University of Colorado	\$200,000
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	20	False
11.1 Number of service outlets providing antiretroviral therapy	20	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,440	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,823	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,763	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	256	False

## Indirect Targets

## Coverage Areas

Nyagatare

Gasabo

Gicumbi

Rulindo

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 129.08

**Prime Partner:** Columbia University Mailman  
School of Public Health

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 16955.08

**Activity System ID:** 16955

**Mechanism:** Columbia MCAP Supplement

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$0

**Activity Narrative:** Noted April 24, 2008: This activity has been abandoned.

With these funds Columbia MCAP in collaboration with CDC, TRAC and clinical partners will conduct a targeted evaluation of the causes of deaths of a representative sample of patients enrolled in HIV care at selected health facilities in Rwanda.

Title of study: A descriptive analysis of the causes of death in patients enrolled in HIV care in Rwanda

Time and money summary: \$200,000 for a total duration of 12 months

Local Co-investigator: The study will be conducted by Columbia University and TRAC in collaboration with CDC, and clinical partners providing HIV services in Rwanda.

Project description: In both resource rich and poor settings, access to ART significantly increases the survival of HIV-infected patients, prevents OIs, and delays the onset of AIDS stages 1-6. However, high risk of mortality has been observed among ART patients in resource-poor settings, especially during the first few months after ART initiation, compared to those in resource-rich settings. The risk of death increases during the first 6 months after starting ART, then it decreases continuously thereafter. About two-third of the early deaths are observed during the first three months after starting ART. In a study among ART-naïve patients enrolled in a community-based ART program in South Africa, the mortality rate (deaths per 100 person-years) was 35.6 at 1 month before starting ART, and access to ART resulted in a significant decrease in the mortality, to 17.5 at 4 weeks, 6.2 at 6 months, and 2.7 at 9 months, after ART initiation. Advanced HIV disease at enrollment and the occurrence of OIs (e.g. mycobacterial infection/tuberculosis) were identified as the causes for the increased risk of mortality during the first months after starting ART. The risk of death was significantly associated with WHO clinical stage of disease and blood CD4 cell count at baseline.

While CD4 count, clinical stage and OIs like tuberculosis are predictive of increased risk of mortality among patients on ART, routine data collection has found deaths both in patients on ART and pre ART. This raises issues of medical follow-up, lack of adherence to treatment and family and community support and delay in enrollment on ART.

The number of patients on ART in Rwanda has increased from 17,000 in December 2005 and reached 40,768 by the end of July 2007. It is expected that 64,226 patients will be on ART by December 2007. National data shows a cumulative death rate of around 7% among patients on ART. But an analysis of the ART outcomes, particularly in terms of survival and circumstances of death among HIV-infected patients on ART (which is currently being conducted) would be substantially enhanced by inclusion of controls (ART patients who do not die) as a comparison group.

Evaluation question:

Hypothesis: When compared with PLHIV in care and ART who are alive (controls), PLHIV in care and on antiretroviral therapy (ART patients) who died within the 12 months of enrollment (cases) are less likely to:

1. Live closer to ART site
2. Have CD4 count testing at regular intervals
3. Have antiretroviral drug (ARV) regimen changes
4. Have home visits and adhere to treatment
5. Receive social support services in family and through PLHIV associations
6. Receive care from a health facility that offers a comprehensive package of care
7. Have diagnosed and timely treated concurrent TB respiratory infections

Research question(s):

1. When does death occur in pre-ART and ART patients?
2. What factors are associated with mortality among ART patients?
3. What factors are associated with mortality among pre-ART patients enrolled into care?
4. Is there a significant difference in mortality and the causes thereof between pre-ART and ART patients?
5. What is the association between CD4 cell count testing at regular intervals, ARV regimen changes, distance from clinic, support from family, communities and PLHIV support group, home visits, and mortality among ART patients?

Programmatic importance/anticipated outcomes:

This evaluation will utilize routinely collected data from Rwandan HIV care and treatment sites on patients who are enrolled into care and treatment. The result of the data analysis will be used by HIV program implementers and the Ministry of Health's Treatment and Research AIDS Center (MOH/TRAC) for program evaluation and improvement. It will provide expedient and essential data to the MOH/TRAC and other partners regarding the performance of the national HIV care and treatment program and facilitate prioritization of limited resources for program improvement. Knowing mortality predictors will guide the design of interventions that decrease mortality rates among PLWA receiving care and treatment.

Methods:

A retrospective chart abstraction will be used. Additional information will be collected at home to understand the circumstances of death, adherence issues, etc. A case-control methodology will be utilized for analysis of the data. One case will be selected for three controls in ART patients and six controls in the pre-ART patients respectively. A statistically representative sample of ART-naïve PLHIV who initiated ART between October 1, 2004 and at least one month prior to the date of data abstraction, and who are known to have died within the first 12 months of enrollment will be considered cases. A statistically representative sample of ART naïve PLHIV who initiated ART in the same month as cases and who have similar baseline WHO clinical stage as cases and were not known by the health care facility to have died, and who initiated ART between October 1, 2004 and at least one month prior to the date of data abstraction will be included as controls.

A statistically representative sample of pre-ART PLHIV who enrolled into care between October 1, 2004 and at least three months prior to the date of data abstraction, and who are known to have died will be considered cases. A statistically representative sample of pre-ART PLHIV who have similar baseline WHO clinical stage as cases, were enrolled in the same month and were not known to have died by the health care facility, and who enrolled into care between October 1, 2004 and at least three months prior to the date

**Activity Narrative:** of data abstraction will be included as controls.

For any single case, the controls will be selected from patients with similar WHO clinical stage who initiated ART (in the case of ART controls), or enrolled into care (in case of the pre-ART patients) two months before or after the corresponding date for the case.

Study Population: HIV patients enrolled into care or on ART who die and their controls who did not die.

Sample size calculation:

A representative sample will be calculated considering a power of 80%, 95% confidence interval, and considering a relative risk of death at 2 and alpha value at .05.

Inclusion criteria:

For the ART patients:

1) Cases: ART naive PLHIV who initiated ART between October 1, 2004 and at least one month prior to the date of data abstraction, and who are known to have died by the health care facility or after home visits during the first 12 months after ART initiation.

2) Controls: ART naive PLHIV who have similar baseline WHO clinical stage of disease as cases, were not known to have died by the health care facility, and who initiated ART between October 1, 2004 and at least one month prior to the date of data abstraction.

3) Matching criteria: There will be three controls per case. Cases and controls will be matched by 60 days before or after date of ART initiation and on WHO clinical stage of disease.

For the pre-ART patients

4) Cases: Pre-ART PLHIV who enrolled into care between October 1, 2004 and at least three months prior to the date of data abstraction, and who are known to have died by the health care facility or after home visits during the first 12 months after enrollment into HIV care.

5) Controls: Pre-ART PLHIV who have similar baseline WHO clinical stage of disease as cases, were enrolled the same month, were not known to have died by the health care facility, and who were enrolled between October 1, 2004 and at least one month prior to the date of data abstraction.

6) Matching criteria: There will be six controls per case. Cases and controls will be matched by 60 days before or after date of enrollment and on WHO clinical stage of disease.

Exclusion criteria: the exclusion criteria include one or more of the following conditions:

1) Non-enrollment into the care and treatment program.

2) Starting ART before October 1, 2004 or less than one month before the date of data abstraction in case of the ART cases and controls; or enrollment into care before October 1, 2004 or less than three months before the date of data abstraction in the case of pre-ART patients.

Site selection:

Sites selected will have been offering HIV care and treatment services by July 1, 2008. Also sites with a large number of patients enrolled into care and in ART by the July 1, 2008. Sites will be stratified to account for rural-urban distribution.

Information Dissemination Plan:

The results from this study will be disseminated to Ministry TRAC, TB program and reference laboratory, the clinical partners and districts health teams. The results will inform planning and quality improvement interventions for HIV care.

Budget justification

This will be finalized.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12880, 16752, 16745, 16738,  
12797, 12791, 12800, 12812

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494

## Emphasis Areas

PHE/Targeted Evaluation

## Food Support

Estimated PEPFAR dollars spent on food \$0

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

## Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 4741.08

**Mechanism:** SCMS

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 16862.08

**Planned Funds:** \$1,100,000

**Activity System ID:** 16862

**Activity Narrative:** In FY 2007, RPM+ supported the active and decentralized distribution and management of commodities by hiring, training and supervising 16 district pharmacists. RPM+, in collaboration with SCMS, also adapted tools for decentralized drug inventory management, including SOPs for requisition, distribution and stock management, and provided TA for development of appropriate storage norms, training for nurse pharmacy staff and strengthening pharmaceutical management capacity. With RPM+ support, 18 district hospitals established DTCs to support the rational use of ARVs and support adherence to the Essential Drugs List. RPM+ expanded its pharmacy support activities, including their Monitoring-Training-Planning approach, to an additional eight districts. RPM+ also trained pharmacists and nurse pharmacists on basic and advanced pharmaceutical management, as well as strategic management and leadership. At the national level, RPM+, in collaboration with SCMS, provided TA to assist CAMERWA and the CPDS in quantification of HIV/AIDS commodities.

In FY 2008, a number of the activities will be phased-out because all district pharmacies in the country will undergo renovations in collaboration with the GFATM. Furthermore, the GOR will take over some of the salaries of RPM+ seconded pharmacists in 2008. All other ongoing activities relating to training of pharmacists on pharmaceutical management, TA in distribution practices, monitoring district pharmacies and stock-out prevention will be supported by SCMS in FY 2008. Beginning in FY 2007, CAMERWA moved to an integrated and comprehensive active distribution system where it began delivering commodities and drugs to district pharmacies. However, SCMS will continue to ensure that reporting systems include ARVs, OI drugs, lab commodities, and other health commodities data. SCMS will also ensure that sites provide timely and accurate data on pipeline analyses, consumption patterns, and patient uptake rates to districts and CAMERWA.

In addition, SCMS will be responsible for providing all TA and quantification assistance at the central level for CAMERWA, the CPDS and more broadly the MOH. SCMS will take over the role of strengthening the CPDS by providing support to the CPDS Coordinator and integrate the role of the Coordinator to ensure that other commodities (OI drugs and diagnostic commodities, HIV test kits, FP commodities and anti-malarials, etc.) are included in the CPDS. This includes assistance in national quantification activities and setting-up appropriate software to help the GOR make informed decisions related to quantification, procurement, distribution and stock management.

This information will improve the data for forecasting demand of ARV's and related commodities, and provide stronger data on site-level consumption patterns. This activity supports the EP five-year strategy for national scale-up and sustainability, and the GOR administrative and ART decentralization plan by strengthening capacity of districts and sub-national institutions.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12880, 16752, 16745, 16738, 12797, 12791, 12800, 12812, 16955

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494



## Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

Estimated PEPFAR dollars spent on food \$0

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

## Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 4740.08

**Mechanism:** Refugees UNHCR

**Prime Partner:** United Nations High  
Commissioner for Refugees

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 8737.08

**Planned Funds:** \$103,365

**Activity System ID:** 12893

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8737

**Related Activity:** 12887, 12888, 12889, 12890,  
12891, 12892

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24529	8737.24529.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	10483	4740.09	Refugees UNHCR	\$77,822
8737	8737.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$88,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12887	8696.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12888	8700.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$9,445
12889	8711.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$4,723
12890	8718.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$8,204
12891	8670.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$16,407
12892	8732.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$19,688

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	100	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	306	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	250	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	15	False

## Indirect Targets

## Coverage Areas

Gicumbi  
Gatsibo  
Karongi

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 94.08

**Mechanism:** NHRC

**Prime Partner:** US Department of Defense  
Naval Health Research Center

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 2737.08

**Planned Funds:** \$60,000

**Activity System ID:** 12914

**Activity Narrative:** The objective of the program is to provide training in prevention of HIV transmission and management of infected persons in military organizations. The training will transfer appropriate knowledge and technology to key Rwandan medical personnel. It will train key foreign military clinical physicians in state-of-the-art HIV prevention and clinical management, diagnosis and treatment. Those trained will transfer the information into operational use in country.

The one month training is designed in collaboration with the Rwandan military to meet its specific needs. The program emphasizes treatment of OIs and provision of ARV. It also focuses on training and operational support for prevention and clinical management of HIV and its complications, including male circumcision, epidemiologic surveillance and clinical laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the military's policies and procedures regarding service members with HIV/AIDS. Participants observe and/or participate in groups supported by a clinical social worker, a clinical psychologist, a clinical pharmacist, and a public health/prevention medicine expert.

In FY 2007, three RDF physicians attended the Military International HIV Training Program, and in FY 2008, this activity will continue with three more Rwandan physicians attending the program.

The program incorporates a TOT approach and provides the tools and educational materials to promote current, up-to-date instructions to be taken back to the Rwandan military medical community. Written assessments communicating participant' needs, personal educational goals and that of their medical community are obtained prior to the training. The program targets in-country training, provides ongoing telecommunication, and follows the US based program. NHRC is developing web-based education availability.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8171

**Related Activity:** 12826, 12827, 12829

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27372	27372.09	U.S. Agency for International Development	United Nations Office on Drugs and Crime	11413	5689.09	Substance Abuse treatment & prevention to IDUs	\$200,000
8171	2737.07	Department of Defense	US Department of Defense Naval Health Research Center	4742	94.07	NHRC	\$60,000
2737	2737.06	Department of Defense	US Department of Defense Naval Health Research Center	2550	94.06		\$40,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	3	False

**Indirect Targets**

**Target Populations**

**General population**

Adults (25 and over)

Men

Adults (25 and over)

Women

**Special populations**

Most at risk populations

Military Populations

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 1527.08

**Mechanism:** CDC Country Office GHAI/TA

**Prime Partner:** US Centers for Disease Control and Prevention

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 2846.08

**Planned Funds:** \$650,000

**Activity System ID:** 12908

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7262

**Related Activity:** 12792, 12806, 12876, 17102, 12809, 12794, 12905, 16863, 12878, 12810, 16955, 12791, 12880, 12797, 12800, 12804, 12812, 17103, 17113

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28469	28469.09	HHS/Centers for Disease Control & Prevention	Ernst and Young	11640	11640.09	CDC/MGMT/EY	\$71,163
28468	28468.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11643	11643.09	CDC RELOCATION	\$250,000
28467	28467.09	HHS/Centers for Disease Control & Prevention	Ernst and Young	11640	11640.09	CDC/MGMT/EY	\$16,605
28466	28466.09	HHS/Centers for Disease Control & Prevention	Ernst and Young	11640	11640.09	CDC/MGMT/EY	\$64,186
28465	28465.09	U.S. Agency for International Development	US Agency for International Development	11637	11637.09	USAID	\$75,000
28463	28463.09	HHS/Centers for Disease Control & Prevention	Ernst and Young	11640	11640.09	CDC/MGMT/EY	\$7,814
28462	28462.09	U.S. Agency for International Development	US Agency for International Development	11634	11634.09	Program Support	\$100,000
28461	28461.09	U.S. Agency for International Development	US Agency for International Development	11633	11633.09	Program Support	\$100,000
28460	28460.09	HHS/Centers for Disease Control & Prevention	Ernst and Young	11640	11640.09	CDC/MGMT/EY	\$9,070
21067	2846.21067.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$130,000
21066	2846.21066.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$387,000
7262	2846.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$220,000
2846	2846.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$315,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12806	4832.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$883,908
12809	2799.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$1,285,846
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
12905	2850.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$170,000
17113	17113.08	6316	5108.08	MoH CoAg	Ministry of Health, Rwanda	\$300,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12804	2736.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864

**Emphasis Areas**

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 107.08	<b>Mechanism:</b> Capacity
<b>Prime Partner:</b> IntraHealth International, Inc	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 2777.08	<b>Planned Funds:</b> \$900,000
<b>Activity System ID:</b> 12841	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007. No narrative required.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 7205	
<b>Related Activity:</b> 17075, 12797, 12842	

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21008	2777.21008.09	U.S. Agency for International Development	IntraHealth International, Inc	9185	107.09	Capacity	\$900,000
7205	2777.07	U.S. Agency for International Development	IntraHealth International, Inc	4334	107.07	Capacity	\$950,143
2777	2777.06	U.S. Agency for International Development	IntraHealth International, Inc	2559	107.06	Capacity	\$1,921,952

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
17075	17075.08	7637	7637.08	Colorado Health	University of Colorado	\$200,000
12842	2776.08	6311	107.08	Capacity	IntraHealth International, Inc	\$275,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	525	False

## Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

**Mechanism ID:** 170.08

**Prime Partner:** Management Sciences for Health

**Mechanism:** HIV/AIDS Performance Based Financing

**USG Agency:** U.S. Agency for International Development



**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 4003.08

**Planned Funds:** \$1,394,860

**Activity System ID:** 12858

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7222

**Related Activity:** 12854, 12855, 12856, 12857,  
16752, 16745, 16738, 12797,  
12812, 12859

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7222	4003.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$746,240
4003	4003.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$400,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12855	2815.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$418,559
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
12857	2812.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,971
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
12859	8743.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972

## Emphasis Areas

Human Capacity Development

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	128	False
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

## Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 97.08

**Prime Partner:** Treatment and Research AIDS Center

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 2745.08

**Activity System ID:** 12880

**Mechanism:** TRAC Cooperative Agreement

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$350,000

**Activity Narrative:** Noted April 24, 2008: With these funds TRAC in collaboration with all clinical partners will conduct a PHE to test interventions that will decrease early mortality of patients on ART mainly screening and preventive therapy for cryptococcus meningitis, TB screening and intensive follow-up of patients at risk (low CD-4, bedridden, malnourished, etc.).

Quality assurance, improvement and control are a vital part of HIV services - particularly as more people will initiate ART. Moreover, greater integration of overall services (for example Nutrition with ART services) is needed to ensure successful mainstreaming and assure a quality continuum of care.

In FY 2006, TRAC with TA from EP clinical implementing partners developed national clinical norms, guidelines and tools for ART, including registers, patient forms, and clinical IEC materials for patients. TRAC undertook regular supervision to ensure that HIV services at site level comply with these national norms. In FY 2007, EP is expanding support to TRAC for routine monitoring of key ART impact indicators to ensure program quality. EP clinical services staff will continue providing TA to TRAC to revise guidelines, reach an additional 200 trainers and expand new activities in joint supervision to improve program quality.

In FY 2008, the EP will support clinical partners, TRAC and MOH decentralization office for QA/QI/QC of national HIV programs. However, because the priority of the national program has been on the rapid scale up of HIV services, recent field supervision has shown variability in service quality and interpretations of the basic package of services. Furthermore, reporting and field record keeping lacks consistency and national strategic vision. With these new funds, the EP will work with MOH to reinforce ART program quality through substantial strengthening of the TRAC quality assurance and facilitative supervision function.

This activity has two basic components:

One component is to reinforce the M&E unit at TRAC for ART program monitoring, joint supervision and data analysis and use to improve program quality. The second component will be to use the expertise of an international institution to support TRAC in revising the definition of the ART basic standards of care that guarantee improved service quality at individual sites, to conduct training and supervision of DHTs in those standards and their applications at lower levels of the health system. The standards will focus in three areas namely the provision of services, the link with communities and administrative services. It is anticipated that this activity will be co-funded by both GFATM and EP.

This activity supports the EP five-year strategy for national scale-up and sustainability and the Rwandan Government ART decentralization plan.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7246

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21039	2745.21039.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$82,500
21038	2745.21038.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$325,000
7246	2745.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$650,000
2745	2745.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$344,135

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

## Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 114.08	<b>Mechanism:</b> USAID Rwanda Mission
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 4970.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 12898	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007. No narrative required.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 7256	
<b>Related Activity:</b>	

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21056	4970.21056.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$350,000
7256	4970.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$110,000
4970	4970.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$85,000

### Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

### Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3493.08	<b>Mechanism:</b> CRS Supplemental
<b>Prime Partner:</b> Catholic Relief Services	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 4849.08	<b>Planned Funds:</b> \$2,467,864
<b>Activity System ID:</b> 12797	

**Activity Narrative:** Noted April 24, 2008: With these new funds CRs through its consortium member Institute of Human Virology ( IHV) will support district hospitals in Rwanda for quality performance measurement at those facilities and also at decentralised health centers. A set of indicators is being developed by Ministry of Health and the national PBF program to measure the quality of HIV services. As part of the quality improvement activity IHV will provide technical assistance to TRAC and hospital staff to improve their services delivery filling the gaps identified by the quality indicators on patient retention, data recording at site, ontime CD4 count, TB screening in HIV patients, etc...This activity will improve the quality of HIV service in Rwanda.

This is a continuing activity in FY 2008. However there is a new component in which CRS/AIDS Relief, through the Institute of Human Virology (IHV), will build clinical capacity in Rwanda to ensure quality of HIV services –including a significant emphasis on timely CD4 count, viral load and shifting to second line regimen, prevention services, PITC—and continuity of care. In order to assure appropriate emphasis on testing and prevention services, expertise will be used from CDC, WHO, or other organizations as appropriate. Mentoring for a broader range of providers than those who treat HIV positive individuals, including those who come into contact with untested HIV patients in outpatient or inpatient settings, will be an essential component of this program.

Unprecedented HIV treatment scale-up is occurring in resource challenged health facilities in Rwanda, where there is limited technical support and minimal local experience in providing continuity of care. Local providers need additional support to provide quality care, increase clinical judgment and clinical decision making, and to assure that testing and prevention services are given the same importance by clinicians as treatment. However, this will not be accomplished through the prevailing didactic training model alone. Significant challenges include: (1) it is difficult to apply classroom style didactic training to clinical practice; (2) the sheer number of patients that require treatment and prevention services makes classroom training difficult; (3) there are few local providers with ART or prevention expertise; and (4) the limited use of evidence-based data in the different targeted populations to guide the clinical decision making process. This makes the need for a new model of resident in-service training even more acute.

EP will support, through AIDSRelief, a national-level intensive mentoring and quality improvement program in partnership with TRAC PLUS and the MOH. The primary goal is to build HIV care, treatment and prevention expertise within the Ministry's clinical staff and local mentoring teams comprised of physicians and ancillary health care providers and those with prevention expertise. The clinical mentoring teams will support HIV prevention, care, and treatment programs at all levels of the national health care system through an interdisciplinary team approach.

The focus will be on: encouraging and training health care clinical staff in implementing provider-initiated HIV testing and counseling (PITC); prevention for positives (PFP); patient medical management with emphasis on HIV care, treatment, and prevention; management of complex patient issues; in-patient medical management with emphasis on accurate diagnosis and appropriate treatment of opportunistic infections; community adherence and treatment support; laboratory and radiographic infectious disease diagnostics; outpatient health care management and HIV care management; and addressing clinical challenges in different aspects of health care delivery. Moreover, the mentoring teams will not only provide front line providers with greater clinical and prevention skills, but they will also identify best practices and develop initiatives to improve the overall quality of care and prevention through better clinic management decisions, mainstreaming and integration of HIV testing and prevention services into clinical care, clinical flow, and overall clinical program benchmarking—including explicitly measuring performance in PITC and prevention for positives.

A key component of this activity will be on encouraging and training health care clinical staff in provider-initiated testing and counseling and prevention for positives activities. This activity will include continuing to work with the GOR to establish policies and protocols for provider-initiated testing and counseling and developing training tools for health workers. It will also address reducing institutional or other barriers to testing and making PITC a standard of good care. Provider-initiated HIV testing and counseling is endorsed by WHO and UNAIDS and presents an opportunity to ensure that HIV is more systematically diagnosed in health care facilities in order to facilitate patient access to needed HIV prevention, treatment, care and support services. PITC must become the standard of care which is taught and practiced by clinicians. AIDSRelief activities in this area will be in alignment with the WHO Guidance on provider-initiated HIV testing and counseling in health facilities, and will take into account the current environment and capacity of the GOR and the health care facilities. An initial needs assessment that assesses removal of barriers to routine PITC and PFP will provide a baseline evaluation and help develop and introduce a harmonized and supportive system within each health facility. This activity will also link directly with the Rwandan EP programs priority of making Prevention for Positives the standard of care in all treatment settings.

These activities will also emphasize building advanced HIV treatment knowledge particularly in the areas of side effects, resistance, durable treatment response and the latest HIV information and data, implementation of continuity of care systems and long term follow-up, and quality improvement. At the community provider level, the emphasis will be on enhancing basic clinical skills and site level capacity for developing treatment and adherence programs. HIV/ARV treatment education competence will be enhanced through training of trainers, teaching community focused curricula and development of training materials. Training will also focus on improving competence for community adherence staff, community counselors, nurses, and volunteers. In the field, preceptors will assist community workers with identifying side effects to treatment and developing specific follow-up plans for new patients starting ARVs. In the clinic preceptors will provide training for the counseling and education of patients who are preparing for ARV and problem solving techniques for addressing specific adherence problems. At the district hospital, the preceptors will also provide general clinical care guidance to district medical officers who are often young and inexperienced.

This activity will support nationwide coordination of treatment, care, and prevention quality improvement activities, integration of existing systems and national standards into the mentoring, coordination of key stakeholders and implementing partners, data analysis and dissemination, performance monitoring of the project, and supervision of the mentoring teams. The training will be followed with on-site mentoring and technical assistance, semi-annual refresher trainings and introduction of new tools and technologies. The mentoring team and the site providers will perform together continuous chart reviews, disease specific chart

**Activity Narrative:** reviews, mortality rounds and case studies (including studies focused on prevention services). By reviewing specific clinical problems, the mentors will improve clinical practice and provision of care and prevention services.

The initial plan is to form four mentoring teams stationed at four regional district hospitals, but the final number of mentoring teams necessary will be determined in coordination with TRAC PLUS. These teams will be hired and trained on models of comprehensive care, treatment, prevention and evaluation. They will build on their skills and improve techniques to form an effective mentoring and quality improvement program team at the decentralized level. Each team will be comprised of at least one physician, one nurse educator, one adherence and community prevention specialist, and one laboratory technician. Each team will be responsible for at least 5-8 sites in an initial phase until these sites have reached capacity and implemented improvement activities. The portfolio of the mentoring teams will increase gradually as new sites are phased in for capacity development and participation. One highly experienced antiretroviral treatment expert (Preceptor) will be paired with 2-5 less experienced providers (Mentors) per region. The mentors and the preceptor will work as a team within a selected district hospital, seeing patients together two to three days a week. Seeing patients in follow-up together is critical for clinical decision making, to see progression of the disease, confirm diagnosis, witness the outcomes of a shared decision making process, and monitor that appropriate prevention services are provided to the patient. This interaction will lead to highly experienced local experts/mentors who are taught the process of HIV continuity of care, efficient outpatient clinic management, quality improvement techniques, as well as clinical decision making.

The goal is to build local clinical capacity to manage complexities associated with HIV/AIDS and to make sound programmatic and clinical judgments to improve the quality and depth of health care services, including prevention services provided to the local communities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7161

**Related Activity:** 12792, 12794, 16863, 12796, 17075, 12893, 12804, 12880, 16752, 12858, 16745, 12841, 16738, 12791, 12765, 12812, 16955, 12800, 12829

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20973	4849.20973.09	HHS/Health Resources Services Administration	Catholic Relief Services	9178	3493.09	CRS Supplemental	\$255,310
20972	4849.20972.09	HHS/Health Resources Services Administration	Catholic Relief Services	9178	3493.09	CRS Supplemental	\$1,719,513
7161	4849.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$950,011
4849	4849.06	HHS/Health Resources Services Administration	Catholic Relief Services	3493	3493.06	Catholic Relief Services Supplemental	\$471,975

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12792	8185.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$497,068
12794	4989.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$450,246
16863	16863.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$1,035,891
12796	8164.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$94,356
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875
12841	2777.08	6311	107.08	Capacity	IntraHealth International, Inc	\$900,000
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12804	2736.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325
12893	8737.08	6326	4740.08	Refugees UNHCR	United Nations High Commissioner for Refugees	\$103,365
17075	17075.08	7637	7637.08	Colorado Health	University of Colorado	\$200,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

## Food Support

## Public Private Partnership



## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	15	False
11.1 Number of service outlets providing antiretroviral therapy	15	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,836	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,836	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,652	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	130	False

## Target Populations

### Other

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 120.08

**Mechanism:** Columbia/MCAP

**Prime Partner:** Columbia University Mailman School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 2787.08

**Planned Funds:** \$4,600,000

**Activity System ID:** 12800

**Activity Narrative:** This is a continuing activity from FY 2007.

Note: During the first six months of FY 2008 activities previously supported by Columbia UTAP will be done through this central mechanism.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7164

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27878	27878.09	U.S. Agency for International Development	African Palliative Care Association	11453	11453.09	Care and Support	\$35,000
27877	27877.09	U.S. Agency for International Development	African Palliative Care Association	11453	11453.09	Care and Support	\$180,000
20974	2787.20974.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9179	120.09	Columbia/MCAP	\$4,600,000
7164	2787.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4327	120.07	Columbia/MCAP	\$4,600,000
2787	2787.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2565	120.06	Columbia/MCAP	\$4,256,200

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	0	False
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,450	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	11,440	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

## Coverage Areas

Karongi  
Rutsiro  
Ngororero  
Nyabihu  
Rubavu  
Gasabo  
Kicukiro  
Nyarugenge

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7586.08 **Mechanism:** UTAP Follow-on  
**Prime Partner:** Columbia University Mailman School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS **Program Area Code:** 11  
**Activity ID:** 2736.08 **Planned Funds:** \$250,000

**Activity System ID:** 12804

**Activity Narrative:** In FY 2007, the UTAP mechanism (Columbia as prime partner) supported the MOH for the expansion of pediatric HIV care and treatment services and effective integration of HIV/AIDS services into the national health system. The UTAP mechanism that supported Columbia is ending in March 2008, and CDC is issuing another funding announcement opportunity to replace the UTAP mechanism.

In FY 2007, Columbia is supporting the model pediatric HIV/AIDS centers at CHK and CHUB. Through expanded PITC and PCR testing for early infant diagnosis, additional children requiring care are identified in PMTCT programs, nutrition rehabilitation centers and PLHIV associations. Psychosocial support, counseling, M&E systems are strengthened to improve follow up. CHK and CHUB pediatricians are providing training, mentoring and supportive supervision to health care providers at EP-supported ART sites.

In FY 2008, the new mechanism will support various MOH units including the MCH task force and TRAC. In addition, it will promote integration for pediatric care including uptake, guidelines review, training supervision and integration of PMTCT, IMCI, MCH and ART services. These funds will complement previous UTAP activities for six months in FY 2008. The first six months are covered with funds in the MCAP Supplemental.

HIV/AIDS pediatric care uptake has been slow in Rwanda because of the scarcity of pediatricians and the lack of skills among general practitioners. In FY 2007 the EP funded training and supervision of general practitioners by a team of pediatricians and senior MDs. With these new funds, the EP will support additional training of trainers and providers in pediatric care and treatment, production and revision of pediatric HIV care and treatment manuals and tools, recruitment of needed pediatricians or medical doctors for district hospitals, and mentoring supervision of pediatric ART at new EP-assisted sites. In addition to clinical management, the training will emphasize pediatric patient recruitment and follow-up. This activity will increase pediatric patient enrollment at the national level.

These activities fully support the Rwanda EP five-year strategy for national scale up and sustainability, as well as the Rwandan Government ART decentralization plan.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7174

**Related Activity:** 12880, 16752, 16745, 16738, 12797, 12791, 12800, 12812, 16955, 12829

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27369	27369.09	Department of Defense	US Department of Defense	9905	1143.09		\$165,000
27365	27365.09	U.S. Agency for International Development	United Nations Development Programme	11412	3955.09	FBO Palliative Care and Prevention	\$200,000
7174	2736.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4328	93.07	Columbia UTAP	\$900,000
2736	2736.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2549	93.06	Columbia UTAP	\$970,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12791	2783.08	6302	111.08	AIDS Relief	Catholic Relief Services	\$621,139
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
16738	15446.08	7527	7089.08	EGPAF Bilateral	Elizabeth Glaser Pediatric AIDS Foundation	\$4,114,500
16745	15444.08	7528	7088.08	FHI Bilateral	Family Health International	\$4,951,875
16752	15445.08	7529	7090.08	IntraHealth Bilateral	IntraHealth International, Inc	\$3,488,025
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494
12829	2751.08	6309	100.08	HIV Support to RDF	Drew University	\$1,226,325

## Emphasis Areas

### Food Support

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

### Public Private Partnership

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

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 129.08	<b>Mechanism:</b> Columbia MCAP Supplement
<b>Prime Partner:</b> Columbia University Mailman School of Public Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 2798.08	<b>Planned Funds:</b> \$297,494
<b>Activity System ID:</b> 12812	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007. No narrative required.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> Continuing Activity	
<b>Continuing Activity:</b> 7176	
<b>Related Activity:</b>	

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20982	2798.20982.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$82,819
20981	2798.20981.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$49,691
7176	2798.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$835,350
2798	2798.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$3,128,525

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	0	False
11.1 Number of service outlets providing antiretroviral therapy	46	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4,977	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,977	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,883	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	94	False

## Coverage Areas

Karongi  
 Rutsiro  
 Ngororero  
 Nyabihu  
 Rubavu  
 Gasabo  
 Kicukiro  
 Nyarugenge

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 100.08	<b>Mechanism:</b> HIV Support to RDF
<b>Prime Partner:</b> Drew University	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 2751.08	<b>Planned Funds:</b> \$1,226,325
<b>Activity System ID:</b> 12829	
<b>Activity Narrative:</b> This is a continuing activity from FY 2007. No narrative required.	

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7190

**Related Activity:** 12826, 12827, 12828, 16914, 12868, 16862, 12869

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20998	2751.20998.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$14,852
20997	2751.20997.09	Department of Defense	Drew University	9182	100.09	HIV Support to RDF	\$1,106,455
7190	2751.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$642,460
2751	2751.06	Department of Defense	Drew University	2554	100.06	HIV Support to RDF	\$120,375

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12826	2752.08	6309	100.08	HIV Support to RDF	Drew University	\$306,686
12827	8146.08	6309	100.08	HIV Support to RDF	Drew University	\$65,404
12828	8165.08	6309	100.08	HIV Support to RDF	Drew University	\$57,229
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Local Organization Capacity Building

## Food Support

## Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	7	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,050	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,947	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

**Indirect Targets**

**Target Populations**

**General population**

Adults (25 and over)

Men

Adults (25 and over)

Women

**Special populations**

Most at risk populations

Military Populations

**Other**

Civilian Populations (only if the activity is DOD)

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 111.08

**Mechanism:** AIDS Relief

**Prime Partner:** Catholic Relief Services

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** Central GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 2783.08

**Planned Funds:** \$621,139

**Activity System ID:** 12791

**Activity Narrative:** This is a continuing activity from FY 2007. No narrative required.



**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7158**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20965	2783.20965.09	HHS/Health Resources Services Administration	Catholic Relief Services	9177	111.09	AIDS Relief	\$621,139
7158	2783.07	HHS/Health Resources Services Administration	Catholic Relief Services	4325	111.07	AIDS Relief	\$621,139
2783	2783.06	HHS/Health Resources Services Administration	Catholic Relief Services	2562	111.06	AIDS Relief	\$0

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,544	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,367	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

## Coverage Areas

Burera  
Gicumbi  
Gatsibo  
Nyamasheke

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7902.08	<b>Mechanism:</b> PEPFAR II Track 1.0 ART Partner A
<b>Prime Partner:</b> Columbia University Mailman School of Public Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 17961.08	<b>Planned Funds:</b> \$445,227
<b>Activity System ID:</b> 17961	
<b>Activity Narrative:</b> MCAP TRAC 1.0 is ending in February 2009 and the follow-on funds will be available by April 2009. With these funds this USG implementing partner will continue activities at MCAP 1.0 supported sites until the MCAP Track 1.0 takes over.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b> 16955, 12800, 12804, 12812	

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16955	16955.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$0
12800	2787.08	6305	120.08	Columbia/MCAP	Columbia University Mailman School of Public Health	\$4,600,000
12804	2736.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12812	2798.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$297,494

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Coverage Areas

Gasabo

Kicukiro

Nyarugenge

Karongi

Rusizi

Rutsiro

Ngororero

Nyabihu

Rubavu

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8692.08

Mechanism: N/A

**Prime Partner:** American Refugee Committee

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 19630.08

**Planned Funds:** \$115,510

**Activity System ID:** 19630

**Activity Narrative:** none

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7585.08

**Mechanism:** Prtnr Rptng System

**Prime Partner:** Social and Scientific Systems

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 17039.08

**Planned Funds:** \$100,000

**Activity System ID:** 17039

**Activity Narrative:** The EP SI team devotes a significant amount of time managing partner reporting. This ongoing activity impacts the team's capacity to focus on analyzing critical data and strategic planning. A key EP activity proposed for FY 2008 is the design and implementation of the Rwanda Partner Reporting System (RPRS), a comprehensive electronic performance management, monitoring and reporting system. The system will be designed to interact with TRACnet and the CNLS decentralized reporting system.

RPRS will facilitate the capture and analysis of data on prevention, care and treatment. RPRS will be a web-based system to collect, store, aggregate, and share data between EP and its partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS monitoring and evaluation plan and implementation of UNAIDS "Third One"- One country-level Monitoring and Evaluation System.

RPRS will include a variety of standard reports focusing on program-level indicator totals to be sent to the EP partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as may be required by the EP and GOR. Additionally, all EP data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) Assessing the implementing partners' M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) Collecting and verifying data, analysis and data interpretation, and development and implementation of data use plan; (3) Assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) Conducting trainings/workshops on data quality improvement and use for EP implementing partners; and (5) Providing evaluation assistance, including analysis of monitoring and evaluation plans and guidance on key evaluation activities for EP, and performing additional M&E responsibilities in line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National multi-sectoral strategic plan for HIV/AIDS Control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16885, 16982, 16984, 17029, 17031, 17034, 16958

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
17034	17034.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$100,000
16958	16958.08	7585	7585.08	Prtnr Rprtnng System	Social and Scientific Systems	\$200,000



## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7637.08

**Mechanism:** Colorado Health

**Prime Partner:** University of Colorado

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 17075.08

**Planned Funds:** \$200,000

**Activity System ID:** 17075

**Activity Narrative:** As part of EP's focus on supporting sustainable quality clinical services, EP resources will leverage USAID CSH investments in improving post-graduate medical training. Effective clinical education requires the extensive presence of physicians who are experienced and effective clinical educators. Consistent bedside teaching and supervision does not occur for the post-graduate students in Rwanda. This is due to the insufficient numbers of Rwandan clinical physicians and clinical educators, the focus of current expatriate physicians on addressing the overwhelming clinical needs in providing patient care, and the multiple academic responsibilities of medical school faculty.

The University of Colorado (UC) will help improve the current state of clinical education by seconding a family medicine faculty member with demonstrated qualifications in clinical medicine, clinical medical education of undergraduates and postgraduates, medical education program development, and faculty development, to provide extensive practical teaching, post-graduate supervision, and assistance with development of the Family Medicine program. The breadth and depth of family medicine provides the greatest opportunity to impact the largest number of post graduate programs. On a rotating basis, UC will participate in all post graduate staff meetings at all teaching hospitals, ward rounds and consultations at all teaching hospitals to reinforce interactive teaching and supervision of clinical skills, evidence-based medicine and clinical decision-making. UC will also support the enhancement and expansion of access to current evidence-based medical information for post graduate students, faculty and staff physicians as necessary for appropriate patient care and education of post graduate students. UC will also assist the NUR Medical School and its teaching hospitals in integrating HIV/AIDS into post-graduate curricula and the sustainable development of its current post-graduate programs in general pediatrics, general internal medicine, obstetrics and gynecology.

This activity will complement undergraduate medical education activities funded by CDC, GTZ and other donors. These activities reflect the ideas presented in the Rwanda EP five-year strategy and support the GOR's national Human Resources for Health Strategic Plan.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12841, 12797, 12842

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12797	4849.08	6303	3493.08	CRS Supplemental	Catholic Relief Services	\$2,467,864
12841	2777.08	6311	107.08	Capacity	IntraHealth International, Inc	\$900,000
12842	2776.08	6311	107.08	Capacity	IntraHealth International, Inc	\$275,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	100	False

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7642.08

**Prime Partner:** Tulane University

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 17088.08

**Activity System ID:** 17088

**Mechanism:** Capacity Building FOA

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$400,000



**Activity Narrative:** Capacity Building is a cornerstone of the EP strategic plan for a sustainable response to the HIV epidemic in Rwanda. The EP has supported the National University of Rwanda (NUR) to establish a Rwandan HIV Public Interest Fellowship (RHPIF) program, an executive MPH program, an SI certificate program, and a Social Work certificate program through Tulane University's bilateral cooperative agreement with USAID and CDC's UTAP mechanism. Additionally, support has been provided through the CAPACITY project and Columbia University for further capacity building of nursing education and human resources management.

In FY 2008, the EP will issue an FOA to harmonize its support to GOR institutions for capacity building in the areas of public health, social work, nursing and midwifery, medical education, and human resource management. The awardee will be asked to work with selected Rwandan educational institutions in four areas for the first year, with the goal to strengthen both organizational and human resource capacity in Rwanda and to ensure that programs at participating Rwandan institutions become self-sustaining.

The first area of work will be conducted in collaboration with the NUR/SPH to continue the RHPIF program. This program is a two-year fellowship that provides training, mentoring, and on-the-job experience with local public or not-for-profit agencies for at least 18 individuals annually. The awarded organization will specifically help the NUR/SPH provide professional development support and leadership to fellows, increase the geographic distribution of fellows to agencies outside Kigali, sensitize public and not-for-profit sectors about the contributions of public interest fellows, strengthen mentoring skills of supervisors to ensure an adequate educational experience, manage program costs, such as stipends, and develop a marketing program for the RHPIF to increase the number of participating host-agencies, future employers and funding agencies. The selected organization will also be expected to work with the NUR/SPH to convert the fellowship program into a university-recognized and accredited certificate program.

The second component will be to work with the NUR/SPH for continuation of the SI and Social Work certificate training programs. Support for these certificate programs will focus on improved use of appropriate teaching technologies, and building participants' skills that relate to HIV and AIDS programming, planning, and service integration and provision. Graduate-level credit will be awarded to allow interested participants to pursue further studies and complete an MPH if so desired.

The third aspect of work will be to provide continued support to the NUR/SPH Executive MPH Program and support the completion of doctoral work for selected faculty members. The two-year Executive MPH Program targets GOR staff and individuals who are actively involved in EP-supported HIV program implementation. The program provides intensive, graduate-level training that emphasizes applied skills through a combination of classroom and field assignments, focusing on strategic, data-driven decision making. In addition to support for the MPH program overall, EP resources will directly support 10 MPH students and five faculty members to complete their graduate and doctoral studies.

The fourth component will be to support pre-service medical education. The selected organization will be asked to initiate support for undergraduate medical training and collaborate closely with the University of Colorado in supporting post-graduate medical training. The immediate goal for FY 2008 is to assess and devise a plan to strengthen the Rwandan medical education system. This includes developing/upgrading the HIV/AIDS curricula in targeted departments within the Faculty of Medicine, filling faculty gaps, procuring training equipment and covering some operational costs shared with the MOH and other donors. The partner will also develop a clinical practicum and study tour to link pre-service and in-service training.

The awardee will work closely with CDC to link the support to the NUR/SPH with the SMDP and the FELTP. Similarly, the awardee will work closely with the CAPACITY project to ensure training programs support workforce planning and personnel management efforts, as well as transitioning support for nursing education.

The aims of this activity are to strengthen institutions developing the workforce and to directly support the education of individuals in the health care sector. These activities reflect the ideas presented in the Rwanda EP five-year strategy and support the GOR's national strategy of human resources and organizational capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17075, 17086

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17075	17075.08	7637	7637.08	Colorado Health	University of Colorado	\$200,000
17086	17086.08	7642	7642.08	Capacity Building FOA	Tulane University	\$1,035,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy supported with performance-based financing	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

### HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

**Total Planned Funding for Program Area: \$6,026,448**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

The FY 2008 EP laboratory strategy builds on a tiered national laboratory system for creating sustainable infrastructure to support care and treatment of HIV-infected patients. The funding from FY 2008 will provide support and technical assistance to four key GOR institutions: (1) National Reference Laboratory (NRL); (2) University Teaching Hospital of Butare (CHUB); (3) University Teaching Hospital of Kigali (CHUK); and (4) Kigali Health Institute (KHI). A five year strategic plan for the NRL was established in 2006 and the EP activities support that plan. The program plans to work with the MOH to further develop this plan in cooperation with other in-country stakeholders.

The national laboratory policy and strategic plan will include, but not be limited to the following activities: national laboratory policies for minimal laboratory standards for each tier of the laboratory system; integration of clinical diagnostic laboratory services; plans for harmonizing and maintaining laboratory equipment; inventory management and national forecasting of laboratory supplies, reagents and test kits; plans for quality assurance programs; human capacity development; and standards for laboratory information systems. Using this approach will provide a strategic vision and a better understanding of the function of laboratory partners in-country, appropriate coordination of funding, and a dedication of resources for increasing laboratory infrastructure where the greatest needs exist.

In FY 2008, the EP will support NRL to strengthen linkages in the national tiered laboratory system. This includes laboratories in the national system that are linked from NRL to regional sites to district hospital sites to primary care site laboratories. NRL supports 300 PMTCT, 305 VCT and 150 ARV sites. The laboratory network is comprised of 364 health centers, 34 district hospitals, numerous private laboratories and 4 referral laboratories. NRL will continue to improve the following infrastructure systems: financial, coordinated procurement, overall quality assurance, laboratory networks and referrals, and laboratory information systems. NRL will continue to support human capacity development through specialized training and ongoing technical assistance with special emphasis in FY 2008 on new CD4 count technologies suitable for primary care, new HIV test technologies, and new lab technologies for TB diagnosis, and continue to improve the HIV prevention, care and treatment, TB, and malaria quality control programs.

The early infant diagnosis (EID) program currently supports 108 PMTCT sites in FY 2007 to collect dried blood spots (DBS) from children born to HIV-infected mothers. In FY 2008, the program will be scaled up to support a total of 160 PMTCT sites. In FY 2008, the program will train 320 nurses in DBS collection, in addition to laboratory technicians to support the continuation of scale up of infant testing.

USG will fund the laboratory coalition partners (Association of Public Health Laboratories—APHL, American Society for Clinical Pathology—ASCP, American Society of Microbiology—ASM, and Clinical and Laboratory Standards Institute—CLSI). This will be accomplished through providing technical assistance to NRL on developing procedures and standards to obtain international laboratory accreditation. ASCP will be engaged in developing human capacity through curriculum improvements to standardize in-service training materials and to expand support for pre-service training of laboratory technicians at KHI. A partner will also be identified who can work closely with NRL to improve TB culture laboratories and to strengthen TB and malaria QA/QC. Consultants will also be identified who can provide technical assistance for better management of the tiered laboratory system. NRL also supports activities for PMTCT programs. NRL supports roll-out of PMTC program by training, supervision and work closely with TRAC on training manual and guidelines for counselors and non-lab tech involved in HIV testing.

In FY 2008, CDC will continue to support sustainable laboratory systems by providing TA for training in OI diagnosis with emphasis on MDR and extrapulmonary TB and parasitic infections at CHUB. At 5 regional clinical diagnostic laboratories, NRL will provide training in new techniques to support program evaluation and surveillance, and molecular virology techniques for HIV drug resistance surveillance. The UTAP funding mechanism is ending in March 2007 and a new funding mechanism will be developed to continue those activities. The new grantee will continue to support long-term technical positions at the NRL to assure quality HIV-related laboratory services through training and day-to-day mentorship of NRL staff. The grantee will also continue bolstering management and financial capacity at NRL by maintaining the long-term laboratory management advisor position and supporting improvements to the data management system for tracking specimens and reporting functions.

EP laboratory efforts face challenges as well. EP plans expanded support for NRL TB QA/QC activities through the NRL cooperative agreement, the TBD cooperative agreement partner, and CDC, as well as extending DPDx activities to all district hospitals. Another challenge for EP in the laboratory infrastructure area has been the long process of securing a fourth CDC direct hire employee to manage the EP laboratory portfolio. CDC hopes to have the position filled in FY 2008.

In FY 2008, SCMS will be responsible for the procurement of all laboratory commodities purchased by the ep through direct support to CAMERWA for the procurement, storage and distribution of all medicines, equipment and laboratory supplies. This consolidated approach to procurement will increase cost savings, and improve efficiencies in procurement and distribution of commodities. It also supports building infrastructure within the country to support distribution of laboratory commodities. SCMS will also take over the support of the CPDS and logistics management activities to ensure smooth functioning of the CPDS system, quality data for quantification, and strong communication between districts and CAMERWA.

#### **Program Area Downstream Targets:**

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	150
12.2 Number of individuals trained in the provision of laboratory-related activities	447
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	579725

#### **Custom Targets:**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 129.08 **Mechanism:** Columbia MCAP Supplement  
**Prime Partner:** Columbia University Mailman 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:** 2734.08 **Planned Funds:** \$300,000

**Activity System ID:** 12805**Activity Narrative:** This is a continuing activity from FY 2007.

In FY 2008, Columbia will continue its TA and capacity building activities at NRL by supporting technical activities as well as strengthening the institutional infrastructure and management capacity critical to sustain the national network of laboratories for the Rwandan HIV care and treatment program. Direct TA will continue to be provided through long-term advisors and periodic short-term consultants as needed. Two long-term technical advisors positions will be continued in FY 2008. The first provides support for HIV-related quality laboratory services, including evaluations of new technologies, technician trainings, and guidance on technical and policy issues. The second advisor, a local-hire senior lab technician, will remain responsible for development and implementation of national standards, QA systems, and training. These two technical advisors will continue to transfer skills, knowledge and capacity, ensuring a sustained impact.

In FY 2008, Columbia will continue to improve NRL's laboratory management through support of an international-hire management advisor. The laboratory management advisor will help develop management systems for finances, logistics, program data, transport and commodities and will mentor the new NRL Director and Finance position funded under the CDC cooperative agreement. The management advisor position continues to be critical in strengthening NRL's capacity to effectively manage multiple projects and multiple streams of funding, including substantial EP resources. Columbia will continue through these technical and financial positions to support the decentralization of NRL supervision and QA within the national laboratory network. This decentralization will include continued strengthening of the five regional district laboratories. PCR for Early Infant Diagnosis and viral load determination will continue to be supported at NRL and CHUB via equipment maintenance and staff training.

TB services at NRL continue to require strengthening to meet the EP priority of providing reliable AFB microscopy at the health facility level. Columbia will continue to support laboratory TA to the NRL and CHUB TB laboratories to ensure high quality smear microscopy, liquid culture and drug sensitivity testing capability. These TB diagnostic and treatment capabilities are essential in order to provide PLHIV adequate access to comprehensive quality TB-related services. These capabilities are also essential for the support of patients with MDR TB. Extrapulmonary TB diagnostics will be available through continued support to CHUB and CHUK anatomopathology laboratories.

ACM (Atelier central de maintenance) and NRL maintenance units for laboratory equipment will continue to be strengthened with training and staffing to guarantee the quality of results within the national laboratory network. Also, small laboratory renovation/rehabilitation will be performed to assure building sustainability inside the national laboratory network.

Columbia will also continue to strengthen and integrate QA/QC/QI into all HIV-related laboratory areas: serology, chemistry, hematology, CD4, TB, and malaria. New QA/QC approaches will continue to be explored in those HIV specific areas. National specimen transportation systems will continue to be strengthened. Specific laboratory target evaluations on new technical alternatives and new technologies will be supported to improve the accessibility and reliability of care and treatment programs. For example, new alternative technologies will focus on specific HIV areas like, CD4 (dipsticks, micro-chips etc) or TB infants diagnostics. Protocols and/or indicators should be designed to evaluate laboratory performance impacts on care and treatment programs.

Columbia will continue to support laboratory staff skills development through local (KHI), regional and international training programs, with an emphasis on integration of all HIV-related laboratory activities and total quality management as part of the laboratory accreditation process. In collaboration with CDC, Columbia will continue to maintain and improve the laboratory information system for NRL and will continue to support the LIS extension at district hospitals. The laboratory information system will manage financial record keeping, as well as specimen tracking, inventory control, and programmatic indicators.

All of these activities are consistent with Rwanda's EP five-year strategic goals of strengthening NRL's capacity to manage a national network of laboratories, standardize technical approaches, and support QA of HIV-related services throughout the national laboratory network.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 7172**Related Activity:** 12863, 12869, 16890, 16895, 12909

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27343	27343.09	HHS/Centers for Disease Control & Prevention	American International Health Alliance	11181	11181.09	Twinning	\$302,000
20983	2734.20983.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9180	129.09	Columbia MCAP Supplement	\$0
7172	2734.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4328	93.07	Columbia UTAP	\$600,000
2734	2734.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2549	93.06	Columbia UTAP	\$755,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16890	16890.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12909	2847.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$400,000
16895	16895.08	7587	7587.08	Lab Coalition Partners	American Society of Clinical Pathology	\$200,000
12863	4976.08	6318	3497.08	National Reference Laboratory	National Reference Laboratory	\$1,250,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	13	False
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	N/A	True

**Indirect Targets**

**Target Populations**

**Other**  
Laboratory staff

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3497.08	<b>Mechanism:</b> National Reference Laboratory
<b>Prime Partner:</b> National Reference Laboratory	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 4976.08	<b>Planned Funds:</b> \$1,250,000
<b>Activity System ID:</b> 12863	

**Activity Narrative:** This is a continuing activity from FY 2007.

In FY 2008, the EP will continue a cooperative agreement with the NRL for direct funding of certain key reference laboratory functions. As the lead institution in Rwanda's national laboratory network, the NRL plays a critical role in the successful expansion of HIV prevention, diagnostics, training, care and treatment services nationally. The NRL has been a close collaborator in EP efforts for many years, and has benefited from EP technical and financial support through several implementing partners. Substantial resources have already been invested in NRL by CDC and Columbia UTAP support for infrastructure, technical activities, and management capacity. Support will continue in FY 2008 through CDC direct technical support, a new cooperative agreement (partners TBD), and through continued funding of this cooperative agreement.

NRL cooperative agreement activities in FY 2008 include support for human resources (technical positions and training), infrastructure maintenance, and select QA activities. In FY 2008, NRL activities will again focus on selected infrastructure maintenance of the tiered laboratory system, human resources, and QA activities. One of the major responsibilities will be to continue the decentralization of the laboratory referral system at two levels of the laboratory network. NRL will continue to support early infant diagnostic PCR testing and introduce viral load testing, TB culture and identification, and extrapulmonary TB diagnosis in the Butare reference laboratory. NRL cooperative agreement funds will support building repairs needed to maintain this laboratory and the training of Butare staff. NRL will strengthen five district hospital laboratories that will provide services to the region. The NRL will also continue a maintenance contract for all of its central and laboratory network equipment through the MOH (Atelier Central de Maintenance) and NRL maintenance units, as well as conduct small repairs and preventive maintenance in the ART site laboratories, secure warehouse storage space, and transport laboratory equipment and reagents to sites. The NRL will continue to strengthen the national referral system for patient specimens.

NRL will support technical staff needed to carry out surveillance and M&E activities that have laboratory components; these include ANC sentinel surveillance and the national ART program evaluation activities. Laboratory staff supported by this cooperative agreement performs a range of tasks to support the national laboratory system. One of those activities is to evaluate new techniques and technologies for the clinical diagnostic services to improve the care and treatment of HIV-infected patients. Once these technologies are approved, staff transfers the new diagnostic techniques to lower level laboratories in the tiered system. A modest amount of funding will be made available to support participation of key senior technical staff in international trainings and conferences directly relevant to increasing capacity for HIV-related laboratory techniques.

Throughout the national laboratory network, NRL will train 200 laboratory technicians in good laboratory practices and HIV-related techniques, including CD4 testing, biochemistry, hematology, and HIV and OI diagnosis. This will include two-week trainings for technicians at new ART sites, and two-day refresher trainings for all previously trained lab technicians. These trainings will be carried out by a national team of 11 trainer/supervisors placed both centrally and in regional laboratories. As part of its QA activities for TB diagnosis, NRL will also provide refresher training for laboratory technicians in health centers and district hospitals to maintain skill levels in sputum examination for TB by direct AFB smear microscopy. A new activity in FY 2008 will be to provide training for one laboratory technician per district hospital to upgrade their skill levels to develop minimum human capacity standards at all district hospitals.

To ensure quality HIV-related services, this NRL cooperative agreement will continue to fund operational costs (such as specimen transport, supervision costs) associated with HIV QA/QC/QI activities in peripheral lab sites for HIV serology, CD4 testing, chemistry/hematology, TB, malaria and good laboratory practices. Commodities needed to conduct all of the above activities will be procured through the SCMS activity in FY 2008. Continuation of laboratory tool standardization and maintenance, and expansion of the national laboratory information system will be supported.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7224

**Related Activity:** 12805, 12869, 12909, 16890, 16895

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20721	4976.20721.09	HHS/Centers for Disease Control & Prevention	National Reference Laboratory	9116	3497.09	National Reference Laboratory	\$1,532,948
7224	4976.07	HHS/Centers for Disease Control & Prevention	National Reference Laboratory	4341	3497.07	National Reference Laboratory	\$280,000
4976	4976.06	HHS/Centers for Disease Control & Prevention	National Reference Laboratory	3497	3497.06	National Reference Laboratory	\$600,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12805	2734.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$300,000
16890	16890.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12909	2847.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$400,000
16895	16895.08	7587	7587.08	Lab Coalition Partners	American Society of Clinical Pathology	\$200,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	362	False
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	564,368	False

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 4741.08

**Mechanism:** SCMS

**Prime Partner:** Partnership for Supply Chain Management

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 8189.08

**Planned Funds:** \$3,526,448

**Activity System ID:** 12869



**Activity Narrative:** This is a continuing activity from FY 2007.

In FY 2008, SCMS will work in close collaboration with the Central Medical Stores of Rwanda (CAMERWA) for the procurement of all EP commodities, warehousing, and distribution of all medicines, equipment and laboratory supplies, which includes biosafety equipment. This consolidated approach to procurement will increase cost savings, and improve efficiencies in procurement and distribution of commodities. SCMS will continue to support the coordinated procurement and distribution system (CPDS), which includes: MOH; Management Science for Health (MSH); GFATM; Multi-sectoral AIDS Program (World Bank) (MAP); Clinton Foundation; Luxembourg Corporation; logistic management information system (LMIS) activities; and paper-based laboratory information systems (LIS), which ensures smooth functioning of the CPDS and quality data for quantification; and strong communication between districts and CAMERWA.

During FY 2007, CAMERWA increased their staff to 70 employees working at the organization and performed a restructuring to become more efficient. A team of employees spent time in South Africa to learn how to improve services and created a master plan for the restructuring on their return. CAMERWA owns and rents warehouse space. In FY 2007, they will increase their own warehouse space by 5000 cubic meters and are working to decentralize logistics to strengthen the health districts in Rwanda. They currently have a cold room with a backup generator and will be adding a room where supplies that need to be stored at 15-25C will be kept.

Nationally, quantifications for commodities have been occurring every six months. The management plan is for CAMERWA to also take over the bi-annual quantification of ARV, equipment and laboratory supplies in FY 2007 in a stepwise manner and to be in charge of quantification in FY 2008. In FY 2008, overhead charges that had been paid centrally in the past for SCMS services will now be absorbed by the country. These costs are included in the SCMS budget along with funds provided for technical assistance for quantification.

SCMS working closely with CAMERWA will conduct all commodity procurement for EP-supported site laboratories, including equipment, supplies, and reagents for biochemistry, hematology, parasitology, and biosafety. SCMS will procure all CD4 kits and supplies for the estimated 175,000 tests needed in FY 2008 for EP-supported patients. National ART treatment guidelines call for viral load testing in cases of suspected treatment failure. SCMS will procure viral load reagents sufficient to cover the estimated needs of 6,000 EP-supported patients. In addition to this site-level laboratory procurement, SCMS will procure equipment, supplies and reagents for specific central-level activities and functions, including: (1) 6,000 PCR kits and supplies for the national early infant diagnosis program; (2) an estimated 1,000 additional viral load kits and associated supplies for the laboratory component of the national ART program impact evaluation; (3) test kits and supplies for continuing HIV serology and CD4 testing QA systems; (4) PCR equipment, supplies and reagents for expansion of PCR capacity to CHUB; (5) supplies and reagents for OI diagnostics for regional and district-level trainings as well as supplies for ongoing parasitology.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8189

**Related Activity:** 16865, 12865, 12866, 12867, 12868, 16862

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21021	8189.21021.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9189	4741.09	SCMS	\$3,240,000
8189	8189.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$4,357,880

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16865	16865.08	6317	115.08	Strengthening Blood Transfusion Services	National Program for Blood Transfusion, Rwanda	\$500,000
12865	8716.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12866	8664.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$650,000
12867	8167.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$500,000
12868	8170.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$9,900,000
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000

## Emphasis Areas

Construction/Renovation

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	149	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
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	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Mechanism:** CDC Country Office GHAI/TA

**Prime Partner:** US Centers for Disease Control and Prevention

**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:** 2847.08

**Planned Funds:** \$400,000

**Activity System ID:** 12909

**Activity Narrative:** This is a continuing activity from FY 2007.

CDC provides direct support for laboratory infrastructure activities through CDC technical staff in-country as well as through short-term TA from CDC headquarters. In FY 2007, CDC's Division of Parasitic Diseases (the DPDx group), developed a set of training materials and conducted procurement of supplies needed for a week-long training of trainers in parasitology diagnostics. CDC also provided TA for the development of the laboratory component of an ongoing national ART program evaluation. CDC is currently recruiting a full time laboratory advisor to be placed at the CDC office and hopes to have that position filled before October 2007.

In FY 2008, CDC will continue direct support for laboratory infrastructure activities through the long-term lab position described above. The CDC laboratory advisor will provide day-to-day oversight of EP-funded lab partner activities, including the NRL cooperative agreement and other clinical partners. The lab position will also provide ongoing assistance with development and implementation of national laboratory policy. The lab advisor will also work with laboratory coalition partners to develop a plan for TA during FY 2008 and work with them to complete the projects which are being funded.

Since the current capacity of district hospital laboratories to diagnose OIs remains limited, CDC will continue to support laboratory capacity for diagnosis through the DPDx program for diagnosis of parasitic diseases. This support will include procurement of diagnostic supplies and ongoing training at NRL for technician trainers, as well as TA for improving NRL's supervision capacity and systems, particularly in malaria diagnosis. CDC will continue to provide TA to lab professionals in evaluating new techniques for specimen collection for viral load testing, and for applying these new techniques for public health program evaluation. CDC will work closely with Columbia University to adapt laboratory information system software for use in Rwanda's NRL and select district hospitals.

CDC technical support to NRL is consistent with Rwanda EP five-year strategic goals of strengthening NRL capacity to manage a national network of laboratories, and standardization of technical approaches and QA of HIV-related services through a network model. DPDx's ongoing procurement, training and QA activities will provide an excellent platform upon which to further strengthen laboratory capacity and systems under PMI. In FY 2008, the program will extend DPDx activities to all district hospitals.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7263

**Related Activity:** 12805, 12863, 12869, 16890, 16895

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21068	2847.21068.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$330,000
7263	2847.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$320,000
2847	2847.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$80,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12805	2734.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$300,000
16890	16890.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
16895	16895.08	7587	7587.08	Lab Coalition Partners	American Society of Clinical Pathology	\$200,000
12863	4976.08	6318	3497.08	National Reference Laboratory	National Reference Laboratory	\$1,250,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	10	False
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	N/A	True

**Indirect Targets**

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8698.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> The American Society for Microbiology	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 19489.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 19489	
<b>Activity Narrative:</b> Support for laboratory activities in Rwanda includes providing technical assistance to the Kigali Health Institute (KHI) to strengthen the infrastructure of the pre-service training programs for laboratory technicians by supporting curriculum development and professional enhancement of current instructors. In addition to strengthening the development of new technicians entering the field, current technicians and laboratories in Rwanda will be strengthened by supporting the National Reference Laboratory (NRL) to develop a comprehensive program for laboratory monitoring (chemistry, hematology and CD4 testing) of HIV/AIDS patients and in the diagnosis of opportunistic infections associated with HIV/AIDS. The detection of tuberculosis and malaria in Rwanda is a critical service for the HIV/AIDS population in Rwanda. The ability of laboratories in Rwanda to detect other parasitic and bacterial infections is not available in the majority of labs within the country. In FY 08, the American Society for Clinical Pathology will continue to support Rwanda by working with the National Reference Laboratory for accreditation, assisting with improvements in Quality Systems and patient monitoring, and in the operational management of the tiered laboratory network. A total of \$200,000 will be available to support these programs by ASCP. To develop infrastructure to support opportunistic infection detection, the American Society for Microbiology will have \$100,000 to develop a program to develop training and laboratory implementation of methods for the detection of bacterial and parasitic infectious diseases.	

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 7586.08

**Prime Partner:** Columbia University Mailman  
School of Public Health

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 16890.08

**Activity System ID:** 16890

**Mechanism:** UTAP Follow-on

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$250,000

**Activity Narrative:** New cooperative agreement (TBD)

In FY 2008, the partner will provide technical assistance and capacity building activities at NRL by supporting technical activities as well as strengthening the institutional infrastructure and management capacity critical to sustain the national network of laboratories for the Rwandan HIV care and treatment program. Direct TA will be provided through long-term advisors and periodic short-term consultants as needed. Two long-term technical advisor positions will be provided in FY 2008. The first will provide support for HIV-related quality laboratory services, including evaluations of new technologies, technician trainings, and guidance on technical and policy issues. The second advisor, a local-hire senior lab technician, will be responsible for development and implementation of national standards, QA systems, and training. These two technical advisors will transfer skills, knowledge and capacity to ensure a sustained impact.

The partner will improve NRL's laboratory management through support of an international-hire management advisor. The laboratory management advisor will help develop management systems for finances, logistics, program data, transport and commodities and will mentor the new NRL Director and Finance position funded under the CDC cooperative agreement.

The partner will support the decentralization of NRL supervision and QA within the national laboratory network. This decentralization will include continued strengthening of the five regional district laboratories. PCR for Early Infant Diagnosis and viral load determination will be supported at NRL and CHUB via equipment maintenance and staff training.

TB services at NRL require strengthening to meet the EP priority of providing reliable AFB microscopy at the health facility level. The partner will support laboratory TA to the NRL and CHUB TB laboratories to ensure high quality smear microscopy, liquid culture and drug sensitivity testing capability. These TB diagnostic and treatment capabilities are essential in order to provide PLHIV adequate access to comprehensive quality TB-related services. These capabilities are also essential for the support of patients with MDR TB. Extrapulmonary TB diagnostics will be available through continued support to CHUB and CHUK anatomopathology laboratories.

ACM (Atelier central de maintenance) and NRL maintenance units for laboratory equipment will be strengthened with training and staffing to guarantee the quality of results within the national laboratory network. Also, small laboratory renovation/rehabilitation will be performed to assure building sustainability inside the national laboratory network.

The partner will strengthen and integrate QA/QC/QI into all HIV-related laboratory areas: serology, chemistry, hematology, CD4, TB, and malaria. New QA/QC approaches will be explored in those HIV specific areas. National specimen transportation systems will be strengthened. Specific laboratory target evaluations on new technical alternatives and new technologies will be supported to improve the accessibility and reliability of care and treatment programs. For example, new alternative technologies will focus on specific HIV areas such as CD4 (dipsticks, micro-chips etc) or TB infant diagnostics. Protocols and/or indicators should be designed to evaluate laboratory performance impacts on care and treatment programs.

The partner will support laboratory staff skills development through local (KHI), regional and international training programs, with an emphasis on integration of all HIV-related laboratory activities and total quality management as part of the laboratory accreditation process.

In collaboration with CDC, the partner will maintain and improve the laboratory information system for NRL and support the LIS extension at district hospitals. The laboratory information system will manage financial record keeping, as well as specimen tracking, inventory control, and programmatic indicators.

All of these activities are consistent with Rwanda's EP five-year strategic goals of strengthening NRL's capacity to manage a national network of laboratories, standardize technical approaches, and support QA of HIV-related services throughout the national laboratory network.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12863, 12869, 12909, 16895

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12909	2847.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$400,000
16895	16895.08	7587	7587.08	Lab Coalition Partners	American Society of Clinical Pathology	\$200,000
12863	4976.08	6318	3497.08	National Reference Laboratory	National Reference Laboratory	\$1,250,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	13	False
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	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7587.08	<b>Mechanism:</b> Lab Coalition Partners
<b>Prime Partner:</b> American Society of Clinical Pathology	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 16895.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 16895	

**Activity Narrative:** Noted April 24, 2008: Support for laboratory activities in Rwanda includes providing technical assistance to the Kigali Health Institute (KHI) to strengthen the infrastructure of the pre-service training programs for laboratory technicians by supporting curriculum development and professional enhancement of current instructors. In addition to strengthening the development of new technicians entering the field, current technicians and laboratories in Rwanda will be strengthened by supporting the National Reference Laboratory (NRL) to develop a comprehensive program for laboratory monitoring (chemistry, hematology and CD4 testing) of HIV/AIDS patients and in the diagnosis of opportunistic infections associated with HIV/AIDS. The detection of tuberculosis and malaria in Rwanda is a critical service for the HIV/AIDS population in Rwanda. The ability of laboratories in Rwanda to detect other parasitic and bacterial infections is not available in the majority of labs within the country. In FY 08, the American Society for Clinical Pathology will continue to support Rwanda by working with the National Reference Laboratory for accreditation, assisting with improvements in Quality Systems and patient monitoring, and in the operational management of the tiered laboratory network. A total of \$200,000 will be available to support these programs by ASCP. To develop infrastructure to support opportunistic infection detection, the American Society for Microbiology will have \$100,000 to develop a program to develop training and laboratory implementation of methods for the detection of bacterial and parasitic infectious diseases.

New cooperative agreement (TBD)

In FY 2008, the EP will continue a partnership with ASCP, building upon FY 2007 activities initiated by CDC and Columbia UTAP in support of KHI. CDC and Columbia renovated and equipped KHI's training laboratory, more than tripling their classroom capacity. ASCP's FY 2007 activities are expected to begin in November 2007. With FY 2007 resources, ASCP will provide TA to KHI to strengthen its laboratory training program. Funding will support laboratory curriculum development, direct support for laboratory training for 75 students, and continued infrastructure strengthening. Training activities will place particular emphasis on HIV/AIDS, tuberculosis, and malaria diagnostics. ASCP will develop a laboratory pre-service internship training activity under which KHI lab students are placed at district hospital laboratories to gain field experience in HIV/AIDS-related lab work. KHI is the sole institution in Rwanda that provides pre-service training for laboratory technicians. As such, KHI is a key institution in Rwanda's efforts to provide quality clinical and laboratory services in support of national-scale HIV care and treatment. FY 2007 funding will be provided to develop a program curriculum for lab technicians for in-service training that will qualify them to move to a higher grade level of competency. This will enable them to move up the laboratory system to be promoted to a higher level laboratory that performs more sophisticated testing. This activity will be continued in FY 2008. These activities address the Rwanda EP five-year strategic goal of building sustainable laboratory human capacity.

In FY 2008, other coalition partners will be funded to support the following activities: provide TA to develop a plan for accreditation of the NRL, work with NRL to improve TB culture, provide TA for TB and malaria QA/QC, standardize in-service training materials, and improve the management of the national tiered laboratory system. Accreditation of NRL will be an important step toward quality improvement of the laboratory system. Staff at NRL provides TA and technology transfer to other tiers of the laboratory system—regional, district and point of care. Once these standards are in place, in-country capacity will be available to assist other laboratories in the accreditation process. The other activities listed above are also part of a national plan for improving overall quality of clinical diagnostic laboratories to support prevention, care, and treatment.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12805, 12863, 12869, 16890, 12909

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12805	2734.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$300,000
16890	16890.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12909	2847.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$400,000
12863	4976.08	6318	3497.08	National Reference Laboratory	National Reference Laboratory	\$1,250,000
12869	8189.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$3,526,448



## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	75	False
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	N/A	True

### HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

**Total Planned Funding for Program Area: \$5,894,412**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

Since FY 2004, the EP has provided support to the GOR (CNLS, RDF, TRAC and MOH) for strategic information activities. This has included updating indicators and reporting requirements, providing IT equipment and internet connectivity, conducting and disseminating ANC surveillance, and supporting the implementation of the unified M&E system for the "Three Ones" to better coordinate the national response. With EP assistance, the country has also built an operational unified M&E framework, successfully rolled out advanced technological systems to support scale-up of HIV care and treatment, and markedly strengthened surveillance capacity.

In spite of considerable achievements, the SI component of the Rwanda EP program suffers from three significant challenges: 1) poor data use at all levels, 2) sub-optimal planning for M&E support, and 3) insufficient staff to EP and GOR activities.

The poor access to, and use of data, have been a challenge. In spite of being at the forefront of deploying advanced technological solutions for data collection and presentation (i.e. TRACnet), Rwanda suffers from a culture where there is a lack of a data sharing and use for planning and decision making at the facility, district and national levels. Within the EP, the lack of an electronic partner reporting system has unnecessarily burdened and reduced the efficiency of the staff, resulting in the majority of time

(60%) devoted to partner reporting, and insufficient time spent on analysis of program data to inform management and planning.

In the past, M&E support to the GOR has been characterized by dispersed, under-funded interventions and variable partner performance. This, combined with low levels of human capacity and high staff turnover in host government institutions, has yielded mixed results in spite of considerable cumulative investments.

EP Rwanda only has three full time staff members on its team, overseeing SI activities of a program in excess of \$100 million. This makes it challenging for the team to shift away from spending significant time managing partner reporting towards analysis of program data and creation of information products.

The overarching SI priorities in FY 2008 to respond to these challenges are to maximize the reach of existing successful interventions, abandon or consolidate low-impact activities, produce analytical data products, and promote actual data use for program improvement.

To aid the GOR and its partners better understand the dynamics of the HIV epidemic in Rwanda, the EP will support data triangulation to identify drivers of the epidemic based on recent surveillance, survey and PLACE data. The EP will also provide Support will for dissemination of data from the 2007 SPA and mini DHS with a focus on data utilization for program improvement.

In surveillance, the EP will support strategic information activities that provide critical information for the overall Rwanda program. This includes continued ANC surveillance at sentinel sites to monitor HIV prevalence, preparation and implementation of the 2008 BSS+, and support to TRAC for ongoing surveillance activities. New activities will include HIV incidence surveillance, integrated disease surveillance within TRACnet, ARV resistance monitoring in two sites and integration of HIV surveillance in PMTCT facilities. Through CDC, the EP will also support training in epidemiology and surveillance, as well as in HIV projection modeling to analyze trends for change in prevalence and linking these to the 2005 RDHS-III and 2005 PLACE study results.

Building sustainable capacity to implement SI activities within national and local agencies, implementing partners, and the USG team remains central to EP support. The Rwanda team will contract through SFR for certain M&E functions and will employ strategic use of TA in order to address the above-mentioned challenges. The proposed HVSI activities will continue to strengthen the collection, analysis, reporting and use of information for decision support, including program management and coordination. The activities will enhance in-country SI capacity in M&E, surveillance, and HMIS and improve the ability to conduct public health evaluations. The EP will also support the CNLS for implementation of the unified M&E system for the "Three Ones" with a focus on coordinated reporting systems and processes.

The EP will also provide M&E capacity building support to CNLS and TRAC for implementation of the "Third One" through training and TA in data quality, data utilization for program improvement and enhanced planning, reporting and sharing of information among all Rwanda stakeholders. The EP will implement specific capacity strengthening interventions for M&E for program managers (national agencies, USG agencies, implementing partners and local organizations) in utilization of data for program improvement and dissemination of best practices. CNLS will receive support to operationalize the National HIV/AIDS M&E System, and effectively implement the district level reporting system. The EP, in collaboration with other partners, will sponsor the organization of an annual HIV/AIDS Research Conference.

To support information and reporting systems, the EP will add an integrated disease surveillance component and an enhanced facility registry to TRACnet, which by the end of 2007 will provide aggregate reporting for all HIV programs (ART, PMTCT, and TC). The facility registry will provide the program with detailed information on the package of support provided all health facilities in Rwanda. From a technological perspective, the system will evolve to include a full "off line" capacity to circumvent challenges created by poor internet infrastructure. TRAC's ICT unit will implement phase one of an electronic medical record system (OpenMRS). Significant assistance will also be provided to build data quality analysis skills at facility and district level through the consolidated M&E support mechanism. The EP will support the HIS unit of the MOH to hire additional staff, integrate the ICD 10 in data collection instruments, and finalize the national data warehouse. Overall, the key foci for HMIS will be the improvement of data quality and coordination, enhanced data utilization, and coordination of reporting systems. Two key SI activities in FY 2008 will be the consolidation and enhanced coordination of TA support to TRAC and CNLS and the development of the Rwanda Partner Reporting System (RPRS) to improve management of EP reporting and utilization of data for program improvement.

EP support will continue to strengthen Rwanda's national system for monitoring and reporting of the HIV/AIDS response, including synthesis and use of clinical and non-clinical data collected by TRAC and CNLS, respectively. The Rwanda SI team works closely with these agencies, which are an integral part of the EP reporting process and reporting to the GFATM and OGAC.

The interagency USG SI team is made up of an SI liaison, HMIS Coordinator, and M&E Coordinator. The team has developed one inter-agency SI strategy including collaboration on surveys, results reporting, and HMIS. This strategy is updated on an annual basis as part of the COP development process.

The SI team uses an evidence-based approach to setting targets and evaluating partner results, in collaboration with TWGs and implementing partners. The SI Liaison and activity managers work with implementing partners to develop detailed work plans with budgets, timelines, and targets based on previous results. On a quarterly basis, implementing partners submit results and the SI Liaison and activity managers hold meetings with partners to provide feedback on performance results relative to work plans and targets, validate and de-duplicate results, and resolve any reporting issues. The USG team also conducts annual portfolio reviews of individual implementing partners to assess performance and progress towards targets. In FY 2008 the USG will also begin collecting detailed costing information from all partners to help inform target setting and budget allocations during the COP development process.

The COP process includes validation of targets at the agency level to document how targets are set and to ensure de-duplication of targets. These targets, which have detailed explanations of calculations, are recorded in a master spreadsheet that includes all program areas. In addition, calculations of both direct and indirect targets for USG and its implementing partners are synchronized with the national HIV targets set by the GOR. During 2008, TA will be provided to all EP program leads and

implementing partners on utilization of data and data quality assurance for program improvement.

The processes outlined above constitute the data quality assurance systems of the Rwanda SI team and follow guidelines developed by the GFTAM and OGAC.

**Program Area Downstream Targets:**

13.1 Number of local organizations provided with technical assistance for strategic information activities	36
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	435

**Custom Targets:**

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7585.08	<b>Mechanism:</b> Prtnr Rprtng System
<b>Prime Partner:</b> Social and Scientific Systems	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 16958.08	<b>Planned Funds:</b> \$200,000

**Activity System ID:** 16958

**Activity Narrative:** The SI team devotes a significant amount of time managing partner reporting and this situation has affected the team's capacity to focus on strategic and analytical issues. One of the key activities proposed for FY 2008 is the design and implementation of a comprehensive electronic performance management, monitoring and reporting system. This was initially planned to start in FY 2007 but the funding was insufficient for full implementation. RPRS will facilitate the capture and analysis of data on prevention, care and treatment. The RPRS, a web-based system, will collect, store, aggregate, and share data between the EP and its implementing partners. It will comply with OGAC reporting requirements, while also supporting the GOR national HIV/AIDS M&E plan and implementation of the Three Ones. The system will interact with TRACNet and the CNLS decentralized reporting systems.

RPRS will produce a variety of standard reports focusing on program-level indicator totals to be sent to the EP and GOR partners for feedback and review. It will also allow for data management and analysis, using statistical and analytical tools including GIS, to produce ad hoc reports as required by the EP and GOR. Additionally, all data reported to COPRS since 2004 will be migrated to the RPRS to allow for multi-year analysis.

Specific tasks for the contractor will include: (1) assessing the implementing partners M&E systems, their capabilities to collect, analyze and report valid, accurate and high quality data related to implementation to improve the system accordingly; (2) collecting and verifying data, analysis and data interpretation, and development and implementation of a data use plan; (3) assisting the SI team to disseminate and use data to inform programming and decision making through production of customized information products; (4) conducting trainings/workshops on data quality improvement and use for EP staff and implementing partners; and (5) providing evaluation assistance including analysis of M&E plans and guidance on key evaluation activities for the EP, and performing additional M&E responsibilities in line with strategic planning and technical implementation of the project work plan.

The RPRS will play a significant role in improving EP data completeness and quality and will also facilitate information sharing amongst EP, GOR, and external stakeholders in order to improve service delivery and the use of data for decision-making.

This activity reflects the ideas presented in the EP five-year HIV/AIDS strategy in Rwanda and the GOR national multi-sectoral strategic plan for HIV/AIDS control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12910, 12899, 16885, 16982, 16984, 17065, 17029, 17031, 17034, 17039

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16885	16885.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16982	16982.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
16984	16984.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17065	17065.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17029	17029.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17031	17031.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17034	17034.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
17039	17039.08	7585	7585.08	Prtnr Rprtng System	Social and Scientific Systems	\$100,000
12899	4972.08	6328	114.08	USAID Rwanda Mission	US Agency for International Development	\$577,500
12910	2848.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$583,900

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	140	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3494.08

**Prime Partner:** Voxiva, Inc.

**Mechanism:** HIV/AIDS Reporting System

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 4987.08

**Planned Funds:** \$1,000,000

**Activity System ID:** 12918

**Activity Narrative:** The overall objective of Voxiva's TRACnet project is to establish a comprehensive information system for the HIV/AIDS program in Rwanda. Since FY 2004, TRACnet evolved from a pilot to a national ART program reporting system. By the end of FY 2007, the system will collect monthly program indicators for ART, PMTCT, and TC via telephone and internet, and has some capacity for lab result collection and drug stock management reporting. As strong as the data collection has been, issues still remain around data quality and use of the data for decision making. There are also relatively few information products being generated with TRACnet data.

In FY 2008, TRACnet will continue collecting data on ART and fully scale up collection of aggregate PMTCT and TC data. Additions to the system in FY 2008 will include disease surveillance and data collection for non-HIV programs such as Malaria and TB. In addition, the HIV registry component will be fully implemented. The HIV registry is a national database that includes basic demographic and clinical data on all PLHIVs. Availability of a functional registry will provide a wealth of information on the epidemic in Rwanda, which will be useful for research and will contribute to strengthening the scientific capacity in Rwanda. Voxiva will also incorporate an enhanced facility mapping tool into TRACnet with detailed service and donor support profiles on every health center in Rwanda. In collaboration with SCMS and building on work conducted in FY 2007, the drug reporting component of TRACnet will be redesigned and redeployed so that core data required for quantifying drug and supply needs can be collected through the system.

To improve data use for decision making, Voxiva will collaborate with TRAC to train site level personnel on data quality analysis techniques and upgrade the system to incorporate additional analytic capacities. Furthermore, Voxiva will create offline capacity for TRACnet so the majority of facilities without internet connection can view and utilize the information in the system. Finally, the contractor will work with the ICT and technical units at TRAC to prepare information products and increasingly hand over management of the TRACnet system.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control by directly supporting the development of a sustainable SI system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7237

**Related Activity:** 12881, 16862, 12910

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21077	4987.21077.09	HHS/Centers for Disease Control & Prevention	Voxiva, Inc.	9204	3494.09	HIV/AIDS Reporting System	\$0
7237	4987.07	HHS/Centers for Disease Control & Prevention	Voxiva, Inc.	4348	3494.07	HIV/AIDS Reporting System	\$850,000
4987	4987.06	HHS/Centers for Disease Control & Prevention	Voxiva	3494	3494.06	HIV/AIDS Reporting System	\$600,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16862	16862.08	6320	4741.08	SCMS	Partnership for Supply Chain Management	\$1,100,000
12881	2739.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$834,040
12910	2848.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$583,900

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	False

## Indirect Targets

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 2848.08

**Activity System ID:** 12910

**Mechanism:** CDC Country Office GHAI/TA

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$583,900

**Activity Narrative:** In FY 2008, CDC will continue support for long term TA provided by a CDC Epidemiologist and an inter-agency HMIS Coordinator while also continuing short term TA in surveillance, HMIS, and M&E.

The epidemiologist on the EP SI Team will serve as the surveillance focal point to providing TA to TRAC and the NRL for their surveillance activities. FY 2008 surveillance activities will include: ANC sentinel surveillance, behavioral surveillance, HIV drug resistance monitoring and HIV incidence testing for surveillance. In addition, the EP will provide support for integration of HIV surveillance in PMTCT. This support will strengthen the national capacity to collect, interpret, and use surveillance data, and complement TRAC's proposed surveillance activities in FY 2008.

During 2008, CDC will also continue to support an EP HMIS Coordinator to coordinate HMIS activities with the GOR, EP agencies, EP partners, and multilateral organizations such as the WHO and UNAIDS. The Coordinator will assist the GOR in strategic planning for information systems in the health sector and will help strengthen GOR capacity in information systems development, implementation, management and data use to collect critical data. The EP HMIS Coordinator will also provide technical support to EP partners to implement the HIV Registry (in collaboration with Voxiva and TRAC), and to scale up the rollout of the electronic TB register that is being adapted from South Africa.

CDC will also provide short term TA to support HMIS activities, including supporting the rollout of the case registry, behavioral surveillance, and EP strategic information activities. These funds will also continue to support one local hire data manager who is seconded to TRAC.

In addition, during FY 2008, Rwanda will serve as a pilot country for M&E capacity building trainings. GOR and EP staff will attend the following trainings: M&E 101 for program managers, economic evaluation, qualitative evaluation, and data utilization. The training activities will contribute to building sustainable M&E capacity in Rwanda, with a focus on data quality and data utilization for program improvement.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control (2005-2009) by directly supporting the development of sustainable strategic information systems for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7264

**Related Activity:** 12810, 16872, 12881, 12918

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21069	2848.21069.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$503,200
7264	2848.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$649,000
2848	2848.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12810	4839.08	6307	129.08	Columbia MCAP Supplement	Columbia University Mailman School of Public Health	\$877,438
16872	16872.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$800,000
12918	4987.08	6335	3494.08	HIV/AIDS Reporting System	Voxiva, Inc.	\$1,000,000
12881	2739.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$834,040

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	False

**Indirect Targets**

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 3461.08

**Prime Partner:** Macro International

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 12301.08

**Activity System ID:** 12845

**Mechanism:** Measure DHS

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$300,000



**Activity Narrative:** The EP, MOH, ONAPO, and NISR have collaborated on DHS and health service provision assessments since 2001.

The MOH and ONAPO conducted the 2001 Rwanda SPA, the first nationwide survey of its kind in Rwanda, with TA from ORC Macro and financial support from USAID. With EP and PMI support, the EP procured TA for the implementation of a follow-up national targeted facility survey through MEASURE/DHS and carried out a range of dissemination and capacity building activities. The survey assessed all district, reference and university hospitals; the NRL; and government and private clinics and health centers. All GIS coordinates for these sites were confirmed during the survey.

In FY 2008, the follow-on partner will complete the publication of final reports, a summary of findings, and conduct dissemination meetings. In addition, the EP will support topic specific and data use seminars targeting policymakers, researchers, program managers, cooperating agencies, and staff from the MOH, TRAC, CNLS, and NISR.

This partner will also complete work on the interim DHS from 2007 and conduct preliminary activities for the 2010 Rwanda Demographic and Health Survey. Preliminary activities will include establishment of the steering and technical committees to meet regularly to determine the main topics for the questionnaires, develop and modify survey instruments and sampling frame, and create the timeline. DHS 2010 will be the second Rwanda DHS conducted with HIV testing. Based on past experience, early planning for the survey is essential to ensure that field data collection is completed by 2010. In FY 2008, the partner will be responsible for securing regulatory approvals from the National Ethics Committee and other review boards so as to ensure that pretest, training, and fieldwork start in time.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National multi-sectoral strategic plan for HIV/AIDS Control (2005-2009) by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12301

**Related Activity:** 12899

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20703	12301.2070 3.09	U.S. Agency for International Development	Macro International	9110	3461.09	Measure DHS	\$100,000
12301	12301.07	U.S. Agency for International Development	Macro International	4337	3461.07	Measure DHS	\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12899	4972.08	6328	114.08	USAID Rwanda Mission	US Agency for International Development	\$577,500

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	7	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	False

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 170.08	<b>Mechanism:</b> HIV/AIDS Performance Based Financing
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 8743.08	<b>Planned Funds:</b> \$298,972
<b>Activity System ID:</b> 12859	

**Activity Narrative:** Performance-based financing (PBF) is an innovative approach to health services financing based on outputs, thereby enhancing quality of services and leading to greater efficiency and sustainability. Output financing involves the purchase of indicators that are linked to performance incentives. These incentives are linked to the quantity and quality of services provided by health facilities and hospitals. The payment scale for HIV/AIDS indicators is commensurate with the scores obtained using the standardized national Quality Supervision tool. PBF provides these financial incentives to motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. The EP, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF of health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance. Consistent with the principles of linking performance to incentives, MSH provided output-based financing to health facilities in six districts through sub-contracts with health centers and district hospitals for HIV/AIDS indicators. The EP adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. In Rwanda, though performance has increased with PBF, TA and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national PBF roll-out. At the health center level, EP partners purchase a quantity of the 14 key HIV/AIDS indicators. Performance on these indicators is measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit. The quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are then merged during the quarterly District PBF Steering Committee meetings and the final payments are approved. MSH/PBF also has sub-contracts at the district hospital level for a slightly different purpose and scope than with health centers. The focus of these contracts with district hospitals is on increasing quality service outputs, quality assurance, self-evaluation, and review by peers similar to an accreditation scheme. There is payment for indicators from the National District Hospital PBF Scheme, which reinforces the supervisory role that hospitals play in district health networks.

In FY 2008, MSH/PBF will continue supporting the MOH PBF department and the national PBF TWG. In addition, MSH/PBF will provide TA to DHTs and implementing partners in 23 EP districts to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF will also provide intensive TA to districts that will introduce PBF in FY 2008. At the district level, MSH/PBF will continue supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with the national family health steering committee during data collection/entry and control of indicators; 2) facilitating the quantity control function by providing TA and paying associated costs; and 3) supporting secretarial functions for the Family Health Unit at the district level. EP support to the district is critical for the proper functioning of the national PBF model. Monthly invoices approved by the health center PBF management committee (COGE) and MSH are then presented to the district steering committee for merging with quality index and final approval before payments are made.

PBF of HIV/AIDS services is a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda EP five-year strategy by increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8743

**Related Activity:** 12854, 12855, 12856, 12857, 12858

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20713	8743.20713.09	U.S. Agency for International Development	Management Sciences for Health	9112	170.09	HIV/AIDS Performance Based Financing	\$0
8743	8743.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$559,680

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12854	2814.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,972
12855	2815.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$418,559
12856	4001.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$179,383
12857	2812.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$298,971
12858	4003.08	6315	170.08	HIV/AIDS Performance Based Financing	Management Sciences for Health	\$1,394,860

## Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	30	False
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	115	False
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	23	False

## Indirect Targets

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 5108.08

**Prime Partner:** Ministry of Health, Rwanda

**Funding Source:** GHCS (State)

**Mechanism:** MoH CoAg

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 9252.08

**Planned Funds:** \$300,000

**Activity System ID:** 12861

**Activity Narrative:** In FY 2007, the first year of direct financial support to the Central Ministry of Health, the EP supported the MOH to develop and implement integrated site and district level HIV data collection systems, as part of routine HMIS data collection. The EP also supported the HMIS unit to publish and disseminate quarterly bulletins on the HIV epidemic in Rwanda.

With EP and PMI support in FY 2008, the MOH will build on these successes by providing one data manager to every health district team to strengthen human capacity and ensure data quality. The EP will continue strengthening the national HMIS to better collect, analyze, and disseminate HIV data. In FY 2008, this activity will continue and extend to the publication of a national health statistics compendium, in collaboration with the NISR.

To improve data quality, the EP will support the MOH to integrate the ICD 10 in all data collection and management tools in Rwanda. The MOH will receive technical and financial support to finalize implementation of a data warehouse that will interlink with other information systems housed at TRAC and the CNLS. EP will further strengthen human capacity at the MOH through supporting short courses in biostatistics, epidemiology, and information management.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control (2005-2009) by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 9252

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20717	9252.20717.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	9113	5108.09	MoH CoAg	\$560,000
9252	9252.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	5108	5108.07	MoH CoAg	\$250,000

**Emphasis Areas**

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* Malaria (PMI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	30	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	False

## Indirect Targets

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 114.08

**Mechanism:** USAID Rwanda Mission

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 4972.08

**Planned Funds:** \$577,500

**Activity System ID:** 12899

**Activity Narrative:** This activity supports all FY 2008 activities. This activity funds two EP staff dedicated to strategic information – an SI Liaison Officer and an FSN M&E Program Manager. The SI Liaison serves as the principal field counterpart to the Core Team SI Advisor and supports all EP implementing agencies.

The SI Liaison facilitates SI Team Coordination by serving as the EP representative to donor coordinating bodies (UNAIDS, WHO, Global Fund, World Bank) to address the SI/M&E component of the Three Ones. This position will also lead the Five Year SI Strategy implementation, while working closely with the EP team to set targets and prepare semi-annual and annual reports.

The M&E Program Manager provides TA to USAID SO Teams on all M&E activities, with a primary focus on EP monitoring and reporting activities. The Program Manager manages the synthesis, analysis and transmission of all EP-funded partner reports, correspondence, and work plans. The Program Manager also contributes to overall strategy development through analysis of partner reports and country data.

In addition to these key SI positions, USAID/Rwanda anticipates continuing financial and technical support to local NGOs and GOR agencies by sponsoring attendance at conferences, workshops and technical meetings on HIV prevention, care, and treatment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7257

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21058	4972.21058.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$577,500
7257	4972.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$525,000
4972	4972.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$509,000

### Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

### Indirect Targets

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 97.08	<b>Mechanism:</b> TRAC Cooperative Agreement
<b>Prime Partner:</b> Treatment and Research AIDS Center	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13

**Activity ID:** 2739.08

**Planned Funds:** \$834,040

**Activity System ID:** 12881

**Activity Narrative:** The EP has made significant investments in surveillance in Rwanda since 2004. TRAC's capacity to carry out surveillance activities has markedly improved over the years. In FY 2008, TRAC will undertake multiple surveillance activities aimed at better understanding the state of the HIV epidemic in Rwanda. TRAC, in collaboration with CDC, will continue sentinel surveillance at 30 antenatal care facilities, train 60 site personnel, and procure tests and other materials. Support will also be provided for the preparation and implementation of the 2008 BSS+, which will focus on high risk groups. Data analysis and results dissemination will take place in 2009. A new activity to be implemented in FY 2008 is ARV resistance surveillance. This will be carried out in collaboration with CDC, WHO and the NRL and will focus on two sites in its initial phase.

Building on activities implemented in previous years, TRAC ICT unit staff will continue to provide on-site IT training to all ART sites, including the use of TRACnet (Rwanda's phone-and web-based reporting system for HIV/AIDS) for reporting of ARV drug and program indicators. Given the plan to extend TRACnet beyond HIV/AIDS, the EP will support an increased number of staff in the TRAC ICT unit to support the roll-out of new TRACnet functionalities and modules, as well as provide assistance to users through a "help desk." These staff will also train facility based personnel in basic IT software packages (word processing and spreadsheet software).

In addition, TRAC will continue its collaboration with CDC and the NRL in the area of HIV incidence surveillance, continuing the BED or other appropriate incidence assay using specimens from FY 2006 and FY 2007 sentinel surveillance. TRAC will also conduct a third threshold survey of ARV drug resistance including analysis and dissemination of results.

In the area of M&E, TRAC will continue to support data analysis and use on clinical care, treatment, and PMTCT services to monitor quality of services. The TRAC M&E unit, with support from the TBD M&E contractor, will conduct data reliability exercises on PMTCT, TC, and ART data. The unit will receive EP assistance to recruit additional staff. Support will also be provided to build DQA capacity at the district level, in collaboration with the MOH. The TRAC M&E unit will continue to maintain the postings and organization of the digital library. The focus of M&E activities in FY 2008 under the TRAC cooperative agreement will be on enhanced data quality, planning, reporting, and utilization of data for program improvement.

This activity reflects the ideas presented in the EP Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7240

**Related Activity:** 12910, 12918, 12876, 12877, 12878, 12879, 12880

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27390	27390.09	U.S. Agency for International Development	Catholic AIDS Action, Namibia	11384	11384.09	Catholic AIDS Action (CAA)	\$367,881
21040	2739.21040.09	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	9194	97.09	TRAC Cooperative Agreement	\$934,040
7240	2739.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$262,700
2739	2739.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$333,822



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12877	2744.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$100,000
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
12879	2741.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$150,000
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
12910	2848.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$583,900
12918	4987.08	6335	3494.08	HIV/AIDS Reporting System	Voxiva, Inc.	\$1,000,000

## Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of district level PBF Management Committee members trained in the verification of HIV/AIDS indicator invoices	N/A	True
Number of health facility level PBF Steering Committee members trained in data collection for HIV/AIDS indicator invoices	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	32	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	390	False

## Indirect Targets

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: \$6,146,334**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

EP health systems strengthening efforts cut across a broad range of issues that directly impact service delivery. These include strengthening national health sector financing, increasing availability of skilled human resources, capacity building for local NGOs, policy development, TA and staff secondment to key GOR institutions, improving management systems for critical health systems such as logistics and information management, and strengthening basic national health functions such as epidemiology. Other key issues include addressing legal issues surrounding GBV, inheritance rights and property rights, and OVC.

In many sectors of Rwandan society, particularly in the health sector, there is an acute shortage of qualified professionals. This shortage was exacerbated by the genocide in the mid-1990s. According to the 2005 RDHS-III, only 1.2% and men and 1.5% women have completed secondary school, which is a requirement for further health-related training. Therefore, since its inception in FY 2004, the EP has invested significantly in at least four distinct strata of capacity building: 1) organizational capacity building for NGOs and governance for central and decentralized GOR structures; 2) development and improvement of overarching health systems; 3) national human resource management; and 4) individual level training, mentoring and capacity building. In coordination with the WB, GFATM and other donors, investment in each of these levels of capacity building has strengthened the GOR's ability to provide quality HIV national prevention, care and treatment services. Given that these four levels of capacity building are interlinked and collectively contribute to a strong health system, the EP has prioritized capacity building as a cross-cutting issue. Many activities listed in other sections of this FY 2008 COP such as support for the NRL, CAMERWA and the NLBS also contribute to the dual objectives of both building the MOH and GOR's capacity of providing HIV services and advancing the sustainability of the EP program.

At the health system level, the EP provides long-term TA to CNLS, TRAC, and PNILT for the development of national policies for HIV care and treatment and to strengthen GOR HIV coordination mechanisms. In FY 2006, CHAMP supported MOH in developing a national community health policy. In 2007 and 2008, CHAMP will continue to develop the financial and managerial capacity of locally-based NGOs. CHAMP is also providing staff support to MIGEPROF to integrate policies that will advance gender equity in HIV services. In FY 2007, the EP continued to support GOR at the systems level through funding for the National Health Accounts, training of public health professionals at the MPH and PhD levels, and legislative drafting to integrate issues around HIV, gender and OVC into current and future legislation. These activities will continue in FY 2008 with the expansion of legal aid to MAARPs and OVC; inclusion of the FELTP and SMDP training programs for health professionals at the district and national levels; and the development of coordination of GBV awareness, reporting, and response.

At the organizational level, the EP has similarly supported capacity building for GOR and other Rwandan NGOs since FY 2004. The strategies used include financial and management assistance, skills building in specific areas of technical expertise, M&E, and commodities and logistics management. The EP has built capacity for HIV and CD4 testing at laboratories and, in FY 2007, expanded beyond the NRL to district level facilities. At the request of the MOH, RPM+ and SCMS supported CAMERWA at the central level and helped to establish a system of district pharmacies to ensure and monitor drug availability and actively distribute commodities to the district level and below. This expansion of capacity building from the national to the district level parallels the GOR decentralization process. In FY 2008, the efforts to continue improvement of the active distribution system and the LMIS will be linked with building CAMERWA's ability to directly procure ARVs and other commodities for the USG. Concomitantly, the EP will continue its support beyond GOR institutions to actively build the capacity of civil society groups to deliver community services. CHAMP, which is funded to undertake the majority of EP community services, will support local NGOs in financial management and M&E through ongoing training and skills building.

At the human resource level, the EP supports pre-service, in-service, and refresher training of health professionals. Since FY 2005, the EP has actively supported pre-service nursing training and the Rwanda HIV/AIDS Public Interest Fellowship to develop a cadre of program managers. In FY 2007, Capacity and Columbia University implemented pre-service nursing and medical school curricula. In FY 2008, ongoing support for students in both MPH and PhD programs will be augmented by training in field epidemiology and sustainable management. Capacity also continues to support a Human Resource Advisor at the MOH to help implement the national HRH policy, database and strategic plan as well as the MOH reorganization.

In FY 2008, many existing implementers will continue their capacity building efforts: Capacity will expand the national curricula to medical schools in collaboration with the GOR. Specialized training in TB/HIV care and treatment will be expanded - an area in which EP system strengthening investments have resulted in better diagnosis of TB among PLHIV and lower mortality rates for all TB patients. Training in infection control and injection safety will also be expanded.

Moreover, the EP will also continue to support at least five pre- and in-service training initiatives given the acute shortage of health care providers and HIV program managers. The EP will complete and implement the nursing and medical school curricula, expand the number of participants in the Public Interest Fellowship program, continue support to a social work certificate program to strengthen the continuum of care for PLHIVs and support health professionals in the FELTP and SMDP programs supported by CDC. In addition, the EP will expand and promote the initiative to use nurses to oversee ART service delivery which will increase service access.

At the individual and community level, the EP uses its community partners to disseminate an integrated health message. In FY 2007, CHAMP trained individuals to link clinical services with community care. In addition, linkages with FP/HIV and other USG health partners will promote a more uniform set of basic services and promote greater integration of health and HIV.

#### **Program Area Downstream Targets:**

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	25
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100
14.3 Number of individuals trained in HIV-related policy development	125

14.4 Number of individuals trained in HIV-related institutional capacity building	944
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	3380
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	3300

**Custom Targets:**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 114.08	<b>Mechanism:</b> USAID Rwanda Mission
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 4973.08	<b>Planned Funds:</b> \$518,000
<b>Activity System ID:</b> 12900	

**Activity Narrative:** USAID/Rwanda has been providing local and international TA to GOR institutions and limited direct grants to local NGOs since FY 2004. In FY 2008, the EP will expand this to further build local capacity. These resources will cover the cost of sponsoring and attending conferences, workshops and technical meetings on HIV prevention, care and treatment. A number of Rwandan NGOs requested financial assistance from USAID in FY 2005-07 for such activities. USAID anticipates continuing this financial and technical support role in FY 2008. USAID will also support direct TA to GOR agencies as needed, in particular CNLS. In addition, the EP will continue to utilize the expertise and resources of the USAID Energy team to help the EP clinical partners to better gauge the energy needs of their facilities. This will help ensure that facility upgrades are able to accommodate all necessary equipment and activities. Assistance will include: further assessment of energy needs at health centers, district hospitals, and pharmacies; energy demand profiles and guidelines for partners; review of the capacity of Rwandan companies to maintain renewable and hybrid energy systems; train EP partners and health care staff on renewable energy systems; and recommend methods for partners to self-finance replacement parts to ensure sustainability of the energy systems. The direct output is TA to five institutions that are directly providing HIV care and treatment. This activity advances the ideas presented in the Rwanda EP five-year strategy and supports the GOR's national strategy of organizational capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7258

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21059	4973.21059.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$561,578
7258	4973.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$200,000
4973	4973.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$140,000

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3451.08	<b>Mechanism:</b> Transport Corridor Initiative
<b>Prime Partner:</b> Family Health International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 8744.08	<b>Planned Funds:</b> \$450,000
<b>Activity System ID:</b> 12836	

**Activity Narrative:** This is a continuing activity from FY 2007.

The overall goal of the FHI/ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk mobile populations: drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities with regionally coordinated SafeTStop messages. ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo on the Tanzania border, Bugarama on the Rwanda/Burundi/DRC border, and Gisenyi on the DRC border).

SafeTStop health services include HIV prevention messages, TC services, counseling and support for PLHIV, and treatment referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through the LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans and low-income women. Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans; 2) provide source financing through development banks; and 3) provide free expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only create jobs for the most vulnerable people in a community, but the companies themselves fight HIV/AIDS through their own corporate responsibility platforms. Funding for this partnership is also included in the HVAB, HVOP, and HVCT sections of the COP.

In FY 2007, ROADS continued to provide technical support to a variety of cluster models (low income women, fishermen, truckers, youth), building their capacity to institute and manage HIV prevention and care activities in their communities. This includes capacity development administration of sub-agreements and community mobilization and advocacy. The ROADS project is instrumental in providing technical guidance around HIV in the transport sector, and has worked with TRAC and other GOR institutions to incorporate alcohol and GBV issues into the national TC policy. ROADS worked with community leaders to strengthen their role in the communities, as well as provided technical support to CBOs and FBOs to improve their reporting and M&E systems.

As ROADS expands in FY 2008, the project will continue to increase the capacity of cluster groups to implement HIV prevention and care activities as well as to strengthen their ability to function as an organization. FHI/ROADS will conduct a program evaluation to measure the impact of the ROADS project to date. This evaluation will help determine three key issues: 1) the impact of the cluster model on target coverage and CBO capacity building; 2) the impact of Lifeworks on HIV prevention and care; and 3) the change in psychosocial factors and behaviors among the target populations.

This activity addresses the key legislative issues of gender, violence, stigma reduction, and wraparound with microfinance/microcredit activities. The ROADS project reflects the ideas presented in the Rwanda EP five-year strategy and the National Prevention Plan by focusing prevention, care and treatment efforts on high-risk, mobile populations.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8744

**Related Activity:** 12831, 12832, 12833, 12834, 12835

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21005	8744.21005.09	U.S. Agency for International Development	Family Health International	9183	3451.09	Transport Corridor Initiative	\$0
8744	8744.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$25,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12831	4776.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$757,000
12832	4777.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$275,000
12833	8142.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$250,000
12834	8727.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$150,000
12835	4778.08	6310	3451.08	Transport Corridor Initiative	Family Health International	\$300,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	60	False
14.3 Number of individuals trained in HIV-related policy development	50	False
14.4 Number of individuals trained in HIV-related institutional capacity building	200	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Women

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

### Other

Business Community

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Gicumbi

Rusizi

Gasabo

Kicukiro

Kirehe

Rubavu

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 107.08

**Prime Partner:** IntraHealth International, Inc

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 2776.08

**Activity System ID:** 12842

**Mechanism:** Capacity

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$275,000



**Activity Narrative:** In support of the 2005-2009 HRH National Strategic Plan, the EP will continue providing human resource expertise to the MOH through IHI/Capacity to strengthen the management of the national health workforce. This support emphasizes staff retention, performance, and promotion of professional expertise among medical and nursing staff providing HIV/AIDS care.

In FY 2008, IHI/Capacity will continue supporting the MOH to develop clearly defined job descriptions for all employee categories and expand the personnel management system to help create effective supervision, feedback and goal setting in accordance with existing civil service procedures. IHI/Capacity will continue to support the utilization of a web-based human resources information system that tracks medical and nursing continuing education, particularly HIV/AIDS training, as well as basic employee information including performance evaluations and employment history. The web-based software is connected to central and district offices and hospitals that have internet connectivity. This allows central and district health planners to evaluate current and future HR needs by cadre; compare the needs to currently available and projected human resources; and test various interventions to find the best way to supply needed health care workers.

IHI/Capacity will also continue supporting a team of three Rwandan HR specialists (HR advisor, IT database administrator, personnel specialist) to provide workforce planning and personnel management TA and capacity building to the MOH. The seconded IHI/Capacity HR advisors are instrumental in the implementation of the 2005-2009 HRH Strategic Plan. The HR Advisors research employee retention, participate in donor HRH studies and conduct focus group research to document retention issues, particularly within rural health centers where retention problems are the greatest. IHI/Capacity will also continue to provide TA in long-term workforce forecasting and planning for the MOH. These activities will be coordinated through the Health Cluster and the Human Resources TWG led by the Permanent Secretary of the MOH. While other donors in the Health Cluster are contributing to a basket fund to address HR issues, the EP is providing targeted support through IHI/Capacity and PBF strategies to augment low salaries of health workers based on performance standards and outputs.

The direct outputs of this activity are to build the organizational capacity of the MOH and the human resource capacity of 30 individuals. These activities reflect the ideas presented in the Rwanda EP five-year strategy and support the GOR national strategy of human resources and organizational capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7204

**Related Activity:** 17075, 12841

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21010	2776.21010.09	U.S. Agency for International Development	IntraHealth International, Inc	9185	107.09	Capacity	\$0
7204	2776.07	U.S. Agency for International Development	IntraHealth International, Inc	4334	107.07	Capacity	\$275,000
2776	2776.06	U.S. Agency for International Development	IntraHealth International, Inc	2559	107.06	Capacity	\$200,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12841	2777.08	6311	107.08	Capacity	IntraHealth International, Inc	\$900,000
17075	17075.08	7637	7637.08	Colorado Health	University of Colorado	\$200,000

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

**Indirect Targets**

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 169.08	<b>Mechanism:</b> CHAMP
<b>Prime Partner:</b> Community Habitat Finance International	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 5183.08	<b>Planned Funds:</b> \$550,000
<b>Activity System ID:</b> 12821	

**Activity Narrative:** CHAMP, through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV/AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this 4-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

CHAMP is providing financial and technical support to 12 Rwandan C/FBOs to reach over 39,000 OVC and 22,000 PLHIV with various support services. In addition, these partners are delivering prevention messages to 13,000 individuals and are training over 2,000 volunteers in the promotion of abstinence, fidelity, condom use, TC, PMTCT, and a menu of services for OVC and PLHIV. Of these organizations, three are considered "umbrella" organizations that collectively support over 1,000 community associations representing women, PLHIV and the religious community. CHAMP works with these local organizations to build their capacity to manage programs, finances, and human resources with the goal of directly receiving donor funding in the future. All partners receive a series of required trainings which include organizational governance, strategic planning, grant management, fundraising, project design, human resources management, and financial management. In addition, CHAMP conducts a brief assessment of each organization's management capacities, including financial, human resources, strategic planning, M&E, QA, fundraising, and develops individual capacity building plans to address issues not already covered in the required trainings.

In addition to organizational capacity building, CHAMP provides TA to these sub-grantees and their members to provide comprehensive quality services, especially for OVC and PLHIV as well as their families and caregivers. This TA includes trainings in prevention, BCC, IGA, palliative care, involvement of PLHIV, and community mobilization.

In FY 2008 CHAMP will develop an exit strategy and plan the smooth transition of these Rwandan partner organizations to the new community services project, with the goal that some may be eligible to become prime partners.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7189

**Related Activity:** 16960, 16829, 16961, 12813, 12814, 12815, 12816, 12818, 12819

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20991	5183.20991.09	U.S. Agency for International Development	Community Habitat Finance International	9181	169.09	CHAMP	\$0
7189	5183.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$500,000
5183	5183.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$160,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12813	2805.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000
12814	2807.08	6308	169.08	CHAMP	Community Habitat Finance International	\$360,000
12815	2808.08	6308	169.08	CHAMP	Community Habitat Finance International	\$350,000
12816	2811.08	6308	169.08	CHAMP	Community Habitat Finance International	\$2,550,000
12818	2810.08	6308	169.08	CHAMP	Community Habitat Finance International	\$8,850,000
12819	2806.08	6308	169.08	CHAMP	Community Habitat Finance International	\$100,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	3,000	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	3,000	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 4713.08

**Prime Partner:** Associates in Rural Development

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 8181.08

**Activity System ID:** 12786

**Mechanism:** Land

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$200,000

**Activity Narrative:** Women's land rights are of special concern in Rwanda where most agricultural activities, including both cultivation and marketing, are conducted by women and where 33.9% of households are female-headed (2005 RDHS-III). Women's rights to land are precarious and complicated by such customary practices as land management and ownership, the predominance of informal marriages or consensual unions, and polygamy. Despite a relatively progressive inheritance law, patrilineal inheritance patterns continue in Rwanda. These practices, in conjunction with the acute land shortage, translate to fewer land parcels passing to women. Women who do have access to land through their household sometimes lose their access to that land in the event of the breakdown of the household (by way of widowhood, abuse, abandonment, banishment, and polygamy). When women lose their access and rights to land, these women frequently are forced to turn to higher-risk behaviors that may increase the incidence of HIV/AIDS. According to the 2005 RDHS-III, 33.2% of widowed women reported being dispossessed of property.

Rwanda's 2003 Constitution, recent Land Policy, 2005 Organic Land Law, and Inheritance Law all promote and establish land-related legal rights for women and prohibit gender discrimination. However, the difficulties and challenges inherent in clarifying and implementing any law, along with the cultural and informal realities that govern gender relations in Rwanda, make it a challenge to achieve the goals set out in the Constitution and underlying laws.

The EP will provide support to this USAID-funded land reform activity to include a short-term technical specialist on gender and land to incorporate gender-specific provisions within the new land laws, decrees, and regulations. That person will also help to amend existing laws to: reflect and attempt to accommodate the slowly changing reality of customary and informal practices; improve the likelihood that women can retain land when household events occur (such as HIV-infection or death due to AIDS) that might otherwise divest them of their land; provide for more universal land titling to women, including those living in informal consensual unions; and better provide for women to obtain land by way of market transactions. Taken together, this assistance will improve women's ability to access and retain needed productive land resources and viable sources of livelihoods, and to lower the need to engage in high-risk behavior as a survival strategy. One significant outcome should be the prevention of high-risk behavior and, by extension, it should reduce the incidence of HIV infection among Rwandans.

The direct output of this activity is to facilitate the passage of legislation that would advance gender equity for PLHIV.

This activity addresses the key legislative issue of gender. This activity advances the Rwanda EP five-year strategy by improving the quality of life for all PLHIV, especially HIV+ women.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8181

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8181	8181.07	U.S. Agency for International Development	Associates in Rural Development	4713	4713.07	Land	\$200,000

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	16	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12	False
14.3 Number of individuals trained in HIV-related policy development	60	False
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

## Indirect Targets

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 6140.08

**Mechanism:** Land - Leg

**Prime Partner:** ARD, Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 12302.08

**Planned Funds:** \$300,000

**Activity System ID:** 12767

**Activity Narrative:** This activity will promote a conducive policy and legislative environment to ensure maximum impact of HIV programs in Rwanda. Some of the policy and legislative challenges facing the Rwandan parliament and Ministry of Justice include: incorporation of gender and GBV considerations, land tenure and inheritance rights for people living with HIV – particularly women; issues around stigma and discrimination for those living with HIV; and regulations surrounding testing, integration of HIV education in school curricula. This activity will support several TDYs who will provide expertise in legislative drafting. These experts will initially review all pertinent legislation currently “on the books” in Rwanda will identify an inventory of problems and legislative gaps or out of date regulations, which will need to be addressed. Secondly, the consultants will work with the parliament and the MOJ to train local staff on good drafting principles, incorporation of gender and HIV principles into legislation as a routine consideration, and develop an agenda for HIV-specific legislation over the next year.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12302

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20958	12302.20958.09	U.S. Agency for International Development	ARD, Inc.	9172	6140.09	Land - Leg	\$200,000
12302	12302.07	U.S. Agency for International Development	Associates in Rural Development	6140	6140.07	Leg (formerly TBD)	\$400,000

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08 **Mechanism:** CDC Country Office GHAI/TA

**Prime Partner:** US Centers for Disease Control and Prevention **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:** 16764.08 **Planned Funds:** \$300,000

**Activity System ID:** 16764

**Activity Narrative:** With these funds CDC/Rwanda will recruit a senior level position to facilitate and advocate policy changes needed to better implement EP in Rwanda. In addition, 25% of this person's time will be devoted to planning and follow-up of activities aimed at building capacity of systems and structures that contribute to planning, implementation, and monitoring of HIV/AIDS program in Rwanda. CDC/Rwanda staffing structure reflects program needs in line with "staffing for results."

During the past year, the EP team has lacked expertise in systems strengthening and policy. The new position will initiate policy dialogue with MOH, CNLS, and other ministries involved in EP implementation. For example, advocacy has been initiated to adapt the HIV testing policy to include whole blood draw by finger prick, HIV testing for minor children without adult guardian, and PITC. In many cases, policy advocacy has failed due to the lack of a dedicated staff member who can focus on engaging decision makers in ongoing discussions and support these advocacy efforts with data from Rwanda and elsewhere. This new staff member will review existing policies, identify program areas where policy changes are needed, collect data with the help of technical staff, rally interested parties, and initiate and follow-up the processes that guarantee the successful policy change in these areas. This person will report regularly to the EP team on the state of the policy changes, communicate new and updated policies to EP implementing partners, and also follow up on their implementation.

The second objective of this long term technical assistance is to plan and follow-up all EP system strengthening activities including infrastructure, training, and staffing at health facilities. The EP in Rwanda has invested significantly in interventions that support Rwandan institutions, as well as systems that benefit HIV programs, including attendant issues such as education, governance, and economic security. There is a need to assess this support and continue interventions that have proven to effectively build the capacity of the overall health system. This staff member will oversee strategic planning of system strengthening activities during COP development, follow-up their implementation and help document the impact of the support on the broader health system. This activity contributes to the implementation of EP activities and the sustainability of health systems in Rwanda.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 12876, 12763, 12877, 12878, 12804, 17074, 12880, 12841, 16890, 12863, 12861, 12881, 12842, 16964, 17054, 12821, 12786

**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
12876	2743.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$300,000
12877	2744.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$100,000
12878	12595.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$120,000
12880	2745.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$350,000
12841	2777.08	6311	107.08	Capacity	IntraHealth International, Inc	\$900,000
12804	2736.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
16890	16890.08	7586	7586.08	UTAP Follow-on	Columbia University Mailman School of Public Health	\$250,000
12863	4976.08	6318	3497.08	National Reference Laboratory	National Reference Laboratory	\$1,250,000
12861	9252.08	6316	5108.08	MoH CoAg	Ministry of Health, Rwanda	\$300,000
12881	2739.08	6323	97.08	TRAC Cooperative Agreement	Treatment and Research AIDS Center	\$834,040
16964	16964.08	7623	7623.08	DCA	US Agency for International Development	\$50,000
12842	2776.08	6311	107.08	Capacity	IntraHealth International, Inc	\$275,000
17054	17054.08	7620	7620.08	Legal Aid	Avocats Sans Frontieres	\$100,000
12786	8181.08	6299	4713.08	Land	Associates in Rural Development	\$200,000
12821	5183.08	6308	169.08	CHAMP	Community Habitat Finance International	\$550,000

**Emphasis Areas**

Local Organization Capacity Building

**Food Support****Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 8696.08

**Mechanism:** N/A

**Prime Partner:** Tulane University

**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:** 19483.08

**Planned Funds:** \$120,000

**Activity System ID:** 19483

**Activity Narrative:** This activity will establish a program for training at least one district health services manager in each of the 23 districts in which the EP works over time. In the first year, the program would aim to teams of five individuals in approximately five districts. This will be accomplished in partnership with the MOH through the Sustainable Management Development Program (SMDP). SMDP's objective is entirely consistent with the EP goal of strengthening human capacity in a sustainable way.

The basic model for SMDP that will be followed in Rwanda is: 1) to undertake an in- country assessment with relevant EP and host country officials of how a program can be designed to meet the identified needs; 2) to design a program that both trains officials and allows them to apply that training toward EP objectives; 3) to identify key in-country officials who will come to the United States for the annual six week Management International Health (MIPH) course held each year in Atlanta. The MIPH course designed for future trainers is intended for public health professionals from developing countries who have support to conduct management capacity building in their own countries; 4) to undertake highly tailored, applied management training projects in which trainers apply their training to their own work and together with technical assistance from the Division of Epidemiology and Surveillance Capacity Development (DESCD) to train other foreign nationals in applying management and leadership skills to their ongoing responsibilities. This typically consists of two to three weeks in the classroom followed by supervised applied learning projects, which are typically undertaken over six to nine months.

This reprogramming will fund: three participants for the MIPH course; the costs associated with curriculum development and the implementation of Rwanda's in-country management training course; and the cost of project supervisory visits conducted by the management course trainers.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8810.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Tulane University	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 19484.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 19484	
<b>Activity Narrative:</b> Executive MPH Program: Ten MPH candidates are mid-way through their two-year program at the NURSPH as of January 2008. The anticipated program completion date for this MPH cohort is December 2008. Without increased funding, 10 MPH candidates will not complete their degree program and previous cohorts will not receive the supplementary support provided by Tulane faculty to complete their theses, a requirement for the award of an MPH.  Certificate Training Program in HIV: Twenty health professionals from key MOH entities, NGOs, and FBOs receive intensive training in the use of SI for improved programming. Anticipated program completion date for this cohort is September 2008. Without increased funding, 20 participants will not receive the only graduate-level equivalent training currently provided in-country and previous cohorts will not receive the supplementary support provided by Tulane faculty to complete their research projects, a requirement for the award of a certificate.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7623.08	<b>Mechanism:</b> DCA
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 16964.08	<b>Planned Funds:</b> \$50,000
<b>Activity System ID:</b> 16964	

**Activity Narrative:** USAID's Development Credit Authority (DCA) can help establish partial credit guarantees with local lending institutions to provide credit to populations not normally receiving credit, such as associations of community health workers or PLHIV.

Recognizing that poverty is a major factor in the spread and management of HIV, the EP has supported a number of interventions – IGA, microfinance, financial and management capacity strengthening for local organizations – to address this issue among PLHIV, OVC and their families. In FY 2008, EP will support three activities to address this need: 1) conduct an assessment of IGAs; 2) award a follow-on community services project with a component for income generation; and, 3) develop loan guarantee through the DCA.

The EP, together with the USAID/Rwanda Economic Growth team and the EGAT Bureau, will conduct an assessment of all IGAs supported since the beginning of the program. This assessment will inform the income-generation component of the follow-on activity, which will provide community-based support for PLHIV, OVC, their families and caregivers to be designed in FY 2008. This new awardee will be responsible for working with groups identified to benefit from the DCA loan guarantees (to be determined based on DCA initial assessments) to ensure they have the appropriate business development, management and financial skills to receive and successfully use credit. In addition, the awardee will monitor the impact of the loan guarantees on health outcomes such as adherence to ART. The DCA will work with local lending institutions and the community-services follow-on provider to establish to loan guarantee and provide any TA needed to ensure its ongoing success. The EP will learn from the successful DCA with the agribusiness sector that has been put in place by the USAID/Rwanda Economic growth team and expects to make up to \$4 million available through this activity.

This activity advances the EP 5-year strategy for sustainability.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16960, 16829, 16961, 16963, 16962

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16963	16963.08	7623	7623.08	DCA	US Agency for International Development	\$150,000
16962	16962.08	7623	7623.08	DCA	US Agency for International Development	\$200,000

**Emphasis Areas**

Local Organization Capacity Building

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Target Populations

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 7584.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 16883.08

**Activity System ID:** 16883

**Mechanism:** SPS

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$500,000

**Activity Narrative:** In FY 2007, the EP scaled up its technical and management support to the NDA. RPM-Plus helped develop an implementation plan that defined the roles and responsibilities of a pharmaceutical regulatory authority. RPM-Plus also supported a strategic plan that established a drug registration system; created national QA in drug testing, inspection, and monitoring; and supported policies and procedures for drug regulation. The EP built the capacity of pharmacists by providing materials, training pharmacists, and supporting the University of Butare's School of Pharmacy to integrate HIV/AIDS pharmaceutical management into its pre-service curriculum. Additionally, RPM-Plus developed a fee structure for commercial registration of drugs, including pricing policy and plans for financial audits. Strengthening Pharmaceutical Systems (SPS) is the RPM-Plus follow-on in FY 2008. SPS will continue to support the NDA in FY 2008 primarily in drug registration, testing QA, inspection and monitoring, and policies for drug regulation. SPS will also provide support in developing pricing policies and procedures for health providers.

In addition to the NDA support in FY 2007, RPM-Plus also provided managerial and technical assistance to the Pharmaceutical Task Force (PTF). RPM-Plus ensured that the PTF met the requirements to decentralize pharmaceutical management to districts and provided TA to establish and make the national drug registration system operational. SPS will continue these activities in FY 2008, as well as assist PTF in the development and implementation of the National Pharmaceutical Pricing Policy. Furthermore, the EP will support the strengthening of systems and institutional capacity of the PTF to ensure effective decentralization and integration of pharmaceutical functions and activities.

In FY 2007, RPM-Plus began to promote rational drug use in the public and private sector. In collaboration with the Rwanda Medical Board and PTF, RPM-Plus consolidated Drugs and Therapeutics Committees (DTC) activities in eight hospitals and expanded to 10 others. In FY 2008, SPS will expand DTC activities to 22 new hospitals. In FY 2008, the EP will also continue to build and strengthen systems and institutional capacity of the PTF and ARPHA to reinforce the implementation of the national pharmaceutical policy and organize forums on rational drug use in the private sector. SPS will also build the capacity of RAMA in pharmaceutical management, rational drug use and implementation of national pharmaceutical policy. In collaboration with the National University of Rwanda (NUR), SPS will facilitate the integration of the pharmaceutical management in the academic curriculum and assist NUR in operational research on rational drug use.

This activity reflects the Rwanda EP five-year strategy and supports the GOR's national strategy of human resources and organizational capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	5	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	False
14.3 Number of individuals trained in HIV-related policy development	15	False
14.4 Number of individuals trained in HIV-related institutional capacity building	45	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Mechanism:** CDC Country Office GHAI/TA

**Prime Partner:** US Centers for Disease Control and Prevention

**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:** 16875.08

**Planned Funds:** \$145,000

**Activity System ID:** 16875

**Activity Narrative:** This activity will establish a program for training at least one district health services manager in each of the 23 districts in which the EP works over time. In the first year, the program would aim to teams of two to four individuals in approximately six to eight districts. This will be accomplished in partnership with the MOH through the Sustainable Management Development Program (SMDP). SMDP's objective is entirely consistent with the EP goal of strengthening human capacity in a sustainable way. Established in 1992, the program has worked successfully in more than 63 countries to develop highly trained health professionals with appropriate and tailored leadership and management expertise. Further, it has worked closely with the EP to tailor programs to meet the needs of countries receiving EP funds.

The basic model for SMDP that will be followed in Rwanda is: 1) to undertake an in- country assessment with relevant EP and host country officials of how a program can be designed to meet the identified needs; 2) to design a program that both trains officials and allows them to apply that training toward EP objectives; 3) to identify key in-country officials who will come to the United States for the annual six week Management International Health (MIPH) course held each year in Atlanta. The MIPH course designed for future trainers is intended for public health professionals from developing countries who have support to conduct management capacity building in their own countries; 4) to undertake highly tailored, applied management training projects in which trainers apply their training to their own work and together with technical assistance from the Division of Epidemiology and Surveillance Capacity Development (DESCD) to train other foreign nationals in applying management and leadership skills to their ongoing responsibilities. This typically consists of two to three weeks in the classroom followed by supervised applied learning projects, which are typically undertaken over six to nine months.

Six factors together justify a compelling need for properly trained health system managers with leadership skills, as Rwanda implements the EP. First, the dramatic scale-up of the program has created an acute need for managers who can accountably oversee large sums of money spread over multiple program areas. Second, inputs from GF and other donors require sophisticated managers who can wisely integrate and account for multiple sources of funding. Third, the GOR's decision to decentralize dramatically health service implementation and to empower district level managers has highlighted the need for every district to have a cadre of properly trained health managers. Fourth, district managers have responsibility for assuring performance in some of the most managerially challenging aspects of this complex program including: assuring linkages between community and clinical partners; assuring equity of service delivery and quality; and integrating national and EP information systems and targets. Fifth, the national decision to deploy complex financing schemes at the district level such as Performance Based Financing mutuelles also funded in the EP for selected populations, require sophisticated managers with an understanding of health finance. Finally, despite these demands, as Rwanda rebuilds its educational system it is suffering from a dire shortage of properly trained health managers, particularly at the district level.

The goal of this program is to train managers at the district level to successfully manage the responsibilities associated with the EP funded sites in their catchment areas. The funds provided in COP 2008 will fund approximately six individuals for the MIPH course.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

#### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

#### Food Support

#### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	23	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Prime Partner:** US Centers for Disease Control and Prevention

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 16877.08

**Activity System ID:** 16877

**Mechanism:** CDC Country Office GHAI/TA

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$300,000

**Activity Narrative:** Rwanda is in dire need of properly trained epidemiologists and laboratorians as it seeks to modernize its public health system. There is a chronic shortage of Rwandans in these fields that are so critical to the EP and the broader health sector. This activity will begin establishment of a formal Field Epidemiology and Laboratory Training Program (FELTP) in Rwanda to develop highly trained epidemiologists and laboratory management personnel for the Rwandan health ministry. The goal of this program is to provide competency-based in-service training with a primary focus on EP related activities. The program participants will be integrated within the departments of the MOH and will perform epidemiologic studies, surveillance development, analysis, evaluation activities, laboratory management improvement projects, and other public health service activities such as program management activities and outbreak investigations. This project will enhance the public health system within which HIV/AIDS surveillance, activities and programs are occurring in Rwanda.

This training program will be coordinated with CDC's DESCD and a university system. However, it will rely on a field orientation that provides practical experience as well as service to the MOH and implementation of the EP. The formal program occurs over a two-year period and culminates in the granting of a master's degree. It will be designed to produce leaders who can craft and develop programs and systems that incorporate the strategic information focus of the EP and a broader vision of the complete public health system.

The curriculum for the program, pending approval by the university body granting the degree, will train participants in a series of 5-6 courses over the two year period. This will incorporate didactic training evaluated through a traditional examination process and field-based activities including specific investigations, evaluations, and research as a part of a thesis project. Specific coursework will include Advanced Analytic Epidemiology, Public Health Program Management, Laboratory Management (for lab trainees only), communications in a program that provides a unique field-based component, and use of strategic information for decision making in public health programs.

In FY 2008, an initial in-country assessment will be undertaken. This will result in the development of a workplan, curriculum, a short course on applied epidemiology, and a supervisor's short course. The program will rely to the extent possible on the African Field Epidemiology Network for both technical expertise and cost-savings.

The FELTP program has a history and record of supporting the EP goal to build sustainable capacity in critical areas. FELTP programs currently exist in more than 40 countries, including many EP countries. More than 92 percent of graduates remain in service to the host government and 70 percent of programs have been sustained for more than 10 years. The majority of programs originally created with CDC support continue without assistance from CDC. Adapted from CDC's Epidemiology Intelligence Service, the program mixes classroom and applied work to produce world class public health leaders.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	7	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7539.08

**Mechanism:** GHFP

**Prime Partner:** Public Health Institute

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 17120.08

**Planned Funds:** \$43,578

**Activity System ID:** 17120

**Activity Narrative:** Noted April 24, 2008: Budget cut to fund required M&S adjustment, and to partially fund position to be filled through another mechanism.

USAID/Rwanda has three continuing staff engaged through the Global Health Fellows Program, and will add fourth position in FY 2008. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. Continuing Fellows are an HIV/AIDS Prevention Advisor, a Logistics Advisor and a Senior Technical Advisor in the Program Office. For FY 2008, EP proposes to add a GFATM/Donor Coordination Advisor to be located in the GFATM office.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7642.08

**Mechanism:** Capacity Building FOA

**Prime Partner:** Tulane University

**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:** 17086.08

**Planned Funds:** \$1,035,000

**Activity System ID:** 17086

**Activity Narrative:** Noted April 24, 2008: This FOA is designed to be a follow-on to existing activities, including Tulane's support to the School of Public Health. After further analysis, it was determined that additional funding was needed in the old Tulane mechanism in order to allow for a smooth closeout of existing activities and transfer to this new mechanism. The money reprogrammed to the old Tulane mechanism will allow for 10 candidates in the Executive MPH Program to complete their degree program and will give previous cohorts the supplementary support provided by Tulane faculty to complete their thesis requirements. Additionally, it will allow 20 participants in the Certificate Training Program in HIV to continue to receive the only graduate-level equivalent training currently provided in-country and it will provide previous cohorts with the supplementary support provided by Tulane faculty to complete their research project requirements.

Capacity building is a cornerstone of the EP strategic plan for a sustainable response to the HIV/AIDS epidemic in Rwanda. The EP has supported the National University of Rwanda (NUR) to establish a Rwandan HIV Public Interest Fellowship (RHPIF) program, an executive MPH program, an SI certificate program, and a Social Work certificate program through Tulane University's bilateral cooperative agreement with USAID and CDC's UTAP mechanism. Additionally, the IHI/Capacity project and Columbia University have provided support for additional capacity building through improvement of nursing education and human resources management.

In FY 2008, the EP will issue an FOA to harmonize its support to GOR institutions for capacity building in the areas of public health, social work, nursing and midwifery, medical education, and human resource management. The awardee will be asked to work with selected Rwandan educational institutions in four areas for the first year, with the goal to strengthen both organizational and human resource capacity in Rwanda and to ensure that programs at participating Rwandan institutions become self-sustaining.

The first area of work will be conducted in collaboration with the NUR/SPH to continue the RHPIF program. This program is a two-year fellowship that provides training, mentoring, and on-the-job experience with local public or not-for-profit agencies for at least 18 individuals annually. The organization will specifically help the NUR/SPH provide professional development support and leadership to fellows, increase the geographic distribution of fellows to agencies outside Kigali, sensitize public and not-for-profit sectors about the contributions of public interest fellows, strengthen mentoring skills of supervisors to ensure an adequate educational experience, manage program costs, such as stipends, and develop a marketing program for the RHPIF to increase the number of participating host-agencies and funding agencies. The selected organization will also be expected to work with the NUR/SPH to convert the fellowship program into a university-recognized and accredited certificate program.

The second component will be to work with the NUR/SPH for continuation of the SI and Social Work certificate training programs. Support for these certificate programs will focus on improving pedagogic techniques, using appropriate teaching technology, and building participants' skills that relate to HIV/AIDS programming, planning, and service integration and provision. Graduate-level credit will be awarded to allow interested participants to pursue further studies and complete an MPH, if so desired.

The third aspect of work will be to provide continued support to the NUR/SPH Executive MPH Program and support the completion of doctoral work of selected faculty members. The 2-year Executive MPH Program targets GOR staff and individuals who are actively involved in EP-supported HIV program implementation. The program provides intensive, graduate-level training that emphasizes applied skills through a combination of classroom and field assignments, focusing on strategic, data-driven, decision making. In addition to support for the MPH program overall, EP resources will directly support 10 MPH students and five faculty members to complete their graduate and doctoral studies.

The fourth component will be to support pre-service medical education. The selected organization will be asked to initiate support for undergraduate medical training and collaborate closely with the University of Colorado in supporting post-graduate medical training. The immediate goal for FY 2008 is to assess and devise a plan to strengthen the Rwandan medical education system. This includes developing/upgrading the HIV/AIDS curricula in targeted departments within the Faculty of Medicine, filling faculty gaps, procuring training equipment and covering some operational costs shared with the MOH and other donors. The partner will also develop clinical practicum and study tour to link pre-service and in-service training.

The awardee will work closely with CDC to link the support to the NUR/SPH with the SDMP and the FELTP. Similarly, the awardee will work closely with the IHI/Capacity project to ensure training programs support workforce planning and personnel management efforts, as well as transitioning support for nursing education.

The aims of this activity are to strengthen institutions developing the workforce and to directly support the education of individuals in the health care sector. These activities reflect the ideas presented in the Rwanda EP five-year strategy and support the GOR's national strategy of human resources and organizational capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17085, 17088, 16764, 16877,  
16875

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17088	17088.08	7642	7642.08	Capacity Building FOA	Tulane University	\$400,000
16875	16875.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$145,000
16877	16877.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$300,000
16764	16764.08	6330	1527.08	CDC Country Office GHAI/TA	US Centers for Disease Control and Prevention	\$300,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7620.08

**Prime Partner:** Avocats Sans Frontieres

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Mechanism:** Legal Aid

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Activity ID:** 17054.08

**Planned Funds:** \$100,000

**Activity System ID:** 17054

**Activity Narrative:** USAID/Rwanda will award a legal aid cooperative agreement in FY 2007. This four-year \$1 million project will improve access to justice services for Rwanda's population and contribute to the emergence of the rule of law. This activity will be aimed at the most vulnerable groups.

The project will establish legal advice centers in Gisenyi city and mobile legal advice centers that serve three prisons and rural areas around Gisenyi. These mobile legal advice centers will help to build awareness among the population of their legal rights and the mechanisms available to them to protect these rights. Legal services will be provided in partnership with lawyers who are members of the Kigali Bar Association and human rights NGOs. Beneficiaries will include the general population as well as persons in pre-trial custody, specifically OVC, victims of GBV, and persons affected by HIV/AIDS. The grantee will work in close coordination with Rwandan government institutions, relevant USAID implementing partners (including EP clinical partners in the area), and local civil society groups such as the Kigali Bar Association and national NGOs.

EP funding will expand the geographic area of operation for the project and further focus the activities of the implementing partner on providing legal services to OVC and PLHIV and those affected by HIV/AIDS in areas served by the project. The project will also focus on addressing the issue of GBV by assisting in the prosecution of sexual crimes.

This activity addresses the key legislative issues of gender - particularly equity, access to justice, and reducing violence. This activity advances the EP Five Year Strategy by targeting high-risk populations.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16948

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16948	16948.08	7620	7620.08	Legal Aid	Avocats Sans Frontieres	\$200,000

#### Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Increasing women's legal rights
- \* Reducing violence and coercion

Human Capacity Development

- \* Training
- \*\*\* In-Service Training

Local Organization Capacity Building

#### Food Support

#### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	30	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	30	False

## Indirect Targets

This activity will serve the legal needs of prisoners in three prisons in Bugasera, Gicumbi, Rubavu, and Karongi districts, with a focus on HIV/AIDS affected individuals. As an example of the anticipated PLWHA to be served within these prisons, the prison in Rubavu is estimated to have more than 170 PLWHA, 30 of whom are women.

The activity will also serve the general population in Rubavu District, but will establish linkages with PEPFAR service providers, so that it can accept referrals from clinical and other providers of PLWHA, OVC, and other at risk and vulnerable individuals.

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Bugesera  
Gicumbi  
Karongi  
Rubavu

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 131.08	<b>Mechanism:</b> DOD Rwanda Office
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 16981.08	<b>Planned Funds:</b> \$259,756

**Activity System ID:** 16981

**Activity Narrative:** Noted April 24, 2008: With periodic TA visits from DHAPP (Department of HIV/AIDS Prevention Program) and in collaboration with clinical partners and the RDF (Rwanda Defense Forces), DoD will strengthen the capacity of the RDF to link people with HIV diagnosis at military VCT sites to treatment, prevention and care services as well as link people seen at hospital sites to community services. Specifically, TA will help military health providers improve treatment of OIs, STI and TB among HIV+ military personnel and civilians receiving care at three military hospitals and six brigade clinics in the country. In addition, TA will improve treatment adherence, psychosocial support services and diagnosis and treatment of mental health problems for the HIV + personnel and civilians receiving treatment and care at military health sites. The first component of this activity involves providing four to five short-term TA visits from DHAPP headquarters prevention specialists to support the RDF health providers with prevention, clinical management, diagnosis and treatment of HIV/AIDS.

This activity contributes to the USG Five-Year Strategy and the GOR care and treatment plan for scaling-up prevention and treatment services, building on existing services and ensuring quality and equitable access to HIV treatment in an expanded number of sites/districts.

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The Senior Clinical Specialist will provide TA to DOD clinical partner Drew University to strengthen their capacity to manage and improve clinical activities in PMTCT, TB/HIV, palliative care, TC, and HIV treatment. Drew University is working to ensure that RDF, their family members, and communities surrounding the military installations have equitable access to a high quality, sustainable continuum of care through HIV/AIDS services. Drew University supports the provision of clinical services in three military hospitals and five brigade clinics. In FY 2008, Drew University will provide clinical services to 3,000 PLHIV.

As Drew University scales up clinical services, DOD will hire a Senior HIV/AIDS Clinical Services Specialist to focus on the treatment and clinical management of HIV/AIDS through evidence based approaches. This position will provide consistent and credible representation of DOD to higher level MOH officials, donors, EP partners, and coordination bodies for technical, policy and program management issues. In addition, the Senior HIV/AIDS Clinical Services Specialist will provide TA to Drew University to strengthen their performance and promotion of professional medical staff providing HIV/AIDS treatment and care. DOD emphasizes staff retention, performance and promotion of professional expertise of medical staff for providing HIV/AIDS treatment and care services. The 2004 USG-supported HIV/AIDS Human Resources Assessment noted the severe shortage of physicians in Rwanda (270 physicians in the public workforce) and the MOH appreciates the significant HR capacity needs necessary related to the need to improve physician compensation and work environment. In addition to supporting Drew University clinical services, this person will work closely with TRAC to train Drew University staff to develop patient education materials for use in patient education for HIV/AIDS prevention, care, and treatment services.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 170.08	<b>Mechanism:</b> HIV/AIDS Performance Based Financing
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 19482.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 19482	
<b>Activity Narrative:</b> Technical assistance position previously anticipated to be funded through PHI.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

## HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

**Total Planned Funding for Program Area: \$7,841,377**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

The EP in Rwanda, under the leadership of the Ambassador, works through an integrated interagency team. Regular consultations include weekly standing EP meetings to discuss issues and resolve problems of implementation, monthly standing meetings with GOR and other stakeholders in the PEPFAR Steering Committee, and frequent ad hoc meetings on technical issues as they arise.

The EP team works as a cohesive unit among the four agencies represented (with the Peace Corps anticipated for FY 2008) and in collaboration with the GOR. The team operates under the principle of "co-management", responding to both GOR and EP requirements. Staffing includes four continuing cross-agency positions: an SI liaison, an M&E Coordinator, an HMIS coordinator, and an outreach coordinator. EP operations also benefit from several positions that are not funded by PEPFAR, most notably the Ambassador, Deputy Chief of Mission and Public Affairs Officer.

All USG agencies in Rwanda are scheduled to move to the New Embassy Compound (NEC) in January 2008. Co-location will facilitate the EP team's consultative process for planning and implementing the program, although space limitations significantly restrict the ability to add staff needed for a growing program.

Staffing for EP Rwanda is significantly restructured owing programmatic needs, but limited by space constraints. The Staffing for Results exercise resulted in a proposal to add nine new positions across the Rwanda EP team. This is offset, though, by a CDC decision to eliminate twelve positions for its MVCT team, with the work shifted to an implementing partner. CDC is proposing to add six positions. USAID proposes three new positions, and DOD proposes a USPSC to supplement the single LES now coordinating all DOD EP efforts. These new positions will address the persistent understaffing while operating within the physical space limitations of the NEC.

Two years ago, the Rwanda EP team was advised that program management staff should spend at least 20% of their time in the field to ensure quality program implementation. With persistent inadequate staffing, the EP team has been unable to make field visits as recommended.

Recruitment and retention of highly qualified local and international staff continues to be a challenge. The ability of the EP to hire has been improved by USG-wide improvement in the Rwandan LES salary structure. Even so, the human capacity deficiency in Rwanda is widely recognized, and the local pool of appropriately-trained Rwandans is very limited. Recruitment of international staff remains difficult for a variety of reasons, including continuing misperceptions of post-genocidal instability in Rwanda. A large percentage of the US staff will be completing their tours in Rwanda during FY 2008, with the strong probability that staff turnover will be higher than usual. With the new staff, the program will be able to continue to meet GOR and OGAC expectations of high performance.

### Program Area Downstream Targets:

### Custom Targets:

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7904.08	<b>Mechanism:</b> DOD ICASS
<b>Prime Partner:</b> US Department of State	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15



**Activity ID:** 17963.08 **Planned Funds:** \$60,000  
**Activity System ID:** 17963  
**Activity Narrative:** Estimated ICASS charges for planned DOD position  
**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 7667.08 **Mechanism:** CDC CSCS  
**Prime Partner:** US Department of State **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:** 17142.08 **Planned Funds:** \$400,000  
**Activity System ID:** 17142

**Activity Narrative:** The Bureau of Overseas Buildings Operations (OBO) directs the worldwide buildings program for the USG international posts. In concert with other State Department bureaus, foreign affairs agencies, and Congress, OBO sets worldwide priorities for the design, construction, acquisition, maintenance, use, and sale of real properties and the use of sales proceeds.

Each agency with staff overseas contributes annually towards construction of the new facilities based on the number of positions and the type of space occupied. In 2005, a cost sharing agreement was reached with the State Department's Overseas Building Office by all USG agencies operating in Rwanda.

Capital Security Cost Sharing is also a major component of the President's Management Agenda initiative on Rightsizing. Along with securing facilities, this Administration has focused on assuring that overseas staff are deployed where they are needed to effectively serve USG interests. As agencies assess the real cost of maintaining staff overseas, they will adjust their overseas staffing levels and new embassies will be built to suit appropriate staffing levels.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:** 16769

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16769	16769.08	7538	7538.08	CDC ICASS	US Department of State	\$600,000

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 7538.08

**Mechanism:** CDC ICASS

**Prime Partner:** US Department of State

**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:** 16769.08

**Planned Funds:** \$600,000

**Activity System ID:** 16769

**Activity Narrative:** The International Cooperative Administrative Support Services (ICASS) system is the principal means by which the USG provides for and shares the cost of common administrative support at overseas posts. In the spirit of the Government Performance and Results Act, the ICASS system seeks to provide quality services at the lowest cost, while attempting to ensure that each agency bears the cost of its overseas presence.

All USG agencies in Rwanda pay into the service system to cover the following: 1) all administrative personnel costs, 2) Community Liaison Office, 3) building operating expenses, 4) non-residential local guard costs, and 5) post diplomatic pouch and mail.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17142

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17142	17142.08	7667	7667.08	CDC CSCS	US Department of State	\$400,000

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 7539.08

**Mechanism:** GHFP

**Prime Partner:** Public Health Institute

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 16772.08

**Planned Funds:** \$50,000

**Activity System ID:** 16772

**Activity Narrative:** Noted April 24, 2008: Budget cut to fund required M&S adjustment, and to partially fund position to be filled through another mechanism.

USAID/Rwanda has three continuing staff hired through the Global Health Fellows Program, and will a fourth position will be added in FY 2008. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. The funding for each of these positions is spread across no more than three technical areas. Continuing Fellows are an HIV/AIDS Prevention Advisor, a Logistics Advisor and a Senior Technical Advisor in the Program Office. In FY 2008, EP proposes to add a GFATM/Donor Coordination Advisor to be located in the GFATM office.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7536.08	<b>Mechanism:</b> USAID ICASS
<b>Prime Partner:</b> US Department of State	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 16760.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 16760	
<b>Activity Narrative:</b> Estimated EP ICASS charges for USAID/Rwanda.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7537.08	<b>Mechanism:</b> USAID IRM
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 16761.08	<b>Planned Funds:</b> \$125,755
<b>Activity System ID:</b> 16761	
<b>Activity Narrative:</b> Estimated EP IRM charges for USAID/Rwanda	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8695.08	<b>Mechanism:</b> M&S Adjustment
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 19481.08

**Planned Funds:** \$1,000,000

**Activity System ID:** 19481

**Activity Narrative:** Required Management and Staffing adjustment.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 349.08

**Mechanism:** Embassy Rwanda

**Prime Partner:** US Department of State

**USG Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 2817.08

**Planned Funds:** \$0

**Activity System ID:** 12916

**Activity Narrative:** The US Embassy in Rwanda has overall responsibility for a broad range of activities, including coordination of the EP program. This activity includes miscellaneous equipment and services to support EP management, particularly relating to public outreach and information dissemination.

While the US Embassy in Rwanda has no staff directly funded by the EP, the FY 2008 COP includes an interagency EP Coordinator who will report operationally to the Embassy.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7268

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7268	2817.07	Department of State / African Affairs	US Department of State	4360	349.07	Embassy Rwanda	\$0
2817	2817.06	Department of State / African Affairs	US Department of State	2579	349.06	Embassy Rwanda	\$0

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 1527.08

**Mechanism:** CDC Country Office GHAI/TA

**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:** 2844.08

**Planned Funds:** \$1,791,601

**Activity System ID:** 12911

**Activity Narrative:** Based on the EP 'Staffing for Results' exercises conducted in collaboration with OGAC for FY 2008, CDC is proposing to increase staff within technical areas by adding six new positions. Specifically, the office is proposing to recruit a HIV/AIDS Treatment Specialist (2846), a TB/HIV Specialist (2846), a Systems Strengthening & Policy Officer (16764), a Senior Program Manager, Prevention Services Expert (2844), and a Monitoring and Evaluation Specialist (2848), to better support the implementation of EP activities. The CDC will also fill the existing Chief of Party and Epidemiologist positions. In addition to personnel costs, which includes ASPH fellows and COMFORCE contractors, this activity includes equipment and services to support general office operating expenses. In line with CDC's consolidation of IT services, the program will purchase services from the new ITSO Infrastructure Services Support package in order to improve operational effectiveness and efficiency.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7260

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28449	28449.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11630	11630.09	Centers for disease Control and Prevention	\$500,000
28448	28448.09	HHS/Centers for Disease Control & Prevention	Ernst and Young	11640	11640.09	CDC/MGMT/EY	\$13,953
28447	28447.09	Department of Defense	US Department of Defense	11629	11629.09	Department of Defense	\$75,000
28445	28445.09	Department of Defense	US Department of Defense	11629	11629.09	Department of Defense	\$35,000
28440	28440.09	Department of State / African Affairs	US Department of State	11627	11627.09	AMB Fund	\$22,500
21073	2844.21073.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9202	1527.09	CDC Country Office GHAI/TA	\$1,482,601
7260	2844.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$1,165,000
2844	2844.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$719,597

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 131.08

**Mechanism:** DOD Rwanda Office

**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:** 2802.08

**Planned Funds:** \$100,000

**Activity System ID:** 12913

**Activity Narrative:** Noted April 24, 2008: With EP funding, the DOD Coordinator position began in FY 2006 and continued in FY 2007. Responsibilities for the DOD Coordinator are broad and include management, coordination, and support of all DOD EP activities in Rwanda. In addition, this funding supports technical TA to DOD partners with development, M&E of new and existing programs. Additionally, these funds support travel, training, workshops and equipment.

With EP funding, the DOD Coordinator position began in FY 2006 and continued in FY 2007. Responsibilities for the DOD Coordinator are broad and include management, coordination, and support of all DOD EP activities in Rwanda. In addition, this funding supports technical TA to DOD partners with development, M&E of new and existing programs. Additionally, these funds support travel, training, workshops and equipment.

With the scale up of activities through Drew University and PSI, DOD will hire a new Senior HIV/AIDS Clinical Services Specialist. This US direct hire position will provide TA on the treatment and clinical management of HIV/AIDS, and provide TA to Drew University to improve its performance. In addition, this person will represent DOD at high level meetings with the MOH, MOD, and donors and partners. Funding for the new position will include transport facilitation, attendance at trainings and international HIV/AIDS conferences and workshops, and purchase of office equipment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7267

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21076	2802.21076.09	Department of Defense	US Department of Defense	9203	131.09	DOD Rwanda Office	\$160,000
7267	2802.07	Department of Defense	US Department of Defense	4359	131.07	DOD Rwanda Office	\$100,000
2802	2802.06	Department of Defense	US Department of Defense	2573	131.06	DOD Program Mgt	\$30,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 114.08 **Mechanism:** USAID Rwanda Mission  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 2785.08 **Planned Funds:** \$2,479,021

**Activity System ID:** 12901

**Activity Narrative:** Noted April 24, 2008: Budget cut to fund required M&S adjustment.

USAID/Rwanda has direct responsibility for a broad range of activities, and coordinates with HHS/CDC, DOD and State on EP activities in Rwanda. All USAID/Rwanda positions were filled in FY 2007, although some were vacant for longer than anticipated. The inter-agency SI Liaison position is vacant at the time of COP submission. A planned departure after COP submission will leave another position vacant until a replacement arrives.

Consistent with the Staffing for Results exercise, USAID proposes to add three positions in FY 2008. USAID is currently and will continue to be space-constrained. New positions include an advisor on health finance and economics; a donor coordination advisor (fellow) who will be located in the GFATM offices; and a USDH deputy health officer who will be USAID's EP team lead.

This activity includes partial funding for a Development Outreach Communications specialist that is shared with other functional areas within USAID and across EP agencies in Rwanda. Continuing EP positions, expatriate and LES, are funded in eight program areas besides HVMS, and are also funded through USAID's Global Health Fellows Program, which is a separate activity. This activity includes personnel costs, equipment and services to support EP management.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7252

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21060	2785.21060.09	U.S. Agency for International Development	US Agency for International Development	9200	114.09	USAID Rwanda Mission	\$2,458,852
7252	2785.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$3,258,000
2785	2785.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$2,195,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 122.08

**Mechanism:** CDC Country Office GAP/TA

**Prime Partner:** US Centers for Disease Control and Prevention

**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:** 2791.08

**Planned Funds:** \$1,135,000

**Activity System ID:** 12902

**Activity Narrative:** Based on the EP 'Staffing for Results' exercises conducted in collaboration with OGAC for FY 2008, CDC is proposing to increase staff within technical areas by adding six new positions. Specifically, the office is proposing to recruit a HIV/AIDS Treatment Specialist (2846), a TB/HIV Specialist (2846), a Systems Strengthening & Policy Officer (16764), a Senior Program Manager, Prevention Services Expert (2844), and a Monitoring and Evaluation Specialist (2848), to better support the implementation of EP activities. The CDC will also fill the existing Chief of Party and Epidemiologist positions. In addition to personnel costs, this activity includes equipment and services to support general office operating expenses. In line with CDC's consolidation of IT services, the program will purchase services from the new ITSO Infrastructure Services Support package in order to improve operational effectiveness and efficiency.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 7259

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21061	2791.21061.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9201	122.09	CDC Country Office GAP/TA	\$1,135,000
7259	2791.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4357	122.07	CDC Country Office GAP/TA	\$1,135,000
2791	2791.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2567	122.06	CDC Country Office GAP/TA	\$1,135,000

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
<b>Is a Health Facility Survey planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
When will preliminary data be available?			
<b>Is an Anc Surveillance Study planned for fiscal year 2008?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			9/1/2008
<b>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?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>

### Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
COP08 Rwanda CHF Justification for Exceeding 8%.doc	application/msword	9/27/2007	Rwanda FY 2008 COP Partner +8% Justification - CHF	Justification for Partner Funding	RWhitworth
COP08 Rwanda FHI Justification for Exceeding 8%.doc	application/msword	9/27/2007	Rwanda FY 2008 COP Partner +8% Justification - FHI	Justification for Partner Funding	RWhitworth
COP08 Rwanda FY 2009 planned activities.doc	application/msword	9/27/2007	Rwanda FY 2008 COP Planned Activities for FY 2009	Fiscal Year 2009 Funding Planned Activities*	RWhitworth
COP08 Rwanda Peace Corps volunteer matrix.xls	application/vnd.ms-excel	9/27/2007	Rwanda FY 2008 COP Peace Corps Matrix	Other	RWhitworth
Rwanda COP08 Global Fund Supplemental.doc	application/msword	9/27/2007	Rwanda FY 2008 COP Global Fund Supplemental	Global Fund Supplemental*	RWhitworth
Rwanda MC FY 2008 Supplemental UPDATE.xls	application/vnd.ms-excel	9/27/2007	Rwanda FY 2008 COP Male Circumcision Supplemental	Other	RWhitworth
2007 09 27 Rwanda FY08 COP Submission_BRW.xls	application/vnd.ms-excel	9/27/2007	Rwanda FY 2008 COP Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	RWhitworth



COP 08 Acronyms.doc	application/msword	9/28/2007	List of acronyms used in COP 08	Other	MMishra
COP 08 - Explanation of target calculations Final doc.doc	application/msword	9/28/2007	Rwanda FY 2008 Explanation of Target Calculations document	Explanation of Targets Calculations*	EKariisa
COP08 Rwanda Program Planning and Oversight Functional Staff Chart.pdf	application/pdf	9/27/2007	Rwanda FY 2008 COP SFR PEPFAR Team Organization Chart	Other	RWhitworth
exec summary cop '08-final092807.pdf	application/pdf	9/28/2007	Executive summary	Executive Summary	JDunlop
COP08 Rwanda Budgetary Requirements Justification - 55% treatment.doc	application/msword	9/27/2007	Rwanda FY 2008 COP Budgetary Requirements Justification - Treatment	Justification for Treatment Budgetary Requirements	RWhitworth
COP08 Rwanda USAID Management Team.pdf	application/pdf	9/27/2007	Rwanda FY 2008 COP USAID Organization chart	Other	RWhitworth
COP08 Rwanda CDC Management Team.pdf	application/pdf	9/27/2007	Rwanda FY 2008 COP CDC Organization chart	Other	RWhitworth
Ambassador cover letter cop08Rwanda.pdf	application/pdf	9/27/2007	Ambassador's Cover Letter COP 2008	Ambassador Letter	ShriberD
Rwanda_HCD Table COP08.xls	application/vnd.ms-excel	12/11/2007	Human Capacity Development Table	Other	MLee
FY 2008 CRS 8% justification.doc	application/msword	11/10/2008	Rwanda FY08 CRS 8% Partner Funding Limit justification	Justification for Partner Funding	AConforto