Burundi

Operational Plan Report

FY 2011

Operating Unit Overview

Background

Burundi is a low-income developing country that ranks 174 out of 182 in the Human Development Index (UNDP 2009 Human Development Report) and, with a population of 8.7 million, has the second-highest population density in sub-Saharan Africa. A 15-year period of genocide and civil war that killed 300,000 people severely weakened health and social-welfare systems and diminished donor support for Burundi. The Arusha Peace Accord was signed in 2000, and Burundi recently completed its second democratic elections. But the country continues its struggle to recover from the effects of massive displacement, social disruption, and ethnic and gender-based violence (GBV). Maternal mortality is 620 per 100,000 live births, under-5 mortality is 168 per 1,000, life expectancy is 51 years, and 81% of the population lives below the poverty line of $1.25 per day (UNICEF).

Burundi faces a low-prevalence generalized HIV/AIDS epidemic that continues to be a priority public health threat. National health information systems are weak and provide little reliable recent data on HIV/AIDS. Recent studies include a national HIV survey conducted by the National AIDS Council (NAC) in 2007, with older studies by UNAIDS and the World Bank. The most recent Demographic and Health Survey (DHS) was conducted in 1987; data collection for a new DHS, which includes an HIV module, began in September 2010.

The 2007 NAC survey showed an adult HIV prevalence of 2.9%, with higher prevalence in urban and peri-urban areas (4.6% and 4.4%) than in rural areas (2.8%), where 90% of the population lives. According to the Ministry of Health and the Fight Against AIDS (MOHA), HIV prevalence in rural areas quadrupled between 1989 (0.6%) and 2002 (2.5%). The NAC reported roughly equal HIV prevalence among women (2.9%) and men (2.8%), but this finding is widely questioned. Project data shows that 60% of HIV-positive clients receiving care in three provinces are female.

Available data suggest that main drivers of the epidemic include heterosexual transmission through multiple concurrent partnerships (MCP), including transactional, intergenerational, and commercial sex; low condom use; and weak knowledge about HIV. In the NAC survey, only 22.6% of young people (ages 15-24) and 18.6% of adults (ages 25-49) reported using condoms during paid sex. More than 70% of youth reported having had at least one casual sexual encounter in the previous 30 days, with only 11.8% using condoms. Only 10.7% of survey participants knew three ways to prevent HIV infection (condoms, fidelity, and abstinence). About 17.3% had ever received an HIV test. Four-fifths (82%) knew that antiretroviral drugs (ARVs) can prevent HIV transmission from mother to child, and a WHO study in 2010 showed that 43% of men were circumcised.

HIV prevalence among commercial sex workers (CSWs) nationally is estimated at 38% (NAC, 2007), with higher prevalence in rural areas (46%) than in the capital, Bujumbura (29%), perhaps due to high mobility near borders with other high-prevalence countries. Other most-at-risk populations (MARPs) may include truckers, the military, and men who have sex with men (MSM), although no reliable data is available. There is no data to suggest that injection drug users (IDU) are a key MARP.

Gender inequity and GBV heighten HIV risk across age and socio-economic groups. According to UNICEF's Situation Analysis of Children and Women in Burundi (2009), 19% of children had their sexual debut before age 10, 35% at ages 10-14, and 35% at ages 15-19. In 21% of cases, the partner was a parent or a family friend, and only 19% of those surveyed used condoms during their first sexual intercourse. One in five (19%) said that sexual violence had occurred in their school. Project data and anecdotal evidence suggest that other factors contributing to high-risk behavior include mobility and displacement related to the political and ethnic crisis, alcohol abuse, and poverty.

About 110,000 people are estimated to be living with HIV, with 47,000 in need of antiretroviral therapy (ART). AIDS deaths are estimated at 11,000 per year. TB incidence was estimated at 31,225 (Global Fund). UNICEF estimates the number of orphans and vulnerable children (OVC) due to HIV/AIDS at 240,000, out of a total of 800,000 OVC due to all causes.

The Government of Burundi (GOB) is fully engaged in the fight against HIV/AIDS, with a vision, as stated in the National HIV/AIDS Strategy (2007-2011), of *"a country where the population at the household, workplace, commune, and provincial levels are made up of competent communities with enough skills to face HIV*." The national response is led by the National AIDS Council, presided by the country's president, and coordinated by the MOHA. HIV/AIDS care and treatment services are integrated into the basic health care package delivered at public and private/faith-based health facilities. The parastatal national supply chain, which procures all ARVs and most HIV-related commodities, is weak and is being reformed with external donor support. The national laboratory system is weak, especially outside Bujumbura. Most HIV prevention outreach and community-based care and support services are provided by local civil-society organizations (CSOs) and faith-based organizations (FBOs), aligned with a strong national network of people living with HIV (RBP+). OVC programs are coordinated by the National AIDS Council.

The largest donor in the HIV/AIDS sector is the Global Fund, whose Round 8 grant ($35 million over the first two years) provides all ARVs for the national response and supports limited prevention, treatment, and care services throughout the country. The principal recipients are the National AIDS Council and the RBP+. The World Bank provides funding to the GOB to implement services in public health structures, including support for performance-based financing (PBF). World Bank funding will end in June 2011, with no donor support in sight to continue these activities.

Limited USG support ($3.5 million in USAID funding in FY 2010) has focused on providing HIV testing and counseling (TC), prevention of mother-to-child transmission (PMTCT), home-based care, and OVC care in three provinces; training physicians in pediatric care; and the ROADS 2 project targeting truckers, sex workers, and other groups. COP 2011 is Burundi's first participation in PEPFAR planning. Smaller contributors include the Clinton Foundation, German Cooperation, United Nations System, and Belgian Technical Cooperation.

With GOB leadership and donor support, access to ART has improved dramatically, from 600 patients receiving ART in 2002 to 19,000 ART patients by March 2010 (NAC). Coverage of PMTCT services remains below 10%. Decentralization of these services is ongoing, with training for providers to manage an integrated approach to HIV/AIDS and health care provision. Early infant diagnosis is provided on a limited scale with Clinton Foundation support.

Health care infrastructure and human resources for health (HRH) are major barriers to health and HIV care access. Burundi has one health facility per 12,700 residents and one hospital per 170,265 people (2008), with unequal distribution resulting in higher ratios and poorer access in rural areas. Even in Bujumbura, more than 70% of beds in the internal medicine departments of the main hospitals are occupied by people suffering from an AIDS-related illness (MOHA, 2004). The workload burden coupled with scarce human resources directly affects the quality of health care delivered in those health facilities.

The GOB has expressed its commitment to continuing the scale-up of HIV services, with national targets for December 2010 of 21,000 people on ART (and an ultimate goal of universal ART access), 5,049 pregnant women receiving ARV prophylaxis, 150,000 people being tested for HIV, and 24,000 OVC receiving care and support.

As evidence of its commitment, the GOB has waived all taxes on HIV/AIDS medications and commodities and declared all HIV/AIDS services free of charge to the patient. In addition, the GOB allocated

$2,500,000 from the highly indebted poor countries (HIPC) initiative for HIV/AIDS, specifically to ensure the availability of resources, including human, infrastructure, and equipment, to render donor contributions more effective and efficient in reaching beneficiaries. All ministries are implementing HIV/AIDS workplace programs.

Sustainability and Country Ownership

With a lack of dominant external donors, the GOB leads the national HIV/AIDS response, constrained mainly by limited human resources, management and technical capacities, and funding. The proposed COP 2011 is designed to provide the GOB with critically needed support to sustain and strengthen HIV/AIDS prevention and control while emphasizing national and local capacity building and key policy and structural reforms needed for a sustainable national response. The USG will capitalize on the GOB's high level of ownership and commitment to build an effective, mutually accountable partnership aimed at a country-led response to HIV/AIDS. This paradigm aligns with Global Health Initiative (GHI) and PEPFAR II core principles, which place an emphasis on effective, efficient, and country-led platforms for the sustainable delivery of public health programs.

The objectives of the COP 2011 are to support the GOB in implementing the Burundi HIV/AIDS NSP, National Health Development Plan, and Poverty Reduction Strategy by:

1) Improving access to high-quality HIV/AIDS prevention and care services
2) Decentralizing HIV/AIDS services in four provinces
3) Building the capacity of civil-society organizations to provide direct HIV/AIDS services
4) Improving the performance of the national health system

USG assistance (core funds) will support, and will be informed by, an evaluation and expected revisions of the current NSP, as well as development of the next five-year strategy (NSP 2012-2016). These will incorporate DHS results and an updated understanding of the Burundian HIV/AIDS epidemic to promote evidence-based practices in HIV/AIDS prevention, care, and treatment.

Over the next year, the USG Burundi team hopes to develop a Partnership Framework (PF) and PF Implementation Plan to increase opportunities and funding to build GOB, civil-society, and private-sector capacities to lead an effective national response to HIV/AIDS. Principles will emphasize shared responsibility for planning, funding, and monitoring, as well as mutual accountability for increased investment in HIV/AIDS. Areas that are being explored include policy analysis and development, particularly as regards human rights; HRH issues (pre-service training, deployment, PBF); working with the Ministry of Education to integrate an HIV/ life-skills curriculum into the national school system; and working with Ministries of Gender and Justice to develop strategies to address GBV. As the PEPFAR Burundi team scales up its activities, it has begun and will expand efforts to engage in more regular and intensive consultation and coordination efforts with the GOB, civil society, the private sector, and other donors, and intends to learn from the successes and lessons of other countries to strengthen Burundi's capacity to mount an effective national response.

Integration Across the USG

The USG Mission has a limited presence in Burundi. The only USG agencies at post are the Department of State (DOS), the U.S. Agency for International Development (USAID), and the Department of Defense (DOD). Programs are limited in scope and budget. Nonetheless, the PEPFAR team is actively pursuing linkages with other programs, such as Food for Peace, malaria, maternal and child health (MCH), democracy and governance, and Global Development Alliances. The USAID malaria, nutrition, and HIV/AIDS teams are actively seeking to synergize target populations at the provincial level to integrate bed nets and nutritional support as components of the expanding PEPFAR-supported home-based care program (see also the section "Woman- and Girl-Centered Approaches"). PEPFAR is exploring opportunities for collaboration with the DOS Bureau for Population, Refugees, and Migration (PRM), which programs about $1 million per year to support the resettlement of Burundian returnees from

Tanzania. The COP 2011 also includes funding for the Voice of America to broadcast programming to promote HIV prevention, testing, and reduction of stigma and GBV.

The DOD supports HIV prevention and TC services for the military, their families, and surrounding communities (with HIV Prevention Program (DHAPP) funding), as well as the purchase of lab equipment (with Foreign Military Financing funds). In FY 2011, the DOD plans to use DHAPP funding to build a clinic for these target populations and to use PEPFAR funding to continue and expand HIV prevention and TC services. Once the clinic is completed (expected in early 2012), DHAPP and PEPFAR funds will support it to provide a range of HIV/AIDS services.

Scaled-up PEPFAR activities will be managed mainly by USAID and DOD, with oversight and guidance by an inter-agency coordination body comprising all USG agencies in the country.

Health Systems Strengthening and Human Resources for Health

One of the four goals of the Burundi Health Development Plan is to enhance the performance of the national health system. PEPFAR supports this goal, since strengthening the health system will improve the quality of all health services, including HIV/AIDS services. A health district approach is part of the GOB strategy for quality decentralized health services, and the formation of health district teams is underway. The key objective of the health district, which is under the supervision of the provincial directorate, is to place the patient at the center of the health system. This will be achieved through the creation of new geographic operational clusters, which will be more manageable than the current system for health facilities and community health workers (CHWs).

The COP 2011 will prioritize support for this GOB approach. With COP 2011 funds, the USG will provide technical assistance at the central level for institutional capacity building of the MOHA to improve its ability to provide supervision, quality assurance, monitoring and evaluation (M&E), and training at the provincial level. In addition, technical assistance will be provided to the central pharmacy (CAMEBU) to implement a comprehensive assessment of the national supply-chain system. Capacity building will strengthen CAMEBU forecasting and monitoring of essential HIV/AIDS commodities, including products procured by other donors, allowing the GOB to own the procurement process and remain accountable for commodities brought into the country.

Funds will contribute to Burundi’s ongoing health-sector reforms through support for the implementation of PBF to improve public health services and systems, including those delivering HIV/AIDS services. PBF has proven successful in other countries to improve the quality of HIV/AIDS services, motivate and retain health care workers, and build the sustainability of the health system. With PBF, each structure under contract submits its work plan quarterly and is evaluated and incentivized according to its performance. PEPFAR will provide support for achievement of six indicators in the PBF: number of HIV-positive pregnant women provided with ARV prophylaxis, number of newborns from HIV-positive mothers provided follow-up care, number of people tested for HIV, number of new patients provided ART, number of ART patients monitored semi-annually, and number of cases of sexually transmitted infection (STI) treated.

At the provincial and district levels, COP 2011 funding will support provincial health structures and strengthen CSOs to deliver services. USG assistance will be used to train provincial health directorates in supervision, quality assurance, and M&E of health services in their districts. Facility-based health providers will receive extensive in-service training (including refresher training for already-trained sites) in PMTCT, TC, prevention with positives (PwP), and prevention for discordant couples and for HIV-negative clients.

USG technical assistance will also strengthen the national health management information system (HMIS), including support for standardization and harmonization of donor and national HIV/AIDS

indicators, and support policy work focusing on development, updating, and implementation of national policies on GBV, human-rights protection (e.g. addressing current laws making homosexual practice illegal), and task shifting to allow ARV prescription by nurses.

The USG approach to promoting country ownership includes supporting a thoughtful balance between the roles of government and civil society. In addition to fostering dialogue between the two (see Other Programs section), the USG plans an assessment of institutional capacity of CSOs to inform capacity-building efforts and will invest at the community level in CHWs to provide a physical link between the health facility and community-based care and support systems (see the Programmatic Focus section).

Coordination with Other Donors and the Private Sector

The USG is not currently a member of the Global Fund Country Coordinating Mechanism (CCM) but plans to ask to be included as a voting member in the donor coalition. The USG participates in the national Strategic Coordination Forum for Health and HIV/AIDS, led by the vice president's office; the National Health and Development Coordination Forum, led by the MOHA, which will be decentralized at the provincial and district levels; the health M&E thematic group; and the network of civil-society organizations. The PEPFAR Burundi team recognizes that better coordination with the GOB and with other donors is imperative as the national and PEPFAR programs scale up.

In an effort to improve the national response to HIV/AIDS, Burundi joined several international initiatives, including the Commitment Declaration on HIV/AIDS, Prevention Acceleration, the 3X5 initiative, and the campaign for universal access to prevention, treatment, care and support. The New Partnership for Africa's Development (NEPAD), to which Burundi adheres, offers other opportunities for the accomplishment of African Union objectives related to HIV/AIDS and of the Millennium Development Goals.

The USG plays a leadership role in private-sector development activities in Burundi. USAID was appointed as lead donor for coordination of all private-sector investments in 2007. The agency works with the Ministry of Commerce and the Chamber of Commerce to champion policy and program causes to reignite private-sector activity following the crisis years, which had particularly negative effects on infrastructure, capital formation, entrepreneur in-country presence, and private domestic and foreign investment. The GOB has initiated a variety of legislative and policy reforms to stimulate private-sector development, which will be critical to Burundi's success in integrating into the East African Community (EAC). These actions resulted in considerable growth in investments in the communications, banking, and agriculture sectors.

At the present time, the USG has a public-private partnership (PPP) with Coca-Cola for the water/sanitation sector and a Development Credit Authority (DCA) agreement with a private bank to promote lending in the agriculture sector. In addition, the USG is negotiating two more PPPs: one with an insurance company to support HIV/AIDS programs and a second one with a commercial bank to support the Burundi malaria program.

The USG believes there are many additional opportunities for PPPs with information technology companies, U.S. companies involved in the coffee sector, and suppliers of petroleum products. Opportunities to leverage private-sector resources are increasing rapidly as Burundi enters the EAC. The Investment Promotion Agency reports that in August-September 2010, more than 40 Kenyan firms formally opened businesses in Burundi. In 2009, the Dutch government gave USAID/Burundi $2 million to start the Burundi Business Incubator (BBIN), a center to provide entrepreneurial training and business development services, especially to recent graduates and women wanting to start private businesses. The inauguration of the BBIN is scheduled for November 4, 2010. The USAID East Africa Global Development Alliance Adviser agrees with the USG assessment that Burundi is "open for business" and recommends that the USG actively pursue opportunities to leverage private funding to support its

development programs.

Programmatic Focus

The overarching goal of the expanded FY 2011 PEPFAR program in Burundi is to strengthen the capacity of the Burundian government, civil society, and the private sector to plan, deliver, monitor, and evaluate high-quality, sustainable HIV/AIDS prevention, care, and treatment services. Given massive unmet needs and limited initial funding, COP 2011 proposes a program that mixes linked service delivery in priority technical areas, technical assistance for national and local capacity building, and preparation for longer-range policy and structural interventions.

Technical assistance to strengthen GOB and civil-society capacities is described in the Health Systems Strengthening and HRH and Other Programs sections. In terms of service delivery, the USG does not intend to support direct implementation of HIV/AIDS services nationwide, but instead will focus on four of 17 provinces to achieve maximum synergies and impact. The four northern provinces (Kirundo, Kayanza, Muyinga, and Karusi) were selected for the following reasons: 1) GOB request; 2) existing USG investments and activities that provide a platform for expansion; 3) large populations and unmet needs; 4) the presence of other donor activities for the USG to wrap around; and 5) opportunities for cross-border linkages with the Rwanda and Tanzania PEPFAR programs. The provinces contain high-volume truck routes to Rwanda and Tanzania, and three of the provinces also have exceptionally high population-to health worker ratios and poor geographic coverage of health facilities; one analysis showed that in two provinces, two-thirds to three-fourths of the population lives more than one hour from the nearest health facility (UNICEF 2009).

The provinces were chosen, in consultation with the GOB, with a view to developing model integrated, district-based HIV/AIDS systems that the GOB can replicate, with PEPFAR and/or other donor support, on a nationwide scale.

The program design presented below is intended to ensure that gaps in services are filled in order to ensure a continuum of care in the four intervention provinces. The USG program will support 100% of health facilities (considering poor geographic coverage, cited above) in the three provinces with existing USG activities and 70% of facilities in the fourth province (Karusi). The model is to integrate PMTCT, TC, diagnosis and care of STI and opportunistic infections (OI), lab support, and behavior-change communication (BCC) for prevention into all primary health care facilities, with support to strengthen links with and quality of ART services (with ARVs provided by the Global Fund). Community-based services by local sub-partners will wrap around the health facilities to create increased demand for PMTCT and TC and promote safer sexual behavior through community mobilization, BCC campaigns, and peer education targeting MARPs. The USG will support home-based care and support for PLWHA and OVC care and support provided by local CSOs. Facility and community services and mobilization will be linked through CHWs, who will ensure that regardless of patients' entry point, they are retained within the continuum of care and support.

To build civil-society capacity, the USG will support sub-grants and technical assistance to local organizations, including the RBP+, to build their organizational, financial, programmatic, and technical competence to deliver high-quality services and enable them to "graduate" to USG prime-partner status over the next five years. The USG believes that this approach will enhance the dynamic collaboration among the USG, GOB, other health sector donors, and partners to build a more sustainable approach to decentralized care and support in Burundi.

COP 2011 program activities will contribute to the PEPFAR 4-12-12 targets through:

1. Prevention:

USG resources will support Burundi to reinforce and expand evidence-based PMTCT, TC, and sexual

prevention interventions to identify and mitigate sources of new infections. To address weak HIV/AIDS knowledge, the USG will support a partner to work with the Ministry of Education to conduct a feasibility assessment and develop a plan to adapt and incorporate HIV/life-skills modules into the national school curriculum. Prevention activities will prioritize gender analysis and mitigation of gender-related risks for HIV infection. In the short term, this will include BCC targeting young girls and family communication, procurement of post-exposure prophylaxis (PEP) kits for health centers, and training to ensure that CHWs, teachers, and health workers are capable of screening for and addressing risks for GBV, including providing or referring GBV victims for PEP, care, and legal services. The USG will also begin a longer-range initiative to address social and gender norms conducive to GBV and high-risk behavior by funding a partner to work with the Ministries of Justice and of National Solidarity, Human Rights and Gender, as well as relevant CSOs, religious leaders, and women's associations, to develop a strategy for BCC, advocacy, and policy analysis and reform.

In the four intervention provinces, the USG will prioritize scale-up of PMTCT and health facility-based TC services. In accordance with GOB guidelines (which have not yet incorporated the new WHO guidelines on PMTCT or the use of finger-prick tests), these services will be integrated in antenatal care (ANC) and primary health care, with strong linkages to HIV/AIDS care and treatment (supported by the GOB and the Global Fund) as well as to MCH and other services (vaccination, nutrition, etc.) and to community-based care and support. To increase access for pregnant women and the general population, the USG will support expansion of PMTCT and TC services to 139 sites (74 currently supported and 65 new sites) in the four provinces. PEPFAR will support an aggressive roll-out of intensive in-service training for health care providers, including refresher trainings for health care providers currently implementing PMTCT and TC. Training modules will include nutrition in the context of HIV infection, mother-child follow-up, support for PLWHA (including sexual prevention, family planning, and partner reduction), and prevention of counselor burnout/fatigue.

Training will be conducted through a training of trainers team, which will initially be led by a USG partner and then be transferred to the MOHA. The USG will fund the procurement of test kits for PMTCT and general health facility-based HIV testing in the four provinces, as well as sub-grants and technical and organizational support for CSOs to work at the community level to increase awareness of and demand for services. Proposed activities will meet the following objectives:

- Improving access to TC, including provider-initiated testing and counseling (PITC)
- Increasing access to PMTCT services
- Improving the quality and effectiveness of services by increasing the uptake of PMTCT prophylaxis and referral to care, ART, and community-based support

To reduce sexual transmission of HIV, the GOB and PEPFAR partners and sub-partners will implement evidence-based communication and small-group / individual interpersonal interventions targeting the general population (including youth), military communities, and MARPs (especially CSWs and truckers), with the balance among specific targets to be refined as a better understanding of the dynamics of HIV transmission emerges with the DHS and the planned evaluation of the NSP.

Improved prevention services will also be fully integrated into clinical services, including PwP services and messages targeting discordant couples and clients who test HIV-negative. Activities will address underlying factors that contribute to HIV risk, including GBV, alcohol abuse, social and cultural norms, and family communication around reproductive health. BCC, peer education, and community mobilization by health workers, CHWs, and local organizations will help meet the following objectives:

- Reducing high-risk behaviors in the general population (including youth) and among MARPs
- Increasing knowledge and awareness among high-risk groups of STIs and their interaction with HIV
- Increasing rates of correct and consistent condom use
- Increasing demand for TC and PMTCT services

Given limited funding, the COP 2011 does not include support for male circumcision, blood safety, and injection safety and medical waste management. Male circumcision is being explored with WHO support; an operational plan and communication strategy have been developed, and will be considered for future support. The USG will continue to promote implementation of the national protocol for injection safety and waste management in the four PEPFAR-supported provinces. The protocol for syringe disposal is after one use and destruction within the health facility. The MOHA encourages all health facilities to have incinerators on site; hygiene and the safe disposal are part of the PBF indicators. If exposure to HIV occurs to a health care worker, PEP is provided according to the national protocol. Regarding blood safety, the Global Fund supports the national blood center, which supplies blood and blood products to most hospitals. All blood is tested for HIV, hepatitis B and C, and syphilis. Donors who test positive for HIV are followed up by counselors and referred to care and treatment services.

2. Care and Support:
COP 2011 funding will support local organizations to expand basic care and support services for PLWHA and OVC. Home-based care will be provided to 11,100 individuals, including monthly psychosocial support visits provided through CHWs and/or members of RBP+ and small-scale income-generation activities. About three times a year or as needed, CHWs will deliver a package that includes cotrimoxazole, health-care and hospitalization assistance, bed nets, a clean-water device, hygiene products, pain relievers, and information on sexual prevention and testing. One of the key roles of the CHWs will be to ensure that PLWHAs whose health continues to decline are accompanied to a health facility for further care.

Rounding out a family-centered care approach, home-based care providers will help identify and provide care and support for OVC. Through sub-grants and technical assistance to local organizations, the USG plans to support 12,000 OVC with a needs-based package that includes psychosocial support, school and hygiene kits, and health-care and hospitalization assistance for those over 5 years of age (the GOB provides free health care for pregnant women and children under 5). The USG will continue to collaborate with other donors, such as Food for Peace, the United National High Commission on Refugees (UNHCR), and UNICEF, to increase coverage and strengthen support for OVC activities, including in the policy areas of legal support and domestic violence reduction and mitigation.

FY 2011 funding will complement work supported by the GOB and other development partners in selected provinces. While COP 2011 provides no programming addressing HIV/TB co-infection, the USG will collaborate with the Global Fund, Damien Foundation, and Belgian Technical Cooperation, which are supporting the national TB and HIV/TB co-infection programs. During TC for HIV, clients will be screened for common signs of TB. Clients who present with symptoms will be referred to TB centers. With the collaboration of TB services, the same test-and-referral approach will be adopted for TB patients.

3. Treatment:
COP 2011 funding will not support any direct ART provision. The USG strategy will be to wrap critical technical assistance and procurements around existing adult and pediatric ART programs supported by the GOB, Global Fund, and others. Technical assistance will focus on improving the quality of adult and pediatric ART services, such as enhancing clinical and laboratory monitoring and improving the ability of clinical providers to identify treatment failure and ensure appropriate switches to second-line regimens. Procurement of medications will enable health providers in intervention provinces to treat opportunistic infections and STIs. In addition, the USG will continue to procure reagents for testing, laboratory equipment (including for biochemistry and hematology), and lab reagents for biological monitoring.

4. Woman and Girl-Centered Approaches:
As discussed above, the COP 2011 prioritizes scale-up of PMTCT services and efforts to address gender-based HIV vulnerabilities. In addition, a majority of current USG health funding in Burundi is

dedicated to supporting programs that prioritize women and girls, and PEPFAR will build on this work and integrate HIV/AIDS activities as appropriate. In the provinces where the PEPFAR program will expand, the USAID MCH program is currently implementing a best-practice intervention called "*mamans lumières*," which focuses on providing high-quality nutritional support to pregnant and lactating women. The MCH program also promotes BCC campaigns geared toward changing gender and social norms and behavior and promoting primary and secondary education for girls. In addition, the USAID family-planning program is implementing activities in Muyinga for returning refugees. These activities are in the pilot phase to evaluate how to improve GBV and family-planning services in post-conflict and emergency settings. PEPFAR will work closely with these pilot programs to integrate expanded PMTCT and other HIV/AIDS activities as appropriate.

As mentioned in the Integration Across the USG section, the USAID malaria program will target HIV-positive pregnant women in PEPFAR-supported provinces. The USAID Democracy and Governance Program in 2010 provided extensive training to female potential provincial and national political candidates to increase their opportunities to hold parliamentary and party leadership positions. Campaigns were launched across the country promoting and targeting women to take ownership of their role in the country by voting. While official data is not yet available, anecdotal evidence suggests that voter turnout by women was considerably higher than in previous elections.

Laws and policies regarding GBV are poorly enforced, and access to PEP to prevent HIV transmission in cases of sexual violence is minimal. PEPFAR will support procurement of PEP kits and provide technical assistance to the GOB to identify policy gaps and develop strategies to strengthen education about and enforcement of laws and policies, with longer-term efforts envisioned targeting public education curricula and gender and social norms. In addition, the USG will explore opportunities for PPPs in the coffee industry to reach the thousands of female workers with messaging, GBV services, and other focused interventions.

5. Other Programs:
The GOB's M&E framework needs strengthening to track progress and gaps in the HIV/AIDS and health sectors. The USG Burundi team will help develop the capacity of GOB provincial and district teams and local partners to report consistently and accurately on national indicators. These indicators will be revised in the upcoming NSP and will also help the GOB monitor progress toward the Millennium Development Goals. The USG will collaborate with the GOB and the Belgian Technical Cooperation to implement the HIV/AIDS portion of the national HMIS, which will monitor ongoing programs and help provide an evidence base to inform program planning.

Technical assistance will be provided to the MOHA, National AIDS Council, and MOD for the development of HIV/AIDS-related policies, including policies to protect human rights (e.g. regarding GBV and homosexuality) and permitting task-shifting of ARV prescription to include nurses.

Strengthening the dialogue between the GOB and civil society is an important step in the process of reconciliation after the country's long political crisis. The USG will emphasize the importance of strong leadership from both and will facilitate, though not lead, a dialogue between high-level members of the GOB and civil society to help define their roles and responsibilities. This dialogue will significantly improve the relationship and trust between the GOB and civil society, which will enable improved coordination and systems strengthening at national and decentralized levels by defining roles in a comprehensive national strategy.

The USG PEPFAR program in Burundi is scaling up in FY 2011. Management and operations (M&O) funds will support the costs of key USAID personnel to provide oversight, technical assistance, management, and leadership of the PEPFAR program. REDACTED

New Procurements
REDACTED

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Time Frame: October 2011 to September 2012

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	150,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	28,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	15,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	399,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a			

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

			proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	15,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	180,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	91,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	90,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Public-Private Partnership between USAID/Burundi and BICOR: Prevention of HIV/AIDS Among Motorcycle Taxi Drivers		BICOR Insurance Co.	12,067	12,067	USAID/Burundi and BICOR Insurance Co. have agreed to establish a partnership in the fight against HIV/AIDS in Burundi. The target group will be motorcycle taxi drivers, and the program will be implemented nationwide as taxi drivers operate in every province of the country. BICOR, which provides liability insurance for the drivers, will continue to contribute about $8,000 in cash and $4,067 in-kind during the second year of the

					partnership. Motorcycle taxi drivers are a good target audience for HIV prevention outreach because they are young and highly mobile, have disposable income, and have access to large numbers of often young and vulnerable customers -- making them potential vectors both for HIV transmission through casual sex and for HIV prevention messages. Proposed partnership activities include purchasing identification vests for taxi-drivers bearing HIV prevention messages; establishing links with mass media and other venues to talk HIV prevention for this particular group.

Surveillance and Survey Activities

(No data provided.)

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			228,177		**228,177**
State/AF			100,000		**100,000**
USAID			4,671,823	3,500,000	**8,171,823**
Total	**0**	**0**	**5,000,000**	**3,500,000**	**8,500,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	DOD	State/AF	USAID	AllOther	
HBHC			843,171		**843,171**
HKID			586,000		**586,000**
HTXD			50,000		**50,000**
HTXS			445,707		**445,707**
HVAB		50,000	825,000		**875,000**
HVCT	100,000		712,188		**812,188**
HVMS	28,177		1,070,186		**1,098,363**
HVOP	100,000	50,000	1,010,000		**1,160,000**
HVSI			500,000		**500,000**
MTCT			749,571		**749,571**
OHSS			1,050,000		**1,050,000**
PDTX			330,000		**330,000**
	228,177	**100,000**	**8,171,823**	**0**	**8,500,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

REDACTED

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	843,171	
HTXS	445,707	
Total Technical Area Planned Funding:	**1,288,878**	**0**

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	50,000	
Total Technical Area Planned Funding:	**50,000**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	812,188	
Total Technical Area Planned Funding:	**812,188**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,050,000	
Total Technical Area Planned	**1,050,000**	**0**

Funding:		

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,098,363	
Total Technical Area Planned Funding:	**1,098,363**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	586,000	
Total Technical Area Planned Funding:	**586,000**	**0**

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDTX	330,000	
Total Technical Area Planned Funding:	**330,000**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	749,571	
Total Technical Area Planned Funding:	**749,571**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	875,000	
HVOP	1,160,000	
Total Technical Area Planned Funding:	**2,035,000**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	500,000	
Total Technical Area Planned Funding:	**500,000**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
13038	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,478,728
13100	Family Health International	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	4,272,909
13149	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (State)	300,000
13373	Population Services International	NGO	U.S. Department of Defense	GHCS (State)	200,000
13408	International Broadcasting Bureau, Voice of America	NGO	U.S. Department of State/Bureau of African Affairs	GHCS (State)	100,000
13411	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13424	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13427	University Research Corporation	Private Contractor	U.S. Agency for International Development	GHCS (State)	300,000
13526	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (State)	450,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 13038	**Mechanism Name: SCMS Commodity procurement**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,478,728	
Funding Source	**Funding Amount**
GHCS (State)	1,478,728

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000
Water	38,650

Key Issues

Military Population

Budget Code Information

Mechanism ID:	13038		
Mechanism Name:	SCMS Commodity procurement		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	385,171	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	115,707	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	138,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	250,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	239,850	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	HTXD	50,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13100	**Mechanism Name: FHI service delivery/prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,272,909	
Funding Source	**Funding Amount**
GHCS (State)	1,843,095
GHCS (USAID)	2,429,814

Sub Partner Name(s)

AMAVS	APECOS	Association Burundaise Pour le Bien-Etre Familial
Association des Chauffeurs Qualifiés de Kayanza	Association Nationale des Seropositifs et des Sideens	Bureau de Developpement Communautaire de Muyinga
Bureau Provincial de Santé de Kayanza	Bureau Provincial de Santé de Kirundo	Bureau Provincial de Santé de Muyinga
Centre de Santé de Kagari	Centre de Santé de Kayanza	Centre de Santé de Maramvya
Centre Izere	CPAJ Kirundo	DAI
Diocese Muyinga	Hopital de Muyinga	Hopital Kayanza
Hopital Mukenke	Hopital Musema	Howard University

JHPIEGO	Johns Hopkins University Center for Communication Programs / AfriComNet	North Star Foundation
PUMA Karate	RENAJES Muyinga	Reseau Burundais des Personnes Vivant avec le VIH
Society of Women Against AIDS in Africa Kayanza	Society of Women Against AIDS in Africa Muyinga	Solidarity Center

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	40,000
Education	510,000
Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Gender: Reducing Violence and Coercion	75,000
Human Resources for Health	1,559,284
Water	10,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	13100		
Mechanism Name:	FHI service delivery/prevention		
Prime Partner Name:	Family Health International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	458,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	586,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	330,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	574,188	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	330,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	525,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	760,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	509,721	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13149	**Mechanism Name: GH 01-2008 MEASURE Phase III MMAR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	13149		
Mechanism Name:	GH 01-2008 MEASURE Phase III MMAR		
Prime Partner Name:	University of North Carolina at Chapel Hill, Carolina Population Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13373	**Mechanism Name: PSI HIV prevention**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant

Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	50,000

Key Issues

Addressing male norms and behaviors

Military Population

TB

Family Planning

Budget Code Information

Mechanism ID:	**13373**		
Mechanism Name:	**PSI HIV prevention**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	100,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13408	**Mechanism Name: VOA HIV prevention**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Inter-Agency Agreement
Prime Partner Name: International Broadcasting Bureau, Voice of America	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population

Budget Code Information

Mechanism ID:	13408		
Mechanism Name:	VOA HIV prevention		
Prime Partner Name:	International Broadcasting Bureau, Voice of America		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	50,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13411	**Mechanism Name: TBD/ Education**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	REDACTED
Gender: Reducing Violence and Coercion	REDACTED

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13411**		
Mechanism Name:	**TBD/ Education**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13424	**Mechanism Name: TBD/ PPP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

TB

Budget Code Information

Mechanism ID:	**13424**

Mechanism Name:	TBD/ PPP		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13427	**Mechanism Name: Healthcare Improvement Project QA/WD follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13427		
Mechanism Name:	Healthcare Improvement Project QA/WD follow-on		
Prime Partner Name:	University Research Corporation		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13526	**Mechanism Name: Engender Health GH-08-2008 RESPOND**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	**Funding Amount**
GHCS (State)	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	50,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**13526**		
Mechanism Name:	**Engender Health GH-08-2008 RESPOND**		
Prime Partner Name:	**Engender Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	450,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business
U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS					311,143	311,143
Institutional Contractors					150,000	150,000
Management Meetings/Professional Developement					21,350	21,350
Non-ICASS Administrative Costs					265,162	265,162
Staff Program Travel					70,450	70,450
USG Staff Salaries and Benefits					252,081	252,081
Total	**0**	**0**	**0**	**0**	**1,070,186**	**1,070,186**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (USAID)		311,143
Management Meetings/Professional Developement		GHCS (USAID)		21,350
Non-ICASS Administrative Costs		GHCS (USAID)		265,162

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				6,777		6,777
Management Meetings/Professional Developement				1,875		1,875
Staff Program Travel				5,625		5,625
USG Staff Salaries and Benefits				13,900		13,900
Total	**0**	**0**	**0**	**28,177**	**0**	**28,177**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		6,777
Management Meetings/Professional Developement		GHCS (State)		1,875