



**Democratic Republic of the Congo**  
**Operational Plan Report**  
**FY 2011**



## Operating Unit Overview

### OU Executive Summary

#### HIV/AIDS in the Democratic Republic of Congo

The Democratic Republic of Congo (DRC)'s epidemic is considered generalized, but recent data from surveillance studies indicates a high prevalence in various geographic areas across the country. According to the draft DRC 2009 Antenatal Surveillance Survey report, prevalence among pregnant women attending antenatal care (ANC) sentinel sites is 3.7% , with prevalence as high as 9.5% in urban Kisangani (Orientale province), 6.9% in Mwene Ditu (Kasai Orientale province), 4.3% in Matadi (Bas Congo province), and over 5% in two rural sites in Orientale province (Neisu and Buta).<sup>1</sup> ANC surveillance data for women ages 15-24 shows high prevalence is in several locations (Urban: Kisangani (6.7%), Mwene Ditu (6.3%); Bunia (4.9%); Rural: Neisu (6.0%), Buta (5.5%), Ruzizi (6.4%)). Both the ANC Surveillance and the Demographic and Health Survey (DHS) are quoted, with the latter indicating prevalence of 1.3% in the general population. Nationally women continue to be more at risk than men; according to the DHS, the highest prevalence for women is between ages of 40 and 44 (4.4%). For men, the highest prevalence occurs between 35-39 years (1.8%). Women at greatest risk are those who are most educated (3.2%), have higher incomes (2.3%), and are widowed (9.3%).<sup>2</sup>

Factors such as political instability, violence, and civil unrest increase the challenges, making it difficult to conduct effective and sustainable HIV/AIDS activities. Due to these factors, the health sector has deteriorated over the past decades. Throughout the DRC, poorly paid health care workers are frequently on strike; demand unofficial payments to supplement insufficient or non-existent salaries; and are frequently unable to provide basic care because health centers are poorly resourced. Cost and perceived poor outcomes often deter clients from seeking care. Several factors fuel the spread of HIV/AIDS in the DRC, including movement of large numbers of internally displaced persons (IDP) and soldiers, proximity to higher-prevalence countries in East and Southern Africa, scarcity and high cost of safe blood transfusion in rural areas, low risk awareness, lack of knowledge regarding transmission and counseling, limited HIV testing sites, high level of untreated sexually transmitted infections (STIs) among commercial sex workers and their clients, and low availability of condoms. Furthermore, only 9% of men and women know their HIV status.<sup>3</sup>

The UNAIDS modeling program for HIV estimates (EPP Spectrum) suggest that over 1.1 million Congolese will be infected with HIV by the end of 2011, and that almost 260,000 Congolese will be eligible for antiretroviral treatment (ART) treatment by 2011.<sup>4</sup> However, even with support from Round 8 of the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund), only a projected 37,000 HIV positive people will be covered with treatment over the next five years. Although DRC received \$71.3 million in the Global Fund Round 8 grant, Round 9 did not include HIV funding. If the Round 10 HIV grant is approved, up to 100,000 patients will be covered. The DRC 2009 orphans and vulnerable children (OVC) Rapid Assessment, Analysis, and Action Plan (RAAAP) Situational Analysis estimates that there are 8.2 million OVC, and EPP Spectrum modeling suggests that almost 1 million of these are orphaned due to HIV/AIDS.<sup>5</sup> Although there are several major HIV/AIDS efforts ongoing in DRC, progress on some key indicators has been slow. Only 5% of pregnant women nationally have access to prevention of mother to child transmission (PMTCT) services,<sup>6</sup> and fewer than 30% of people living with HIV/AIDS

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<sup>1</sup> DRAFT Rapport épidémiologique de surveillance du VIH chez les femmes enceintes fréquentant les structures de CPN 2009.

<sup>2</sup> Enquête Démographique et de Santé République Démocratique du Congo 2007, Ministère du Plan avec la collaboration du Ministère de la Santé, Kinshasa, République Démocratique du Congo, Macro International Inc., Calverton, Maryland, USA, Août 2008.

<sup>3</sup> Ibid.

<sup>4</sup> DRAFT Rapport épidémiologique de surveillance du VIH chez les femmes enceintes fréquentant les structures de CPN 2009.

<sup>5</sup> Ibid.

<sup>6</sup> Plan Stratégique de Lutte Contre le VIH et le SIDA du secteur de la santé 2008-2012. Ministère de la Santé Publique. Secrétariat General. République Démocratique du Congo.



(PLWHA) enrolled in ART programs are receiving some form of palliative care. Currently, the National Program (PNLS) estimates that 41,454 adults and children are enrolled on ART, which is only about 10% of those eligible,<sup>7</sup> primarily through Global Fund and the Clinton Foundation support.

### **The DRC Program, Country Ownership, and Sustainability**

The USG, through the DRC President's Emergency Plan for AIDS Relief (PEPFAR) program, established a Partnership Framework and Implementation Plan (PF and PFIP) with the host government outlining goals for HIV/AIDS interventions which contribute to National priorities over the following five years. The four goal areas are the following:

**Goal 1: PREVENTION** – Reduce new HIV infections in the DRC

**Goal II: TREATMENT, CARE AND SUPPORT** – Expand access to high quality care and treatment services to HIV positive Congolese

**Goal III: CARE FOR ORPHANS AND VULNERABLE CHILDREN** – Improve protection, care and welfare of OVC through a coordinated response.

**Goal IV: HEALTH SYSTEMS STRENGTHENING** – Strengthen coordination and management of HIV interventions through support to the following key areas: institutional capacity building and human resources, lab and infrastructure, logistics and pharmaceutical support, strategic information and health finance.

The PFIP will encourage country ownership by contributing to larger national goals and sustainable scale up of services through existing government systems by focusing on key health service delivery trainings; management of health financing; logistics support for commodities and pharmaceutical provisions; and the development of a management oversight committee to monitor the progress of the PFIP goals. It is important to note that the technical assistance provided through the PFIP will be coordinated with the large scale service-delivery efforts and technical assistance program of the Global Fund's Principal Recipients and other donors. The USG goal of strengthening the Government of the Democratic Republic of Congo (GDRC)'s ability to coordinate donor activities will improve efficiencies and reduce redundancies.

Building on the Global Health Initiative (GHI)'s objective to support country ownership and sustainability, the hallmark of the new partnership is joint decision-making in setting programming priorities for the HIV/AIDS sector, and joint commitment to greater transparency in reporting information. The GDRC and the USG intend to work together to review the feasibility and underlying funding assumptions linked to the achievement of these targets within the extremely difficult country context. To promote country ownership, the PEPFAR program is working with the GDRC to establish a Steering Committee to oversee implementation of the steps outlined in the Implementation Plan.

The USG also plans to work directly with relevant sections of the GDRC to build capacity and sustainability. An example, of sustainability is the implementation of "The Champion Community model" in prevention, care and support. This model, adapted for the DRC context, helps communities set and meet prevention objectives in line with their own priorities. It enables programming to be responsive to the unique risk factors in the USG geographic focus areas and allows for adaptation and targeting of most at-risk population (MARP) communities in each area by increasing both the awareness, adoption of safer sex practices, and uptake of services. This approach is unique in that it empowers and motivates communities to prevent sexual transmission.

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<sup>7</sup> Rapport 2008, Programme National de lutte contre le VIH/sida et IST, Ministère de la santé publique, République Démocratique du Congo, and telephone interview with the Director of the PNLS.



## Prevention

In FY 2011, the USG will continue to prioritize targeted, comprehensive prevention programs among persons engaging in high-risk behavior while also addressing risks for youth and the general population. Based on research funded in 2009, the USG began new programs to better address the newly identified key at-risk populations. This included expansion to newly emerging hot-spots like Kisangani. As part of targeting these at-risk populations, the Department of Defense (DOD) program aims to increase personal risk perception and improve access to condoms among military personnel and their families in conjunction with HIV testing and counseling (HTC) scale-up efforts. These objectives are achieved by training master trainers and peer educators, by “troop level” prevention education and by behavior change communication (BCC).

The integration of HIV behavior change will continue and more youth in school will be reached through music, radio, and TV programs. State Department Public Diplomacy (PD) efforts have continued to raise HIV/AIDS awareness through general public outreach and cultural activities (such as concerts and film festivals) that attract key at-risk populations, as well as key opinion makers. PD will soon begin implementing programs that train journalists on accurate and effective HIV/AIDS reporting, and will train host-government public affairs officials on communication techniques that allow the GDRC to take the lead in implement awareness-raising strategies. Efforts will continue to ensure that prevention programming is appropriately integrated with OVC activities, as many OVCs are high-risk youth in need of comprehensive prevention services.

In 2011, PMTCT will be strengthened and expanded to increase the uptake and referral of pregnant women eligible for ART services provided by the Global Fund. PEPFAR will mobilize state-of-the-art PMTCT technical assistance to ensure quality HTC within the context of quality ANC, safe delivery, postnatal care, including STI and cervical screening, and family planning. Linkages will be strengthened between PMTCT, HTC and care and treatment, and increased male involvement in partner testing will be promoted at PMTCT sites. Through PMTCT and other programs, the USG is also expanding prevention programming for discordant couples. The USG will continue to support a pilot training in couples HTC, which follows discordant couples using home visits by community counselors.

Reducing biomedical transmission is an important aspect of the USG prevention program. The Integrated Health Program has a blood safety program to strengthen voluntary blood donations in at least 80 health zones in which the new USAID Primary Health Care activities will be implemented. These activities will focus on three strategic areas: testing of all donated blood for transfusion-transmissible infections, blood group and compatibility; ensuring the availability and accessibility of safe blood to all patients requiring transfusion; prioritizing pregnant women and children; and reducing unnecessary transfusions. Injection safety activities will focus on institutionalizing improved waste management practices at the rural health zone level. This will include provision of polybags, waste containers, and sharps boxes as well as monitoring and supportive supervision to ensure the application of the Ministry of Health's (MOH) Environmental and Waste Management Standards. Beginning in COP 2010 and continuing in COP 2011, Centers for Disease Control and Prevention has undertaken a cooperative agreement with the MOH to strengthen the capacity of the National Blood Transfusion Program (PNTS) to assure a safe and adequate blood supply for its population, particularly pregnant women, children, trauma victims, and other populations susceptible to contracting HIV and other blood-borne pathogens through blood transfusions.

Although there is high demand for testing and counseling in DRC, coverage remains low and services are inadequate resulting in unmet testing needs. Through HTC, PEPFAR aims to reduce risk behaviors through increased personal awareness of sero-status and improved access to support services. PEPFAR partners will implement outreach strategies to engage high-risk communities to increase access to testing and counseling services as a prevention strategy. A key strategy will be the social marketing of HTC services to target populations. Existing HTC services will continue in the USG-supported target areas. PEPFAR will catalyze local partnerships to support HTC and provide local organizational capacity-building to strengthen civil society. To establish support systems, the project will work with community



groups to develop appropriate partnerships with local authorities that will allow for effective and responsive service delivery, and will work to ensure sustainability. This approach creates a formal partnership between communities, the private sector, NGOs, and government.

Notable opportunities for the prevention program reside in several special studies planned for 2011 and over the next several years. Continued collaboration with parastatal organizations to support ANC surveillance is planned. These will be complemented with special studies on DRC armed personnel and men who have sex with men, with subsequent years' activities dependent on the program's need and guidance from GDRC, (e.g. OVC, injecting drug users, prison populations, Congo River populations, and survivors of gender-based violence). Key challenges that have complicated the provision of HIV prevention services include: stock outs in the supply chain that constantly disrupt service delivery, inadequate human resources for health, limited GDRC ability to expand and sustain basic health services in the provinces, and limited stakeholder coordination.

## Care

The USG intends to build upon investments in existing activities to strengthen and broaden the linkages between prevention, care and support, and treatment services. The ongoing prevention activities, including HTC, PMTCT, and provider-initiated testing and counseling (PITC) in tuberculosis (TB) sites, offer an entry point for expanding care and support services. Various components of a comprehensive care program are being implemented. These include nutritional support provided to OVCs, increased numbers of PLWHA being screened for TB, limited home-based care services provided in Matadi, Bukavu, and Lubumbashi and the comprehensive continuum of HIV/AIDS care.

The FY 2011 overall goal of the USG's OVC program is to improve protection, care and welfare of OVC through a coordinated response. Strategies and activities will be based on the RAAAP and will aim to support the following National Action Plan objectives: to increase access to a minimum package of OVC interventions, increase community mobilization to prevent and support OVC, and ensure a political and institutional environment that enables protection as well as the provision of holistic OVC care. The USG will engage the Ministry of Social Welfare (MINAS) in the implementation and further refinement of the OVC guidance and comprehensive support package. We will also support capacity building at both the central and provincial level in order to build MINAS's ability to coordinate national efforts. In addition, in FY 2011 there will be more targeted, branded outreach activities focused on prevention and access to care for street children and other at risk youth groups. PEPFAR will primarily use HTC and PMTCT services as a means to identify OVC who need support. Through the USAID maternal and child health (MCH) programs, HIV services will be integrated in ANC, malaria, and family planning activities, and through the social protection program will undertake efforts to reduce the number of separated and abandoned children as well as assist victims of gender-based violence in eastern.

USG TB-HIV activities will continue to expand existing programs strengthening coordination between HIV and TB activities, building the capacity of the National TB program (PNT) and PNLS at both the national and provincial levels and expanding and strengthening PITC in USG-supported geographic areas. These strategies will contribute to building the capacity of national structures through the expansion of best practices. In particular, activities in Kinshasa will extend HTC and prophylaxis to family members of TB-HIV co-infected patients, improve or renovate selected facilities, and provide refresher trainings to health providers. Services to existing sites will continue. In addition, the program will strengthen infection control activities, including the creation of a TB infection control committee, elaboration and dissemination of national guidelines along with supporting job aids, and training of health providers on the application of TB infection control measures. The new Integrated HIV/AIDS Program will provide TB-HIV as part of its comprehensive HIV care strategy. Using TB earmark funds, the USG will continue to provide direct capacity building support to the PNT in addition to a comprehensive service package for Multi-Drug Resistant (MDR) case management, laboratory support, infection control, and community mobilization of former TB patients.



Notable opportunities for the care and support program are: building capacity including improving community and PLWHA engagement and capacity to promote ownership and delivery of quality preventive care services; and formalizing collaboration and systems to link facility and community care providers in order to facilitate comprehensive, quality care. Key challenges that have complicated the care and support program include the large disparity between the number of healthcare providers of HIV/AIDS care, treatment, and support services and the number of people who need these services.

## Treatment

PEPFAR programs will provide assistance to support the GDRC goal of providing over 300,000 PLWHA with care, treatment, and support services by 2014. PEPFAR, in partnership with the GDRC and in collaboration with other stakeholders, have identified five key areas that will need attention in FY2011:

- 1) Comprehensive care programs including HTC, home-based care, positive living activities, income generating activities (IGA), staging for ART where appropriate, including CD4 testing, cotrimoxazole prophylaxis, TB screening, nutritional support, and prevention with positives (PwP) activities;
- 2) Referrals and linkages between care and treatment services, especially those run by USG agencies;
- 3) Expanding access to care and treatment services by providing care for the management of opportunistic infections;
- 4) Laboratory support services for HIV diagnosis and disease monitoring;
- 5) Capacity building through training of healthcare and community care providers as well as provision of technical assistance for supply chain system.

Efforts will be directed toward strengthening GDRC capacity to coordinate, monitor, and evaluate interventions, train healthcare providers in comprehensive care, and streamline the referral and enrollment of those who are ineligible for ART into comprehensive care programs. Activities will strengthen civil society's capacity to engage and mobilize communities and PLWHA to deliver effective palliative and home-base care interventions and will work toward developing networks of positives through PLWHA support groups to catalyze sustainable self-help activities and provide a comprehensive needs-based response.

With USG support, the Kalembe Lembe Pediatric Hospital in Kinshasa is in the process of becoming a Center of Excellence intended to train teams of healthcare workers in the provision of pediatric care and treatment services, including taking advantage of improved technology to create a telemedicine network and thereby increase access to training opportunities for clinicians outside of Kinshasa. Clinical care at the hospital includes prevention and treatment of opportunistic infections (OIs) and other HIV/AIDS-related complications including malaria and diarrhea. In addition, the hospital provides access to pharmaceuticals, insecticide treated nets and related laboratory services, pain and symptom relief, and nutritional assessment and support including food. Non-clinical activities include: support groups targeting HIV positive children and their families led by trained volunteers and expert PLWHAs, home visits and follow-up for missed appointments, assessments and promotion of adherence to ARV treatment regimens, linkages to available psychosocial services, and instructions on home-based health care. Psychological support addresses coping with illness and care-giving, as well as the grieving process following the death of a family member.

Regarding laboratory programs, the USG will continue to provide technical assistance for development of national lab policies, norms, procedures and standards, and development of a laboratory quality assurance and quality control program at the national, provincial and district hospitals as well as local clinics. With FY 2011 funds, additional resources will concentrate on quality assurance in provincial hospitals and key laboratory sites. This work will include revising the training curricula and subsequent training of provincial laboratory technicians. Funds will continue to be used to fill critical gaps in equipment purchases and reagents necessary for related laboratory testing. These efforts will promote validation of new laboratory techniques. The USG will support in-service and pre-service training of HIV laboratory technicians based on standardized procedures, and will continue to strengthen laboratory capacity at





health facilities based on patient care needs, cost, effectiveness and efficiency. Through the Integrated HIV/AIDS Program, funds will continue to support provision of equipment and reagents, training of laboratory technicians, and establishment of quality assurance and supervision systems.

Notable opportunities for the treatment program include developing a cost-effective evidence-based package of care and support, increasing the emphasis on positive living in support programs, developing appropriate nutrition messages, coordinating needs-based provision of high energy protein supplements and emergency food assistance and streamlining the referral and enrollment of those who are ineligible for ART into comprehensive care programs. Key challenges that have complicated the treatment program include the lack of health infrastructure and systems which are in decay and lack basic equipment in many circumstances. The supply chain of HIV commodities, including ARVs, remains weak, and stock outs are common. There is a lack of trained staff including clinicians and community-based staff, lab equipments and supplies for diagnostic tests and disease monitoring.

## **Other**

### **Health Systems Strengthening and Human Resources for Health**

Through the PF, the GDRG and PEPFAR have chosen to specifically focus on the following five areas of health systems strengthening: 1) developing laboratory systems for service delivery 2) strengthening strategic information capabilities 3) supporting logistics and pharmaceutical management 4) developing human and institutional capacity, and 5) assuring sustainable financing for the GDRG health system. In an effort to improve cost efficiencies and streamline approaches and processes, the USG has increased coordination with other donors and the GDRG through the Country Coordinating Mechanism (CCM), health donors coordination group (GIBS), PEPFAR Steering Committee, and the USG team. Approaches include information sharing and collaboration regarding the leveraging of services, improved referral systems at the decentralized level, coordinated procurements and supply chain activities, and increased dialogue to decrease the duplication of services and technical assistance. The GDRG faces challenges in maintaining health worker motivation, primarily due to low and non-payment of salaries, which often lead to health worker strikes. One particular priority for capacity building is the development of a comprehensive approach to pre-service, in-service, and continuing education to provide quality HIV services. Additionally, technical assistance will be provided directly to the Global Fund with the support of the USG-supported Global Fund liaison, who will identify technical assistance needs to support implementation of existing grants as well as assuring pre-signature readiness of new grants. This technical assistance (TA) includes support to the CCM, the Principal Recipients (PRs), sub-recipients, and other implementing partners. This is particularly important now as the GDRG and other non-governmental entities begin to take over the role of PR of the grants, a role previously undertaken by the United Nations Development Program (UNDP).

Key challenges and opportunities remain in the complicated health systems in the DRC, which are marred by inadequate resources, limited government capacity and workforce issues. Currently, there are efforts to build up the existing national systems and better coordinate donors working in health to build these systems.

## **Strategic Information**

In FY 2011, the USG will continue to develop the comprehensive and coordinated strategic information (SI) system to establish and maintain effective monitoring and oversight across all program areas to ensure tangible and transparent health outcome data to document substantive and measurable impact in decreasing the prevalence of HIV/AIDS in the DRC. Plans include strategic targets and geographical focus, such as in the new focus on Kisangani and other identified provinces where prevalence is steadily increasing. The national data monitoring and reporting system, which includes a centralized web-based



database that will be used by all stakeholders nationally to store data that GDRC, PEPFAR and other major donors can extract for their specific use, will be implemented in USG supported areas. In FY 2011, the USG will continue to promote SI as a foundation for planning and coordinating the national HIV response by identifying the following: epidemiologic priorities via ANC, BSS, AIDS Indicator Survey, targeted studies and the DHS survey; geographic distribution of HIV service sites by mapping exercises; quality and coverage of HIV service delivery via a national monitoring and evaluation (M&E) reporting system; and performance issues with HIV services and implementing partners' performance via special studies. This SI strategy relies on a combination of program evaluations, public health evaluations, policy evaluations, monitoring of programs and policies, and different types of surveillance surveys to assess the progress of the strategies outlined in the PF. The PEPFAR Steering Committee, to be established under the National Multisectoral AIDS Program (PNMLS), will monitor the implementation of the PF and evaluation plan. In FY 2011, the USG will work with the GDRC to support these research priorities when possible and will prioritize assisting the GDRC to create a central database into which data from completed research can be entered. Research will be complemented by ensuring that care and treatment algorithms are structured to reduce the likelihood of antibiotic resistance, and ensuring that all program planning is evidence based.

### **Global Health Initiative**

The DRC PEPFAR program directly incorporates the key principles of GHI as described below:

**Focus on women, girls, and gender equality.** The DRC PEPFAR program focuses on reductions in death and disease with an emphasis on women and girls through ongoing efforts to prevent mother to child transmission of HIV; providing nutrition inputs to bolster the health and wellness of mothers and children in PMTCT programs, as well as improving care and support efforts; mitigating the impact of HIV/AIDS on OVC through the Champion Communities program as well as more traditional approaches; and a new focus on prevention, care, and treatment of gender-based violence.

**Increase impact through strategic coordination and integration.** PEPFAR efforts are integrated into other programs supported by the USG, as well as into health structures that are state-supported, church-supported (Salvation Army, Catholic and Protestant), or privately supported. For example, PMTCT and blood safety activities are integrated into 137 sites in 40 health zones of USAID's Integrated Health Program, which operates in four provinces in the center and east of the country (Sud Kivu, Kasai Oriental, Kasai Occidental, and Katanga). These activities are supplemented with nutritional support in the PMTCT setting. In Kinshasa, and in the near future in Kisangani, PMTCT activities are integrated into maternities supported through other sources; care and treatment activities into maternities and a pediatric hospital; and TB-HIV activities into already existing TB clinics through the Providing AIDS Care and Treatment (PACT) project. Additional support will be integrated into existing health clinics and reference hospitals in Kinshasa, Matadi, Lubumbashi, Bukavu, and Kisangani through the Integrated HIV Program (Pro-VIC).

**Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement.** Engagement with multilaterals continues to be an essential element of the DRC PEPFAR program. PACT leverages resources through close collaboration with treatment programs supported by Global Fund grants. The Pro-VIC project will support care and treatment services within their target areas in clinics where treatment is already offered. Both projects engage regularly with Global Fund grantees to problem solve and work toward uninterrupted flow of ARVs, reagents, and other supplies provided with Global Fund resources. The USG has a seat on the CCM which oversees and makes policy decisions about the Global Fund grants in country. In March 2010, the USG hired a Global Fund Liaison will play a critical role in fostering communication between the USG and the CCM, as well as in identifying technical TA needs, developing a TA plan, and representing USG interests.

**Encourage country ownership and invest in country-led plans.** The hallmark of the PF between the USG and GDRC is joint decision-making in setting programming priorities for the HIV/AIDS sector, and





joint commitment to greater transparency in reporting information. To promote country ownership, the PEPFAR program is working with the GDRC to establish a Steering Committee to oversee implementation of the steps outlined in the Implementation Plan. The PEPFAR program's plans are derived from national strategic plans in health and HIV/AIDS, social affairs, and gender based violence. Strategic planning, monitoring and evaluation, and policy development are representative areas in which PEPFAR program staff and partners work in close collaboration with GDRC representatives and in which the USG works directly with relevant sections of the GDRC to build capacity and sustainability. In addition, PEPFAR invests in partner organizations by providing scholarships to the Congo American Language Institute to improve Congolese researchers' and other program staff abilities in English. The Pro-VIC project works closely with indigenous organizations to build their capacity to provide services and operate sustainably.

**Build sustainability through health systems strengthening.** The DRC PEPFAR program invests in health systems strengthening (HSS) through a variety of projects and partners. The portfolio includes collaboration with GDRC partners including the PNLs and the PNTS through direct support, as well as ongoing collaboration with MINAS, MOH, MOD, and others. With the advent of gender-based violence specific programming, the relationship with the Ministry of Gender (MOG) is expected to be strengthened.

The HSS approach as described in the PFIP includes:

- Laboratory Systems for Service Delivery: Develop National five-year lab and quality assurance plans;
- Health Management Information Systems (HMIS): Plan to align output and national indicators to the extent possible;
- Commodities/Procurement: Revise the essential commodities list; MOH is developing a pharmaceutical pricing policy to fit within the unified procurement structure;
- Human Resources: Develop and implement health provider retention strategies and related HIV curricula; develop strategy to increase civil society participation in HIV service delivery as well as the development of public private partnership opportunities.

**Improve metrics, monitoring and evaluation.** PEPFAR program staff and partners work closely with the GDRC and other multilateral organizations to ensure that monitoring and evaluation efforts are incorporated into programming but are not duplicative. Additional need for coordination has been identified in the area of gender based violence, so PEPFAR intends to participate in already-existing coordination mechanisms to work toward one national monitoring and evaluation system.

**Promote research and innovation.** PEPFAR works with GDRC and parastatals to ensure that a common research agenda is developed and that USG support for research is relevant to the country's needs. Opportunities for collaboration have already been utilized to continue the annual Antenatal Care Surveillance Survey, and PEPFAR agencies continue to work to identify other sources of support beyond PEPFAR to bolster national research capacity and increase the sources of data available. Pro-VIC, through its small grants program to indigenous organizations, and through its Champion Communities model, encourages the development and propagation of positive innovations at the community level.

**New Procurements**

REDACTED

**Population and HIV Statistics**

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living	435,000	2009	UNAIDS Report			

with HIV			on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Children 0-14 living with HIV	60,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Deaths due to HIV/AIDS	400,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Estimated new HIV infections among						

adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	3,118,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	37,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	495,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			
Orphans 0-17 due to	430,000	2009	UNAIDS Report			

HIV/AIDS			on the global AIDS Epidemic 2010.			
The estimated number of adults and children with advanced HIV infection (in need of ART)	205,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Women 15+ living with HIV	260,000	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.			

### 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
Clinic support for HIV prevention care and treatment in Matadi.			150,000	0	<p>This program will follow-on activities from a previous two-year program that ended in September 2008 implemented by FHI. The GDA with MIDEMA has two goals: (1) the establishment high quality prevention and an Anti Retro Viral treatment center at the Matadi Clinic; and (2) the development of a global public-private alliance. This 3-year program will build on the past experience and pursue the same objectives to develop quality prevention care and treatment program in the Matadi clinic. MIDEMA will provide a minimum of \$1 cash and in-kind cost-share for every USG \$1 spent. Additionally,</p>



					<p>in 2009, MIDEMA contributed the Matadi clinic maternity building in support of the program. USG support will focus on strengthening technical capacity while MIDEMA support will continue to ensure the functionality of the clinic including provision of ARV, STI and OI drugs. For FY2010, PEPFAR will contribute \$150,000 leveraged by a minimum private sector contribution of \$200,000.</p>
<p>Development of an emergency blood transfusion program in 57 rural health zones supported by USAID in 4 provinces</p>			300,000	300,000	<p>The Global Development Alliance (GDA) with Safe Blood for Africa (SBFA) is a 4-year Cooperative Agreement which began on October 30, 2007. The program aims to strengthen blood safety for the 8 million Congolese in the 57 health zones</p>

				<p>supported through the USAID-funded Primary Health Care program (Project AXxes). This GDA with SBFA provides support to implement an effective National Transfusion Service and to build a safe and sustainable blood supply in the DRC. Specifically, this program provides expert guidance and technical assistance in the areas of policy and infrastructure development, training, blood collection and testing, quality management, transfusion and blood utilization as well as monitoring and evaluation. This project also strengthens the MoH capacity in quality assurance, development of a volunteer non-remunerated blood</p>
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				<p>donation program and waste management. For FY2010, PEPFAR will contribute \$300,000 leveraged by a minimum private sector contribution of \$477,357.</p>
<p>Freeport McMoran/Tenke Fungurume Mining Company</p>				<p>In its first year of three years of implementation, the project will focus on reducing the incidence and prevalence of HIV and mitigating its impact on people living with HIV/AIDS and their families in the Fungurume Health Zone (FHZ) and along the trucking corridor between Fungurume and Kasumbalesa on the DRC and Zambia border. The indicators tracked during the life of the project will be:</p> <ul style="list-style-type: none"> <li>• Reference Hospital built and Reference Health Center built in Tenke with TFM</li> </ul>

					<p>funds</p> <ul style="list-style-type: none"> <li>• 25,000 individuals counseled and tested for HIV in FHZ and Kasumbalesa, with a focus on the most-at-risk populations of truckers and sex workers</li> <li>• Establishment of one Champion Community in FHZ</li> <li>• Prevention messages received by 35,000 truckers and associated populations</li> <li>• Prevention messages received by 1,800 sex workers via peer education</li> <li>• 100 health center staff trained in HIV continuum of care, including counseling, testing, and treatment</li> </ul>
HIV behavior change communication program through hotline activity		Celtel, Foundation Femme Plus (FFP), Tigo, Vodacom	340,000	320,000	The USG developed a Behavior Change Communication (BCC) program through the "Ligne Verte" toll-free HIV/AIDS telephone hotline in Kinshasa.

				<p>Callers receive comprehensive prevention information and are referred to HIV services available in their geographic area. Nationwide, youth and adults can call trained hotline counselors to ask questions and discuss personal risk reduction strategies, including abstinence, delayed sexual debut, and partner reduction, as well as obtain referrals to HIV services. The hotline receives 35,000 calls per month. This partnership has engaged private telecommunication companies to offer this toll-free hotline. A total of \$180,000 of USG annual resources is leveraging a \$130,000 financial contribution from the private sector. In</p>
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				<p>addition, the private sector will contribute \$30,000 in human capital and \$30,000 to support a Microwave Unit, which unifies company calls. The World Bank is providing a one-off contribution of \$180,000 in 2010.</p>
<p>Kinshasa School of Public Health</p>		<p>Becton Dickinson</p>		<p>To establish the Regional Laboratory Capacity Building Center at the Kinshasa School of Public Health and conduct training in Flow Cytometry, Safe Blood Collection, and other techniques and safety practices. The partnership will result in a Regional Centre of Excellence for Training in Good Laboratory Practice (GLP); develop capacity for HIV diagnosis; and develop a plan to sustain the laboratory system.</p>

				<p>\$400,000 USG resources leverage \$1,035,000 private sector contributions. This will be the 1st year of partnership and program activities begins with design, development , and implementation of training for CD4 monitoring, hematology, HIV serology and renovation of the KSPH training facility. Indicators tracked include: percent labs with satisfactory performance in external quality assurance/proficiency testing; percent HIV rapid tests facilities with satisfactory performance for HIV diagnostics; number of health care workers who successfully completed in-service training program.</p>
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## Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2010 HIV Sentinel surveillance or pregnant women attending ANC sites	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Other
2011 HIV Sentinel surveillance of pregnant women attending ANC sites	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Other
HIV Drug resistance survey	HIV Drug Resistance	General Population	Development
HIV/STI Integrated Biological and Behavioral Surveillance - 2010	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Mobile Populations, Street Youth, Youth	Development
KAP study with PLWHA	Other	General Population	Planning
Male uncircumcised problematic	Qualitative Research	General Population	Planning
Risk behaviors among prisoners population	Behavioral Surveillance among MARPS	Other	Planning



## 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			1,316,404		1,316,404
HHS/CDC		2,415,000	11,047,550		13,462,550
State			70,000		70,000
State/AF			316,725		316,725
USAID			11,884,321	9,200,000	21,084,321
<b>Total</b>	<b>0</b>	<b>2,415,000</b>	<b>24,635,000</b>	<b>9,200,000</b>	<b>36,250,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	State	DOD	HHS/CDC	State/AF	USAID	AllOther	
HBHC			1,376,411		2,542,062		3,918,473
HKID					2,690,180		2,690,180
HLAB			1,146,000		15,000		1,161,000
HMBL			750,000		250,000		1,000,000
HMIN			250,000				250,000
HTXS			674,000		10,000		684,000
HVAB		155,330			2,488,669		2,643,999
HVCT		439,403	235,000		2,288,761		2,963,164
HVMS	70,000	175,000	3,331,912		2,037,530		5,614,442
HVOP		346,671	403,000	216,725	3,289,905		4,256,301
HVSI			1,213,089		348,420		1,561,509
HVTB			1,204,000		1,358,118		2,562,118
MTCT			1,199,000		2,098,657		3,297,657
OHSS		200,000	510,138	100,000	1,667,019		2,477,157
PDCS			801,000				801,000



PDTX			369,000				369,000
	70,000	1,316,404	13,462,550	316,725	21,084,321	0	36,250,000

## 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	3,918,473	
HTXS	684,000	
<b>Total Technical Area Planned Funding:</b>	<b>4,602,473</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	1,000,000	
HMIN	250,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,250,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	2,963,164	
<b>Total Technical Area Planned Funding:</b>	<b>2,963,164</b>	<b>0</b>

**Summary:**  
(No data provided.)

#### Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	2,477,157	



<b>Total Technical Area Planned Funding:</b>	<b>2,477,157</b>	<b>0</b>
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**Summary:**  
(No data provided.)

**Technical Area: Laboratory Infrastructure**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,161,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,161,000</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,614,442	
<b>Total Technical Area Planned Funding:</b>	<b>5,614,442</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: OVC**

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	2,690,180	
<b>Total Technical Area Planned Funding:</b>	<b>2,690,180</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Pediatric Care and Treatment**

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	801,000	
PDTX	369,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,170,000</b>	<b>0</b>



<b>Funding:</b>		
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**Summary:**  
(No data provided.)

**Technical Area: PMTCT**

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	3,297,657	
<b>Total Technical Area Planned Funding:</b>	<b>3,297,657</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	2,643,999	
HVOP	4,256,301	
<b>Total Technical Area Planned Funding:</b>	<b>6,900,300</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	1,561,509	
<b>Total Technical Area Planned Funding:</b>	<b>1,561,509</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: TB/HIV**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	2,562,118	
<b>Total Technical Area Planned Funding:</b>	<b>2,562,118</b>	<b>0</b>



**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
7498	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	500,000
7500	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	10,181,791
10610	University of North Carolina	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,147,000
10612	Kinshasa School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,505,227
11054	POPULATION SERVICES INTERNATIONAL (PSI/ASF)	Implementing Agency	U.S. Department of Defense	GHCS (State)	941,404
11060	CONGO AMERICAN LANGUAGE INSTITUTE	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	50,000
12035	MIDEMA	Implementing	U.S. Agency for	GHCS (USAID)	150,000



		Agency	International Development		
12041	VOICE OF AMERICA	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	100,000
12042	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted
12991	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12996	TBD	TBD	U.S. Department of State/Bureau of African Affairs	Redacted	Redacted
13009	TBD	TBD	U.S. Department of Defense	Redacted	Redacted
13010	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (USAID)	2,000,000
13017	American Society for Microbiology	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
13086	Measure Evaluation	NGO	U.S. Agency for International Development	GHCS (USAID)	150,000
13094	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000

13183	PROGRAMME NATIONAL DE LUTTE CONTRE LE VIH/SIDA ET IST/ NATIONAL AIDS CONTROL PROGRAM	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
13205	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (USAID)	300,000
13314	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	0
13338	TULANE UNIVERSITY PAYSON CENTER	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
13386	POPULATION SERVICES INTERNATIONAL (PSI/ASF)	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	3,150,000
13476	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,878,411
13489	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13537	PATH	NGO	U.S. Agency for International	GHCS (State)	1,265,000

			Development		
13542	PROGRAMME NATIONAL DE TRANSFUSION ET SÉCURITÉ SANGUINE (PNTS)/ NATIONAL BLOOD SAFETY PROGRAM	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	900,000



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 7498</b>	<b>Mechanism Name: Strengthening Pharmaceutical Systems</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	500,000

### Sub Partner Name(s)

SPS		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	50,460
Human Resources for Health	449,540

### Key Issues

Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood  
 TB



Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 7498			
<b>Mechanism Name:</b> Strengthening Pharmaceutical Systems			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	98,420	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	401,580	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 7500	<b>Mechanism Name:</b> AIDS Support and Technical Resources (AIDSTAR) - INTEGRATED HIV/AIDS PROGRAM IN DRC (ProVIC: Program de VIH Intégré au Congo)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 10,181,791</b>	
Funding Source	Funding Amount



GHCS (State)	10,119,321
GHCS (USAID)	62,470

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	606,621
Education	418,036
Food and Nutrition: Commodities	309,621
Food and Nutrition: Policy, Tools, and Service Delivery	502,112
Gender: Reducing Violence and Coercion	494,464
Human Resources for Health	848,384

**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
- Mobile Population
- Safe Motherhood
- TB
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b>	7500		
<b>Mechanism Name:</b>	AIDS Support and Technical Resources (AIDSTAR) - INTEGRATED		
<b>Prime Partner Name:</b>	HIV/AIDS PROGRAM IN DRC (ProVIC: Program de VIH Intégré au Congo) Program for Appropriate Technology in Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	2,012,062	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	2,090,180	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HVCT	2,288,761	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	615,439	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVAB	1,063,669	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVOP	1,219,905	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	813,657	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	78,118	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10610</b>	<b>Mechanism Name: Delivery and Evaluation HIV Care and Treatment Services / Providing AIDS Care &amp; Treatment (PACT)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 3,147,000</b>	
Funding Source	Funding Amount
GHCS (State)	3,147,000

### Sub Partner Name(s)

KSPH		
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## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Commodities	0
Food and Nutrition: Policy, Tools, and Service Delivery	0
Human Resources for Health	1,699,445

### Key Issues

Addressing male norms and behaviors  
 Impact/End-of-Program Evaluation  
 Child Survival Activities  
 Safe Motherhood  
 TB  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b>	10610		
<b>Mechanism Name:</b>	Delivery and Evaluation HIV Care and Treatment Services / Providing		
<b>Prime Partner Name:</b>	AIDS Care & Treatment (PACT)		
	University of North Carolina		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	243,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HTXS	342,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	55,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	237,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	369,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	54,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	931,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	916,000	
<b>Narrative:</b>			
None			



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 10612</b>	<b>Mechanism Name: PROVISION OF CAPACITY BUILDING TO EMERGENCY PLAN PARTNERS ANS TO LOCAL ORGANIZATIONS IN THE DEMOCRATIC REPUBLIC OF CONGO FOR HIV/AIDS ACTIVITIES UNDER THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kinshasa School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,505,227</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,505,227

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,961,920
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	10612		
<b>Mechanism Name:</b>	PROVISION OF CAPACITY BUILDING TO EMERGENCY PLAN PARTNERS ANS TO LOCAL ORGANIZATIONS IN THE DEMOCRATIC		
<b>Prime Partner Name:</b>	REPUBLIC OF CONGO FOR HIV/AIDS ACTIVITIES UNDER THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)		
	Kinshasa School of Public Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	180,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	813,089	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	510,138	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	100,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	349,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	553,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 11054</b>	<b>Mechanism Name: PSI BCC and TC in the DRC Armed Forces</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: POPULATION SERVICES INTERNATIONAL (PSI/ASF)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 941,404</b>	
Funding Source	Funding Amount
GHCS (State)	941,404

### Sub Partner Name(s)

Family Health International		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	210,832



## Key Issues

Impact/End-of-Program Evaluation  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection  
 Military Population

## Budget Code Information

<b>Mechanism ID:</b> 11054			
<b>Mechanism Name:</b> PSI BCC and TC in the DRC Armed Forces			
<b>Prime Partner Name:</b> POPULATION SERVICES INTERNATIONAL (PSI/ASF)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	439,403	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	155,330	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	346,671	
<b>Narrative:</b>			
None			

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID:</b> 11060	<b>Mechanism Name:</b> Congo American Language
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	<b>Institute Scholarships</b>
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Contract
Prime Partner Name: CONGO AMERICAN LANGUAGE INSTITUTE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 50,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	50,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 11060			
<b>Mechanism Name:</b> Congo American Language Institute Scholarships			
<b>Prime Partner Name:</b> CONGO AMERICAN LANGUAGE INSTITUTE			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	50,000	

**Narrative:**

None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12035</b>	<b>Mechanism Name: Global Development Alliance with MIDEMA</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: MIDEMA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 150,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (USAID)	150,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information





<b>Mechanism ID:</b> 12035			
<b>Mechanism Name:</b> Global Development Alliance with MIDEMA			
<b>Prime Partner Name:</b> MIDEMA			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	30,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	10,000	
<b>Narrative:</b>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	30,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	35,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	15,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	15,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12041</b>	<b>Mechanism Name: Journalist Workshops</b>
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Inter-Agency Agreement
Prime Partner Name: VOICE OF AMERICA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	5,000
Human Resources for Health	50,000

### Key Issues



Impact/End-of-Program Evaluation

**Budget Code Information**

<b>Mechanism ID:</b> 12041			
<b>Mechanism Name:</b> Journalist Workshops			
<b>Prime Partner Name:</b> VOICE OF AMERICA			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 12042	<b>Mechanism Name:</b> Public Diplomacy Outreach
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
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**

With 82 television stations and more than 280 radio stations, the local media environment in the DRC is extremely challenging to work in. At the same time, media is one of the most effective ways to reach



local populations that do not have direct contact with PEPFAR programs. In such a large country, with a diverse, even fractured, media environment, and many different organizations vying for public attention, media outreach efforts must be strategic, concentrated, coordinated, evaluated and adapted to local audiences. At the same time, other cultural opportunities, particularly music, art, and writing, exist in the DRC that can act as vehicles to influence opinions and attitudes.

While the Public Affairs Section in Embassy Kinshasa does not have the technical and scientific expertise, it does have a strong knowledge of ways to target key audiences and convey policy messages. Using the expertise of the PAS in public outreach, the resources of the DOS's Bureau of International Information Programs, and especially the critical public health knowledge of PEPFAR country team and implementing partners, and following guidance and coordination from PEPFAR PIO and OGAC PAS, Embassy Kinshasa will conduct public outreach activities to highlight PEPFAR activities and encourage participation in PEPFAR programs. Through PAS-organized events involving the U.S. Ambassador (as well as other high-level U.S. officials when possible) and the DRC government, the Mission will encourage discussion about PEPFAR, HIV/AIDS and related subjects, including Sexual and Gender-Based Violence (SGBV). We will also increase the media profile of PEPFAR brand and specific activities through press events. At the same time, PAS will organize events, such as concerts and art exhibitions, in close coordination with the PEPFAR team and implementing partners, to ensure that any outreach activities integrate key HIV/AIDS messages proposed by the PEPFAR team. Finally, through small grants to local journalists and media that participate in PEPFAR-funded journalist workshops, PAS Kinshasa will be able to support the development of initiatives developed by media outlets that will be able to accurately report on HIV/AIDS and public health issues. All proposals will be vetted by the PEPFAR country team members to ensure they meet the appropriate PEPFAR standards.

M&E: M&E activities will include qualitative reporting on local media reaction, including focus group activity, to gauge public reaction to public outreach activities. Further M&E will be coordinated with PEPFAR team members.

These Public Affairs activities will support the PFIP's objectives of promoting key HIV/AIDS messages and enhancing country-ownership and sustainability. The development of key products and organization of public events, such as the signing ceremony of Partnership Framework, will engage key audiences, improve the policy environment, and advance a host of PEPFAR objectives. Both messaging and strategy will be continually refined to establish reachable and measurable goals. Country-ownership and sustainability will be encouraged by coordinating these activities with DRC officials who will be trained through workshops of the MOH Division of Communications.



### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000
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### Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

### Budget Code Information

<b>Mechanism ID:</b>	12042		
<b>Mechanism Name:</b>	Public Diplomacy Outreach		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12991</b>	<b>Mechanism Name: Integrated Nutrition Focusing on OVC</b>
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
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**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Food and Nutrition: Commodities	REDACTED
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**Key Issues**

Child Survival Activities  
Safe Motherhood

**Budget Code Information**

<b>Mechanism ID:</b> 12991			
<b>Mechanism Name:</b> Integrated Nutrition Focusing on OVC			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 12996	<b>Mechanism Name:</b> Public Health Official
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	<b>Workshop</b>
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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### Key Issues

Impact/End-of-Program Evaluation

### Budget Code Information

<b>Mechanism ID:</b> 12996			
<b>Mechanism Name:</b> Public Health Official Workshop			
<b>Prime Partner Name:</b> TBD			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	Redacted	Redacted



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13009</b>	<b>Mechanism Name: Support to DRC Ministry of Defense: Capacity building of the PALS (MOD HIV/AIDS Coordinating Body)</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	REDACTED

### Key Issues

Impact/End-of-Program Evaluation





Military Population

### Budget Code Information

<b>Mechanism ID:</b>	13009		
<b>Mechanism Name:</b>	Support to DRC Ministry of Defense: Capacity building of the PALS		
<b>Prime Partner Name:</b>	(MOD HIV/AIDS Coordinating Body)		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13010</b>	<b>Mechanism Name: Integrated Primary Care</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,000,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (USAID)	2,000,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative



**Cross-Cutting Budget Attribution(s)**

Food and Nutrition: Commodities	300,000
Food and Nutrition: Policy, Tools, and Service Delivery	200,000

**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13010			
<b>Mechanism Name:</b> Integrated Primary Care			
<b>Prime Partner Name:</b> Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	250,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	1,250,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13017</b>	<b>Mechanism Name: American Society of Microbiology- Microbiological laboratory capacity-building for DR Congo's national response to the HIV/AIDS epidemic</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	30,000
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## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b>	13017		
<b>Mechanism Name:</b>	American Society of Microbiology- Microbiological laboratory capacity-		
<b>Prime Partner Name:</b>	building for DR Congo's national response to the HIV/AIDS epidemic American Society for Microbiology		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	
<b>Narrative:</b>			
None			

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 13086</b>	<b>Mechanism Name: Prevention Cost Effectiveness Study</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Measure Evaluation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
<b>Total Funding: 150,000</b>	
Funding Source	Funding Amount
GHCS (USAID)	150,000

## Sub Partner Name(s)

(No data provided.)



**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 13086			
<b>Mechanism Name:</b> Prevention Cost Effectiveness Study			
<b>Prime Partner Name:</b> Measure Evaluation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	150,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13094	<b>Mechanism Name:</b> Association of Public Health Laboratories Centrally funded CoAG
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	50,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13094		
<b>Mechanism Name:</b>	Association of Public Health Laboratories Centrally funded CoAG		
<b>Prime Partner Name:</b>	Association of Public Health Laboratories		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HLAB	100,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**



<b>Mechanism ID: 13183</b>	<b>Mechanism Name: Programme National de Lutte contre le VIH/SIDA et IST/ National AIDS Control Program</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: PROGRAMME NATIONAL DE LUTTE CONTRE LE VIH/SIDA ET IST/ NATIONAL AIDS CONTROL PROGRAM	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 400,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	400,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	130,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13183
<b>Mechanism Name:</b>	Programme National de Lutte contre le VIH/SIDA et IST/ National AIDS
<b>Prime Partner Name:</b>	Control Program



PROGRAMME NATIONAL DE LUTTE CONTRE LE VIH/SIDA ET IST/ NATIONAL AIDS CONTROL PROGRAM			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13205</b>	<b>Mechanism Name: Leaders with Associates (LWA) - Communication for Change (C-Change)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 300,000</b>	
Funding Source	Funding Amount
GHCS (USAID)	300,000

### Sub Partner Name(s)

Search for Common Ground		
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### Overview Narrative





**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	270,000
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**Key Issues**

Addressing male norms and behaviors

**Budget Code Information**

<b>Mechanism ID:</b>	13205		
<b>Mechanism Name:</b>	Leaders with Associates (LWA) - Communication for Change (C-Change)		
<b>Prime Partner Name:</b>	Academy for Educational Development		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVAB	150,000	
<b>Narrative:</b>			
None			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVOP	150,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID:</b> 13314	<b>Mechanism Name:</b> Health Systems 20/20 - Strengthening the Management and
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	<b>Coordination Capacity of PNLs</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	0

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Carryover Mechanism, same as in 2010.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13314		
<b>Mechanism Name:</b>	Health Systems 20/20 - Strengthening the Management and Coordination Capacity of PNLs		
<b>Prime Partner Name:</b>	Abt Associates		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	0	



<b>Narrative:</b>
None

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13338</b>	<b>Mechanism Name: Capacity Building for Strategic Information</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TULANE UNIVERSITY PAYSON CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

### Sub Partner Name(s)

Kinshasa School of Public Health		
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### Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	0
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### Key Issues



Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b>	13338		
<b>Mechanism Name:</b>	Capacity Building for Strategic Information		
<b>Prime Partner Name:</b>	TULANE UNIVERSITY PAYSON CENTER		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	HVSI	100,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13386</b>	<b>Mechanism Name: Advancing Social Marketing for Health in the Democratic Republic of Congo - AIDSTAR</b>		
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract		
Prime Partner Name: POPULATION SERVICES INTERNATIONAL (PSI/ASF)			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: No	Global Fund / Multilateral Engagement: No		

<b>Total Funding: 3,150,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (USAID)	3,150,000

**Sub Partner Name(s)**

Social Impact		
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## Overview Narrative

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	573,084
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### Key Issues

- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Military Population
- Mobile Population

### Budget Code Information

<b>Mechanism ID:</b>	13386		
<b>Mechanism Name:</b>	Advancing Social Marketing for Health in the Democratic Republic of Congo - AIDSTAR		
<b>Prime Partner Name:</b>	POPULATION SERVICES INTERNATIONAL (PSI/ASF)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,260,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,890,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information



(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 13476</b>	<b>Mechanism Name: TB/HIV, Lab, Care and treatment</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,878,411</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	2,878,411

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	REDACTED
Economic Strengthening	712,500
Education	25,000
Food and Nutrition: Commodities	30,000
Food and Nutrition: Policy, Tools, and Service Delivery	10,000
Human Resources for Health	254,900



## Key Issues

Child Survival Activities

TB

Family Planning

## Budget Code Information

<b>Mechanism ID:</b> 13476			
<b>Mechanism Name:</b> TB/HIV, Lab, Care and treatment			
<b>Prime Partner Name:</b> Columbia University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,133,411	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	332,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	564,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	268,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	293,000	
<b>Narrative:</b>			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	288,000	
<b>Narrative:</b>			
None			

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 13489</b>	<b>Mechanism Name: Technical Assistance to Support Global Fund</b>
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)

(No data provided.)





## Key Issues

(No data provided.)

## Budget Code Information

<b>Mechanism ID:</b> 13489			
<b>Mechanism Name:</b> Technical Assistance to Support Global Fund			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
<b>Narrative:</b>			
None			

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID:</b> 13537	<b>Mechanism Name:</b> TB IQC: TB Task Order 2015-Support for Stop TB Strategy Implementation - DRC
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: PATH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
<b>Total Funding: 1,265,000</b>	
Funding Source	Funding Amount



GHCS (State)	1,265,000
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**Sub Partner Name(s)**

Management Systems for Health		
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**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

TB

**Budget Code Information**

<b>Mechanism ID:</b>	13537		
<b>Mechanism Name:</b>	TB IQC: TB Task Order 2015- Support for Stop TB Strategy		
<b>Prime Partner Name:</b>	Implementation - DRC		
	PATH		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,265,000	
<b>Narrative:</b>			
None			

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**



<b>Mechanism ID: 13542</b>	<b>Mechanism Name: Programme National de Transfusion et Sécurité Sanguine (PNTS) / National Blood Safety Program</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: PROGRAMME NATIONAL DE TRANSFUSION ET SÉCURITÉ SANGUINE (PNTS)/ NATIONAL BLOOD SAFETY PROGRAM	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 900,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	900,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	240,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13542
<b>Mechanism Name:</b>	Programme National de Transfusion et Sécurité Sanguine (PNTS) /
<b>Prime Partner Name:</b>	National Blood Safety Program



PROGRAMME NATIONAL DE TRANSFUSION ET SÉCURITÉ SANGUINE (PNTS)/ NATIONAL BLOOD SAFETY PROGRAM			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	750,000	
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	150,000	
<b>Narrative:</b>			
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
Computers/IT Services					57,648	57,648
ICASS					100,000	100,000
Institutional Contractors					302,530	302,530
Non-ICASS Administrative Costs					127,073	127,073
Staff Program Travel					162,200	162,200
USG Staff Salaries and Benefits					1,288,079	1,288,079
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,037,530</b>	<b>2,037,530</b>

### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
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Computers/IT Services		GHCS (USAID)		57,648
ICASS		GHCS (USAID)		100,000
Non-ICASS Administrative Costs		GHCS (USAID)		127,073

### 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
Capital Security Cost Sharing				10,000		10,000
Computers/IT Services				4,000		4,000
ICASS				59,000		59,000
Management Meetings/Professional Development				10,000		10,000
Staff Program Travel				32,000		32,000
USG Staff Salaries and Benefits				60,000		60,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>175,000</b>	<b>0</b>	<b>175,000</b>

### U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		10,000
Computers/IT Services		GHCS (State)		4,000



ICASS		GHCS (State)		59,000
Management Meetings/Professional Development		GHCS (State)		10,000

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			140,386	73,354		213,740
Computers/IT Services			15,000	15,000		30,000
ICASS				482,395		482,395
Institutional Contractors			177,194			177,194
Management Meetings/Professional Development			110,000			110,000
Non-ICASS Administrative Costs			296,637	346,163		642,800
Staff Program Travel			175,000			175,000
USG Staff Salaries and Benefits			1,500,783			1,500,783
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2,415,000</b>	<b>916,912</b>	<b>0</b>	<b>3,331,912</b>

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**



Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		140,386
Capital Security Cost Sharing		GHCS (State)		73,354
Computers/IT Services		GAP		15,000
Computers/IT Services		GHCS (State)		15,000
ICASS		GHCS (State)		482,395
Management Meetings/Professional Development		GAP		110,000
Non-ICASS Administrative Costs		GAP		296,637
Non-ICASS Administrative Costs		GHCS (State)		346,163

### U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Management Meetings/Professional Development				42,500		42,500
Non-ICASS Administrative Costs				14,500		14,500
Staff Program Travel				13,000		13,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70,000</b>	<b>0</b>	<b>70,000</b>





### U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Management Meetings/Professional Development		GHCS (State)		42,500
Non-ICASS Administrative Costs		GHCS (State)		14,500