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President Bush's Emergency Plan for AIDS Relief (PEPFAR)

Country Operational Plan (COP) for Rwanda

Plan Period: FY2004

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Summary Statement

Rwanda, a small central African country the size of Maryland, has a population of 8.1 million people (2001 Census) and an HIV/AIDS population prevalence rate of 13% according to the government of Rwanda (GOR). UNAIDS estimates an 8.9 % prevalence rate, which confirms the gravity of the epidemic. Rwanda faces many obstacles to overcoming the HIV/AIDS epidemic. They include the continuing impact of the 1994 Genocide on social stability, the country's severe poverty, and a high fertility rate that increases pressure on land in Africa's most densely populated country. Rwanda has a per capital Gross National Income of $230, is ranked 154 out of 174 countries on the United Nations Human Development Index (UNHDI Report, 2001), and has a fertility rate of 5.8 that suggests the population could total 11.7 million by 2025, an under-five infant mortality rate of 107 and maternal mortality rate of 1071.

The 1994 Genocide has had a major impact on HIV/AIDS programming choices in Rwanda. Four years of civil war beginning in 1990 reversed the country's progress in improving access to essential health services. In 1990, HIV prevalence was very high in Kigali but very low in the rest of the country, which was 95% rural at that time. During the three months of killing in 1994, mass rape, sexual torture, and psychological trauma were common. Many of the victims became pregnant or were infected with HIV. The massive population flows that accompanied and followed the Genocide resulted in new urban and rural settlement patterns and dramatic fluctuations in HIV prevalence rates. The number of orphans and vulnerable children (OVC) jumped. The current estimate of 400,000 OVC represents a combination of children orphaned by the Genocide, AIDS and other causes. Of the Rwandans who perished or were displaced, a disproportionate number were highly skilled and educated members of society, including doctors, medical students, nurses and health workers. This loss, combined with the destruction of physical infrastructure, greatly debilitated the Ministry of Health's (MOH) efforts to recover from the Genocide, and now, its efforts to respond effectively to HIV/AIDS.

Despite these hurdles, the GOR continues to demonstrate enormous commitment, determination and leadership in the fight against HIV/AIDS. These responses are firmly anchored in the GOR's overall policy of decentralization, espoused due to its belief that obedience to an overly centralized government facilitated the Genocide. Prior to President Bush's Emergency Plan for AIDS Relief, the GOR identified HIV/AIDS as a high priority investment area in health and initiated prevention and treatment programs through the Global Fund to Fight AIDS, TB, and Malaria (GF), the World Bank Multi-Country AIDS Program (MAP), and other sources. In 2002, the GOR organized the multi-sectoral National Committee for the Fight Against AIDS, commonly known by its French acronym, CNLS. It coordinates all HIV/AIDS activities. The Minister of State for HIV/AIDS and Other Major Epidemics oversees prevention, care, and treatment programs.

US Mission agencies in Rwanda, the largest of which include the Department of State, USAID, CDC and the Department of Defense (DOD), under the leadership of the Ambassador, work collaboratively with the GOR to avoid any duplication of activities and investments. The Ambassador has led weekly US Mission team meetings to discuss and resolve PEPFAR planning issues and ensure close collaboration between agencies. Previously, the mission had addressed HIV/AIDS issues in its weekly economic development meeting. Since early 2003, US Mission

and GOR representatives and all health sector donors have conducted a quarterly HIV/AIDS cluster meeting to discuss and review technical topics, products for dissemination, and specific program activities. In February 2004, US Mission agencies and the GOR established a PEPFAR steering committee that met on a weekly basis to develop the country operational plan. This steering committee will continue to function as the principle coordination mechanism between the U.S and Rwandan governments to develop the five-year strategy, prepare annual country operation and implementation plans, and monitor national progress toward President Bush's Emergency AIDS Plan 2-7-10 goals.

US Mission Rwanda Programmatic Strategy

The goal of the US Mission strategy is to build and strengthen the capacity of Rwanda to prevent HIV/AIDS, provide care and support to people infected and affected by HIV/AIDS and treat Rwandan citizens with ARVs. The US Mission FY 04 plan is best understood as a balance of short-term rapid strengthening and scale-up of prevention, care and treatment activities, and the medium term capacity building of critically weak central institutions and systems needed for sustained progress in subsequent years toward the PEPFAR 2-7-10 goals. The President's Emergency Plan 2-7-10 goals for Rwanda by 2008 are 50,000 people treated with ART, 157,000 infections prevented, and 250,000 people receiving care and support. To achieve these goals, the US Mission agencies in Rwanda, in consultation with the GOR, determined the need for a multi-faceted approach on three levels to ensure the success of the national scale-up of HIV/AIDS programming and to handle the large infusion of funds from the GF, the MAP, and PEPFAR. **Central level** support will strengthen capacity and systems for human resource development, strategic planning, financial planning, management and implementation of national programs, information systems, monitoring and evaluation, laboratory networks, procurement and drug/commodity management, and the revision of national guidelines and policies. **Provincial and district level** support will develop capacity for the decentralization of supervision, program and financial management, and training functions. It will build capacity and infrastructure for a strong pharmaceutical and related commodity management system. **Health service delivery sites and community level** assistance will rapidly increase access to services and improve their quality. It will expand the number of delivery sites, the range of services offered by both new and existing health centers, and, by developing linkages between health centers and local communities, the program will achieve an increase in both acceptance and utilization of HIV/AIDS-related services. At all levels of US Mission intervention, PEPFAR funds will be used only for activities that directly lead to achieving the 2-7-10 goals. Activities designed for general strengthening of the national health system will be funded through other complementary health funds.

At the central level, strengthening the capacity of the key institutions is critical to the success of all HIV/AIDS programs. These institutions include the MOH; Ministry of Local Government (MINALOC); the TRAC[1], the MOH entity responsible for technical leadership in clinical care; the National Blood Transfusion Service (CNTS); the National Reference Laboratory (NRL); and

1 TRAC is a critical partner for PEPFAR success in Rwanda. TRAC provides technical leadership and national coordination for HIV treatment, facility-based prevention (VCT, PMTCT), HIV surveillance and national clinical HIV data management. In FY04, US Mission is formalizing its relationship with TRAC through a cooperative agreement allowing the transition of many day-to-day programmatic and administrative functions from CDC to TRAC. This will increase GOR accountability while building TRAC's administrative and management capacity.

CAMERWA, the central medical stores or commodity procurement entity. The TRAC, NRL and CAMERWA provide the technical leadership for all aspects of quality care and the expansion of the treatment program, e.g., any site that provides AIDS care and treatment in Rwanda must be technically certified by TRAC before beginning service delivery. This central level US Mission HIV/AIDS-related assistance will ensure that all financial resources, whether GF, MAP, or PEPFAR, are programmed efficiently and effectively to deliver quality services to Rwandans at every level of society.

At the provincial and district level, activities will focus on ensuring increased access to, and the quality of, comprehensive HIV/AIDS services within the GOR-specified integrated minimum package of activities. The GOR requested the US Mission to assist in the strengthening of the existing health system in order to incorporate fully HIV/AIDS activities and to improve community level response to HIV/AIDS – a key goal of the decentralization process. In response, two new USAID procurements will provide two lead partners who will be responsible for the effective use and allocation of HIV/AIDS resources in a decentralized health care delivery system. These partners will also be responsible for building capacity for defining priorities, developing business plans and financing activities, strategically planning to reach relevant 2-7-10 targets, and developing the District Incentive Funds (DIF) to build local capacity to develop and manage programs.[2]

In addition, an annual program statement (APS) for Community Action and OVC will solicit proposals to increase community responses to the impact of HIV/AIDS and the need to care and support OVC. The intent of the APS is to identify new Rwandan partners and build the capacity of a large number of local Rwandan NGOs, FBOs and CBOs to provide the necessary support for OVC at the community level.

Health center and community level activities best illustrate the geographic coverage that US Mission agencies in Rwanda will provide. In collaboration with their local partners and the GOR, US Mission agencies in Rwanda have developed a general geographic division of responsibilities to ensure national comprehensive coverage to meet the PEPFAR goals. Under the FY04 plan, the number of US government-supported ART sites will increase from 4 to 44 and 3,373 new patients will receive ART. US government PMTCT sites will increase from 15 to at least 35, and the US government will support a total of 30 VCT sites. The US Mission agencies will also support the development of provincial care and treatment networks in five of Rwanda's twelve provinces.

2 DIF is a "contractual approach," which has been widely adopted in Asia and has recently been introduced in two provinces in Rwanda to stimulate performance in health service delivery. This approach provides funds directly to the districts to fund health facilities based upon performance outputs as measured by indicators from the Health Information System: e.g. number of people attending PMTCT clinics, number of people receiving ART, etc. Under the DIF, each health facility develops a "business plan" which indicates the expected improvements in performance outputs. The strategy for achieving these improvements is designed and applied by the health facility. The contract is designed to pay a standard sum per indicator; if the facility does not meet its targets the contract can be annulled. In Rwanda, results to date have shown remarkable improvement in performance output. Even more important, however, is the team building and improved quality of services emerging in the health facilities. This incentive mechanism is based upon the existing reporting system and provides a cost-effective approach for promoting quality service delivery.

Several factors have influenced the geographic division of responsibilities between US Mission agencies described in this document. In an effort to avoid duplication of programs and services, and to assure complete national coverage of interventions, the GOR has carried out a strategic planning process under which all health and development donors, including the US government, are assigned geographic responsibilities for their activities. In this context, prior to the PEPFAR plan, USAID had been a key partner in Rwanda's health since it re-entered the country following the genocide. Over time, USAID's assistance shifted from a focus on emergency humanitarian relief to sustainable development. As a result, USAID made substantial investments in HIV/AIDS prevention, care and treatment programs in 20 health districts, while CDC support focused on central level support to key HIV/AIDS institutions and on technical support for the ART and laboratory components of the MAP intervention in 3 provinces not covered by USAID.

Under Track 1.5 of the PEPFAR plan, both agencies rapidly expanded activities through existing mechanisms, with USAID increasing the number of sites, patients served, and range of services provided in its 20 districts, and CDC expanding its role in the MAP collaboration to include much needed community-based activities in MAP provinces through its central-level cooperative agreement with CARE. This geographic focus on the part of both agencies was clearly the most efficient means to rapidly begin achieving 2-7-10 goals, both in terms of respective investments already committed to certain areas of the country and given the constraints of Track 1.5 requirements.

Central level Track 1.0 ABY and ART activities further reinforced the geographic approach being taken in Rwanda. (Track 1.0 ABY and ART activities are to be managed in-country by USAID and CDC, respectively.) World Vision, at the request of the GOR, proposed ABY activities in areas already covered by USAID. Columbia University, in close cooperation with the Ministry of Health, proposed ART activities designed to mirror the MAP provincial network model in 2 new provinces not yet covered by US Mission agencies. The US government and GOR agree on the necessity of providing a standard comprehensive clinical, laboratory and community-based package of services for ART. To complete the Columbia package, CDC will fund community-based activities through a program announcement, as the central CARE mechanism used for the MAP provinces has ended. Given the integrated provincial management approach being followed with this network model and given CDC's Track 1.0 responsibility to manage the ART cooperative agreements, it would be inefficient to transfer the management of a single component of the model to another US government agency.

This approach has resulted in some areas where USAID and CDC will have common implementing partners (e.g. FHI, CARE) working in different parts of the country. This situation has not placed undue administrative burden on these partners, as they have demonstrated their capacity to manage and report on separate funding sources and have not required separate offices or administrative structures to manage PEPFAR activities.

In order to best coordinate and standardize programmatic approaches and monitoring systems, US Mission conducts quarterly PEPFAR partners meetings with the GOR to discuss and review specific technical areas, products for dissemination, and specific program activities. In addition, detailed implementation plans for all partners will be developed under the US government/GOR PEPFAR Steering Committee, minimizing potential overlap and assuring standardization of

activities between implementing partners. USAID and CDC will share the cost of placing a new PEPFAR Strategic Information specialist in-country to ensure this close coordination in monitoring implementing partners. The relative cost effectiveness of programs implemented by different partners will be assessed through planned program evaluations and best practices will be identified and widely implemented through the coordination function of the PEPFAR steering committee.

Through support at all levels of the health care system, the US Mission is laying the foundation in FY04 for both rapid prevention, care and treatment service implementation and significant capacity building for achieving Rwanda's 2-7-10 goals. During future annual country operational plan development, the appropriate balance for the three levels of support will be determined annually based on country need. The US Mission team is committed to further review coordination issues in an effort to streamline administrative and procurement mechanisms for PEPFAR implementation.

Acronyms List

ANC	Antenatal Care
APHL	Association of Public Health Laboratories
ARBEF	Rwandan Association for the Well-Being of the Family
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral (drug)
BCC	Behavior change communication
BSS	Behavior Surveillance Surveys
CAMERWA	Central Medical Stores of Rwanda
CASU	USAID hiring mechanism
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CDLS	District AIDS Commission
CHH	Child-Headed Households
CHK	Central Hospital of Kigali
CIAT-ISAT	International Center of Tropical Agriculture - Institute of Agricultural Science in Rwanda
CNJR	National Council for Youth in Rwanda
CNLS	National Commission for the Fight Against AIDS (see also NAC)
COMESA	Common Market of Eastern and Southern Africa
COMMAC	Community Action
COP	Country Operational Plan
COSAQ	Community, Health and Quality
CORE	The Child Survival and Collaborations Resources Group
CPA	Comprehensive Package of Activities
CPLS	Provincial AIDS Commission
CSW	Commercial Sex Workers
DDC	District Development Committee
DH	District Hospital
DHF	Decentralization and Health Finance
DHS	Demographic and Health Surveys
DHT	District Health Team
DIF	District Incentive Fund
DISGAS	Directorate of Health, Gender and Social Affairs
DOD	Department of Defense (USG)
DOTS	Directly Observed Therapy Short-Course
DUKATAZE	Rwandan NGO
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EIA	Enzyme Immune Assay Test

ESP	Rwandan School of Public Health
FBO	Faith Based Organization
FHI	Family Health International
FP	Family Planning
FSN	Foreign Service National
GACACA	Community-led traditional justice process
GAP	Global AIDS Program
GF	Global Fund to Fight AIDS, TB, Malaria
GNI	Gross National Income
GOR	Government of Rwanda
HBC	Home-based Care
HC	Health Center
HD	Health District
IABIK	Rwandan NGO
ICRC	International Committee of the Red Cross
IEC	Information, education and communication
IFO	Inter-Faith Organization
IGA	Income Generation Activities
IMPUDUGA	Rwandan NGO
IP	Implementation Plan (PMTCT Initiative)
ISANGANO	Rwandan NGO
IT	Information Technology
ITM	Institute of Tropical Medicine
JSI	John Snow Inc.
KAP	Knowledge, Attitudes, Practices
KHI	Kigali Health Institute
KIST	Kigali Institute of Science and Technology
MAP	Multi-sectoral AIDS Program (The World Bank)
MCAP	Multi-Country Columbia Antiretroviral Program
MCH	Maternal Child Health
MIGIPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Administration, Information and Social Affairs
MINEDUC	Ministry of Education
MINISANTE	Ministry of Health
MIS	Management Information System
MPA	Minimum Package of Activities
MOH	Ministry of Health
MPH	Masters of Public Health
MSH/RPM Plus	Management Sciences for Health/Rational Pharmaceutical Management Plus
NAC	National AIDS Control Commission (see also CNLS)
NGO	Non-Governmental Organization

NRL	National Reference Laboratory
NVP	Nevirapine
OI	Opportunistic Infection
ORISE	Oak Ridge Institute of Science and Technology
OVC	Orphans and Vulnerable Children
OVCY	Orphans, Vulnerable Children and Youth
PAQ	Community Provider Partnership
PEPFAR	President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts (Survey)
PLP	*Population Leadership Program*
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
PMU	Program Management Unit
PNLF	(former) National AIDS Control Program
PNTS	National Blood Transfusion Program
PREFECTURES	Provincial Governors
PSI	Population Services International
QA	Quality Assurance
QAWD	Quality Assurance Workforce Development
RNPLWHA	Rwandan Network of People Living With HIV/AIDS
RPR	Rapid Plasma Reagin (syphilis test)
S/GAC	Office of the Global AIDS Coordinator
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
SWAA	Society of Women Against AIDS
TA	Technical Assistance
TAACS	USAID hiring mechanism (Technical Advisors in AIDS and Child Survival)
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBD	'To Be Determined'
TOT	Training-of-Trainers
TRAC	Treatment Research & AIDS Center
TWG	Technical Working Group
UAB	University of Alabama at Birmingham
UNAIDS	Joint United Nations Program on HIV/AIDS
UNC	University of North Carolina
USAID	United States Agency for International Development
UTAP	University Technical Assistance Program
VCT	Voluntary Counseling and Testing
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

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Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile
a. Population (millions): 8.129 million (National Census Service, MINECOFIN Final Results, November 2003)
b. Area (sq mi): 26,338 sq km (slightly smaller than Maryland) with 1,390 sq km water area (US DOS, 2002)
c. Per Capita GDP (US$): GNI per capita US $230 (World Bank, 2003)
d. Adult Literacy Rate (%): 69% 15+ years and older (World Bank, 2003); 63.4% women 15+ years and older (World Bank, 2003)
e. Expenditure on Health (US$) per capita: US $44 (WHO, 2002)
f. Life Expectancy (years): 49 years old (ONAPO, DHS, 2000)
g. Infant Mortality (per 1,000 births): 107/1000 (ONAPO, DHS, 2000)
h. Under 5 Mortality (per 1,000 births): 170/1000 females; 186/1000 males (WHO, 2002)
1.2 HIV/AIDS Statistics
a. HIV prevalence in pregnant women: 6.9% is the median prevalence in urban sites (range, 3.7-13.0%); 3.0% is the median prevalence in rural sites (range, 1.2-5.1%) (TRAC/MOH, HIV Sentinel Surveillance Among Pregnant Women Attending Antenatal Clinics, Rwanda 2002)
b. Estimated number of HIV-infected people: 500,000 adults; 65,000 children (UNAIDS, Rwanda Epidemiological Fact Sheet on HIV/AIDS and STI, 2002)
c. Estimated number of individuals on anti-retroviral therapy: 2,700 (personal conversation with Dr. Karasi, Care and Treatment Unit Chief, TRAC, March, 2004)
d. Estimated number of AIDS orphans: 260,000 cumulative (UNAIDS, Rwanda Epidemiological Fact Sheet on HIV/AIDS and STI, 2002). There are an estimated 95,000 AIDS orphans currently living in Rwanda (MINECOFIN, Rwanda Development Index)
1.3 Characteristics of the HIV/AIDS Epidemic

a. Populations at comparative high risk: Refugees, prisoners, youth, military, commercial sex workers, OVCs (including street children), neonates, discordant couples

Events related to the 1994 genocide (mass rape, psychological trauma) and its aftermath (refugee status, psychological trauma, and large prison population) are presumed to have greatly affected the epidemic. One direct result of the genocide is Rwanda's large prison population of nearly 100,000 inmates incarcerated since the mid 1990s (GOR, 2003). Recently a process of community-led traditional justice, *gacaca*, began. It will result in a massive reintegration of the majority of these prisoners into Rwandan society. High risk behaviors are presumably taking place in prisons and there are concerns about transmission to spouses/partners after release from prison. HIV prevalence data from the military are sparse, however available data from VCT services at demobilization centers suggest low prevalence, with a range form 2-4% (TRAC, 2002). Given the high fertility rate (5.8 TFR) and reports of low contraceptive use (4%), and condom use in the general population (1.4% female, 4% male), spouses and partners are definitively at high risk (UNAIDS, Rwanda Epidemiological Fact Sheets on HIV/AIDS and STI, 2002).

b. Risk factors related to comparative high risk: As in other sub-Saharan African countries, refugees, prisoners, the military, commercial sex workers, OVCs and youth populations are at comparatively high risk of acquiring HIV/AIDS.

Factors resulting from the genocide and on-going border instability are the large populations of refugees, military and OVCs, all of whom are at comparative high risk for acquiring HIV/AIDS. These populations are frequently mobile, have minimal access to education, low socio-economic status and a lack of psycho-social support, all of which contribute to risky behavior. UNAIDS (2002) estimates there are 260,000 AIDS orphans in the country, and that 30% of households are headed by children. For men and women reporting having sexual relations with someone other than their spouse/partner, 50% of males declared using a condom during last sexual encounter, compared to only 15% of women reporting using a condom (DHS, 2000). An additional risk factor is the lack of access to information via media sources as 59% of women and 35% of men reported having no access to media (DHS, 2000).

c. HIV/AIDS prevalence by gender: UNAIDS estimates prevalence among males to be 7.7% and females to be 10.0% (UNAIDS, Rwanda Epidemiological Fact Sheets on HIV/AIDS and STI, 2002). The GOR does not agree with these estimates and cites a population rate of 13%.

d. HIV/AIDS prevalence by age groups: No current population-based HIV prevalence data exists by age groups. In 1997, a geographically limited population-based survey was conducted yielding the following prevalence rates: 6.1% for 15-19 years old, 12.3% for 20-24 years old, 18.8% for 25-29 years old, 17.1% for 30-34 years old, 16.4% for 35-39 years old, 15.6% for 40-44 years old, 13.9% for 45-49 years old (PNLS/MOH, 1997 Population-Based Sero-Surveillance Survey, Rwanda 1997). More recent national

sentinel surveillance conducted among pregnant women in 2002 recorded the following crude prevalence rates by age group: 4.8% among 15-19 year olds; 4.5% among 20-24 year olds; 5.6% among 25-29 year olds; 7.4% among 30-34 year olds; and 3.5% among 35-49 year olds (TRAC/MOH, HIV Sentinel Surveillance Among Pregnant Women Attending Antenatal Clinics, Rwanda 2002).

e. HIV/AIDS prevalence by urban versus rural: According to the MOH/TRAC HIV sentinel surveillance among pregnant women attending antenatal care (ANC) clinics in 2002, median site prevalence in urban areas is 6.9% (range, 3.7-13.0%); and median prevalence in rural areas is 3.0% (range, 1.2-5.1%). Overall crude urban and rural prevalence is 7.9% and 3.1%, respectively (TRAC/MOH, HIV Sentinel Surveillance Among Pregnant Women Attending Antenatal Clinics, Rwanda 2002). It had been previously hypothesized that HIV prevalence in rural areas had reached levels observed in urban areas in the late 1990's, however, recent sentinel surveillance data continue to demonstrate marked differences between urban and rural areas of Rwanda.

f. ANC surveillance trends (specify years compared): Rwanda began ANC sentinel surveillance in 1988 with subsequent rounds conducted in 1991, 1996, 1998, and 2002. Prior to 2002, the number of ANC sentinel sites were quite limited and disproportionately located in urban areas. For the 2002 round, USG worked with TRAC, the Rwandan MOH entity in charge of surveillance, to improve the overall surveillance protocol and expand the number of sites to 25, with one urban and one rural site in each province and a refugee camp. The site-specific HIV prevalence rates observed in the 2002 survey ranged from 1.2% to 13.0%. Among the 6 sentinel sites included in both the 1998 and 2002 surveys, two urban sites recorded significant declines in HIV prevalence, while 4 sites showed no clear changes in prevalence (TRAC/MOH, HIV Sentinel Surveillance Among Pregnant Women Attending Antenatal Clinics, Rwanda 2002).

g. BSS surveys trends (specify years compared): According to a 2000 behavior surveillance survey (BSS) study of sex workers, 58% of commercial sex workers (CSW) always use a condom with paying partners, and 76% of CSWs who reported being tested were found to be HIV positive (Study on Prostitution and AIDS in Rwanda, 1998). In the 2000 youth BSS (15-19 yrs. old), 29% of males and 12% of females reported ever having had sexual intercourse. Only 4% of females and 6% of males reported having sex within the past 12 months (sexually active). From the same BSS 2000 study, 4% of the males reported having had abnormal urethral discharge, and 7% had at least 2 signs of STI in the past 12 months (FHI, BSS, 2000). Condom knowledge is quite low among youth with 51% of girls and 32% of boys reporting never having heard of a condom.

h. DHS survey trends (specify years compared): The DHS was conducted with USG support in1992 and 2000, and will be newly administered in 2004. Information pertaining to the HIV/AIDS epidemic in Rwanda, show trends specific to this country. According to the 2000 DHS, the median age of first sexual encounter for women and men surveyed between the ages of 25-49 years old, ranged between 20.8-21 years old respectively, without a noted difference between urban and rural areas (ONAPO, DHS, 2000).

This is much older than the countries that surround Rwanda. Women and men between the ages of 15-49 years old who report having sexual activity in the last 4 weeks ranged between 6.5%-43.1% (ONAPO, DHS, 2000). The percent of women between 15-49 years old who reported knowledge on HIV/AIDS prevention methods for abstinence ranged from 70-80%, and for condoms 28%-44%. Women's knowledge on faithfulness to a partner serving as a prevention method ranged from 21%-27% for 20-49 year olds, and only 10% for 15-19 year olds. The association is dependent on the age group reporting, with the younger group reporting more knowledge about prevention methods versus the older group, with the exception of one's faithfulness to a partner (ONAPO, DHS, 2000). This could be attributed to less younger people being married and/or in stable relationship.

i. **HIV/AIDS epidemic projections**: UNAIDS estimates that 500,000 Rwandans were HIV positive at the end of 2001, with 65,000 children under 15 living with HIV. The GOR estimates that 900,000 Rwandans are currently living with HIV (Ministry of Health, 2004). The estimated number of AIDS deaths in the year 2001 was 49,000 (UNAIDS, Rwanda Epidemiological Fact Sheets on HIV/AIDS and STI, 2002). Projections of HIV/AIDS related statistics for coming years are due to be finalized later this year with the inclusion of new HIV surveillance data from 2002 and 2003 surveys.

j. **STI statistics**: There is a lack of recent STI data available. HIV prevalence reached 55% among male STI clinic attendees who were tested from 1988-1990. In 1996, Between 29 and 55% of STI clinic attendees tested at two sites in Kigali were HIV positive. Among female STI clinic attendees tested, HIV prevalence ranged from 69% -77% between 1986-1991 (UNAIDS, 2002). Among females, 30.0% knew of 2 or more male or female STI symptoms versus 25.0% of men knew 2+ female symptoms and 47.0% knew 2+ male symptoms (ONAPO, DHS, 2000). With respect to women and men's knowledge of knowing 2 or more symptoms of STIs, 30% of women report that they know 2 or more female and male symptoms for an STI (ONAPO, DHS, 2000). For men, 25% know 2+ female symptoms of an STI and 47% know 2+ male symptoms of an STI (ONAPO, DHS, 2000). Only 15% of women reported using a condom in the last 12 months versus 50% of men (ONAPO, DHS, 2000). However, both women and men report that only 5% are not faithful to one partner (ONAPO, DHS, 2000).

k. **TB statistics**: University Hospital of Butare reports that 52% of the hospital's patients with TB are co-infected with HIV, while the National Tuberculosis program estimates that up to 60% of TB cases are HIV positive (National Integrated Program to Fight TB, Action Plan, 2003). Recent evaluations of the national TB control program estimate a 70% rate of completion of TB therapy (Annual report, National Integrated Program to Fight TB, 2002).

Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership
CNLS (National AIDS Control Commission)	The purpose of the CNLS is to coordinate the country's overall national strategic plan and HIV/AIDS response. The CNLS structure includes an Executive Secretary, Social Mobilization Unit, Planning and Coordination Unit, M&E Unit and two program management units (PMUs): one to manage the World Bank Multi-sectoral AIDS Program (MAP) grant and another to manage the Global Fund Integrated VCT project.
Minister of State for HIV/AIDS and Other Major Epidemics (Ministry of Health)	The Minister of State for HIV/AIDS and Other Major Epidemics works with the MOH's directorates for HIV (TRAC), for Epidemiology and with the National TB and malaria programs to coordinate the MOH response to HIV/AIDS and other major epidemics.
TRAC (Treatment and Research AIDS Center)	TRAC's structure includes a Director, PMTCT/VCT Unit, Surveillance Unit, HIV/AIDS Care and Treatment Unit and Informatics Unit. The Center is the Ministry of Health's technical body that leads the coordination of HIV/AIDS prevention, clinical activities for treatment and care, and surveillance of HIV/AIDS.
HIV Cluster	Government of Rwanda (GOR) and donor agency HIV/AIDS coordinating committee that meets quarterly. The Cluster is jointly chaired by the Ministry of State and USAID with the purpose of coordinating donor support and donor coordination.
2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)	**Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives**
Dates: 2002 to 2006	1) Cadre Strategique National de Lutte Contre le VIH/SIDA (National Strategic Framework for the fight against HIV/AIDS) priorities include: • Strengthening of prevention efforts • Strengthening of surveillance of the epidemic • Improvement of quality of care for people infected and affected

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	• Strengthening of poverty reduction measures and gender mainstreaming in AIDS control activities • Promotion of multi-sectoral partnerships and coordination *To implement and monitor the above, GOR developed a Multisectoral National Plan for HIV/AIDS and a 2002-2006 National Monitoring and Evaluation Plan (see CNLS website www.cnls.gov.rw) 2) HIV Care and Treatment strategic plan implementation approach includes: • Service integration with existing health system infrastructure • Community mobilization • Linkage between treatment and care and prevention • Multi-country procurement economies of scale • Rapid scale-up based on 'collaborative' model

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to PEPFAR goals	Estimated 2004 Budget
Global Fund I	117 integrated VCT, PMTCT, STI and OI prevention and care sites in health care centers, 3 per health district	3 year budget (15M) 2003-2005
Global Fund III	19,000 people on anti-retroviral therapy (ART) in 5 health districts and Central Hospital of Kigali (CHK)	5 year budget (57M) 2004-2008
World Bank (MAP)	• Treatment: Thirteen-site anti-retroviral (ARV) project • Public sector support includes: capacity building, planning and policy and, prevention, care and support services through line Ministries (e.g. Ministries of Defense, Education, and Local Government) including community-based activities. • Civil Society support includes preventive interventions,	5 year budget (30M) 2003-2008 Treatment (10.9M) Public sector (7M) Civil society (10.7M) Program management (3.4M)

	support for OVCs, psycho-social & trauma counseling, training, and income generating activities. • Program management includes: capacity building, M&E and project coordination.	
Belgian Cooperation	National Reference Laboratory, largest overall health donor	N/A
French Cooperation	Ruhengeri Hospital support including VCT service	N/A
Lux Development	ARV project (Esther) at CHK HIV Clinic project with TRAC	N/A
UNICEF	11 PMTCT site support (January to December 2003)	N/A
MSF-Belgium	Support for 3 sites in Kigali for VCT, PMTCT, OI and ARV	N/A

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

3.1 President's Emergency Plan In-Country Coordination

Within USG: The USG will use a variety of mechanisms to coordinate efforts in-country including weekly country team meetings, bi-weekly USG HIV meetings with the Ambassador, alternate bi-weekly meetings between USG PEPFAR program managers (USAID, CDC, DOD) and quarterly PEPFAR partner meetings. In-country matrices have been developed to display activities by province, central support and technical area. These matrices are tools used to pro-actively coordinate and ensure appropriate geographic distribution of the PEPFAR program.

Between USG and other international partners:

Global Fund: USAID is the USG representative to the Country Coordinating Mechanism (CCM). Both CDC and USAID partners are actively involved in supporting GOR implementing partners in program planning, training, and monitoring and evaluation.

World Bank-MAP: CDC has a joint-partnership with the primary implementing partner, TRAC, of the WB/MAP care and treatment component. CDC provides technical assistance to the TRAC for program design, implementation (clinical and lab), monitoring and evaluation and training. In addition to the collaboration on the WB/MAP care and treatment program, USG meets regularly with the WB/MAP Program Management Unit based in the CNLS on overall activities.

HIV Cluster meeting: USG is a key partner in the primary HIV/AIDS donor coordination mechanism, the HIV Cluster. USAID jointly chairs the quarterly Cluster meeting with the Minister of State for HIV/AIDS. Within this venue, issues are addressed and information is shared among major stakeholders.

USG also participates in technical working groups including PMTCT/VCT technical committee and the nutrition technical group.

Between USG and host government:

The Government of Rwanda established a PEPFAR GOR Steering Committee in February 2004. The Steering Committee has met weekly with the USG PEPFAR program managers to collaboratively develop the FY04 PEPFAR plan. The Steering Committee will continue to jointly develop the 5-year plan, monitor progress quarterly and assist in problem-solving related to national scale-up of prevention, care and support, and treatment activities under PEPFAR. In addition, USG routinely meets with the high level GOR leadership to ensure close coordination and the timely sharing of information.

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3.2 President's Emergency Plan Targets for 2004 - 2008							
Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	Per guidance received from S/GAC on 3/23, targets for infections averted do not need to be calculated by each Mission.						157,634
# Infections averted: PMTCT							
# Infections averted: Other (not PMTCT)							
Total # receiving Care and Support	23,537	32,606	65,440	127,754	250,000	N/A	
# OVC receiving Care and Support	11,550	12,755	20,010	30,520	51,790		
# receiving Palliative Care	8,000	11,650	18,113	32,647	54,794		
# receiving ART	5,973	11,303	21,613	33,080	50,000		

Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1	Prevention of Mother-to-Child Transmission (PMTCT)
4.1.1 Current status of program in country	The Rwanda national program currently has 55 PMTCT sites throughout the country and is in the midst of a broad national scale-up of PMTCT service delivery via the Global Fund (N=117), other partners and PEPFAR. The GOR service delivery model is to integrate PMTCT and VCT activities at the site and central level. Through December of 2003, there were a total of 2,009 pregnant women who received Nevirapine treatment (TRAC). USG currently supports 18 sites in country and provides support to the MOH national PMTCT/VCT technical unit at TRAC. Through USG-support to TRAC, the PMTCT/VCT Technical Committee has been reinvigorated. USG is also financing expansion and quality improvement of the PMTCT service package to include family planning, community-provider partnership, couples VCT, safe motherhood, nutrition, STI and information, education, communication (IEC)/BCC activities. To facilitate the identification and sharing of lessons learned, USG is supporting an evaluation of PMTCT service delivery for quality improvement. USG-funded activities include the development of critical PMTCT tools such as national curriculum, supervision guidelines and revision of PMTCT data forms and formats. In addition, USG developed an innovative quality assurance collaborative that has enhanced the quality of PMTCT programs, training and share lessons learned across PMTCT partners. Only 26% of women in Rwanda deliver in health facilities (DHS, 2000) however, 92% of pregnant women attend at least one prenatal visit (DHS, 2000). This has important implications for the design and implementation of PMTCT programs.
4.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Under PEPFAR, USG will add 17 sites for a total of 35 USG-supported sites. USG will continue to strengthen the quality of existing sites and expand the PMTCT service package (see above). USG will facilitate the sharing of community-provider lessons learned including PMTCT through site exchanges. USG will improve the capacity of the national and district health teams to manage PMTCT activities through management training, budget forecasting, technical training, on-going technical assistance, support for personnel and monitoring and evaluation. As a preliminary step for the development of

	long-term human capacity, USG will conduct human resource analysis to meet the needs of the HIV/AIDS epidemic with core funds and performance needs assessments at 11 nursing schools.

4.1.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.5, 2)
Columbia University/ UTAP FBO? No	To improve the quality of national PMTCT policies, tools and service provision	• Design and implement evaluation study for improving uptake of PMTCT services by pregnant women through community-based interventions • Support workshops for appropriate regimens for PMTCT with TRAC and other partners • Provide technical assistance (TA) on finalization of integrated PMTCT/VCT national curriculum • Support design and production of PMTCT/VCT national curriculum • Update TRAC personnel in state-of-the art HIV/AIDS	CDC		PMTCT	IP

		care and treatment via exchanges/training				
Oak Ridge Institute of Science and Technology (ORISE) FBO? No	Improve TRAC's technical capacity in integrated PMTCT/VCT supervision, training, norms, and program management	Support a PMTCT/VCT technical advisor (international hire) based at MOH TRAC to conduct the following activities: • Develop integrated PMTCT/VCT training and supervision materials for national program scale-up • Update PMTCT guidelines and protocols • Reinforce quality district-level supervision through training and technical assistance (TA) • Provide assistance to develop coordination mechanisms (e.g., integrated PMTCT/VCT technical committee) • Assist in training of district health teams in integrated PMTCT/VCT service delivery • Develop district strategies for PMTCT and care program management for overall national program	CDC		PMTCT	IP

ORISE FBO? No	Improve TRAC's technical capacity in integrated PMTCT/VCT supervision, training, and program management	Continuation of long-term PMTCT/VCT advisor position (international hire) at TRAC to conduct the following activities: • Reinforce quality district-level supervision through training and technical assistance (TA) • Provide TA to facilitate PMTCT/VCT technical committee • Support use of data for program monitoring • Support national PMTCT/VCT implementation planning • Assist in training of district health teams in PMTCT/VCT service delivery	CDC		PMTCT	2.0
Association of Public Health Laboratories FBO? No	Strengthen laboratory QA for HIV/AIDS testing (VCT/PMTCT sites)	• Provide TA for improvement of central laboratory quality assurance systems • Provide TA to develop QA work plan and protocol • Provide TA to review and update QA reports and develop feedback report template	CDC		PMTCT	1.5

Tulane University/UTAP FBO - NO	To improve the quality of national PMTCT,VCT, and OI data collection and management	• Develop standard operating procedure (SOP) for TRAC network and data managment • Train TRAC and other GF (PMTCT) partners in communications and M&E - (N=60) • Finalize questionnaire for national HIV intervention database development • With CDC assistance, training and TA to assure communication between District Health Teams (DHT), DH, Provincial AIDS Commissions, DISGAS, TRAC • Develop PMTCT/VCT data forms/formats (In collaboration with Columbia and ORISE) - (50 people X 4 weeks) • Develop M&E curricula, plans and system for TRAC (2.0)	CDC		PMTCT S/GAC S/GAC	IP 1.5 2.0
TRAC FBO? No	To improve national integrated PMTCT/VCT program	• Support for PMTCT/VCT supervisor/trainers • Procure vehicle for district supervision and training	CDC		PMTCT PMTCT	IP 2.0

Numbers in () are FY2003 PMTCT funding.

	management and service delivery	• Improve quality of district-level supervision with training and TA • Conduct assessment of data validity and reliability used for GF reporting • Procure HIV test kits for national quality assurance program and emergency stock				
CARE FBO? No Subs - Yes	To improve the quality and uptake of PMTCT services in 2 provinces (Cyangugu and Butare)	• Develop community-based organization activities to support an increase PMTCT acceptance and uptake in NVP • Strengthen linkages between NGOs and hospitals to identify existing outreach IEC/PMTCT activities and service providers • Strengthen referral system into VCT centers for women • Identify and train 60 community health workers on PMTCT IEC • Supervise and evaluate those community health workers who are trained • Distribute existing IEC materials and equipment to	CDC		PMTCT PMTCT	IP 1.5

Numbers in () are FY2003 PMTCT funding.

		trained community volunteers • Evaluate outreach sessions in the community				
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) FBO? No	Continue to support and improve existing PMTCT services in 13 sites (Kigali Ville, Kigali Ngali)	Fund 2 local hire PMTCT Officers at TRAC who collaborates with USG funded international hire PMTCT/VCT Technical Advisor to: • Conduct needs assessment in 2 districts to identify unmet needs in PMTCT • Train 42 providers in PMTCT and conduct training of trainers (TOT) • Build capacity of DHT in supervision and expansion of PMTCT • Work with partners to revise and disseminate of national guidelines in partnership with PMTCT/VCT technical advisor (see ORISE/CDC) • Develop lessons learned document and disseminate at district and national levels 1. Upgrade facilities	USAID		PMTCT	IP

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Table 4.1 - PMTCT

FHI/IMPACT FBO? No	Improve and expand PMTCT services in 22 sites (14 existing and 8 new)	• Purchase HIV & syphilis test kits for 22 sites • Purchase PMTCT program consumable/equipment for 2 existing and 2 new sites • Conduct site renovation for medical waste disposal, nutrition training, confidential services, group counseling space, and maternity for 2 new sites as needed • Develop/adapt monitoring and referral mechanisms for PMTCT women being referred to 3 ART sites • Support selected costs at 4 PMTCT sites for office operations, service delivery staff, transport for quality control samples • Support community mobilization, social support and nutrition activities at 4 PMTCT sites • Provide technical assistance for site supervision and quality	USAID		PMTCT	IP

Numbers in () are FY2003 PMTCT funding.

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Table 4.1 - PMTCT

		management in 4 PMTCT sites				
FHI/IMPACT FBO? No	To develop a set of national resources/ references for PMTCT for use by all partners	• Develop OI/STI training and supervision materials for use in 20-30 sites (GF, USAID and other sites) • Develop care and adherence client materials for use in 20-30 sites (GF, USAID and other sites) Train 10-20 providers/site in PMTCT/VCT service delivery in 2 new sites • Develop/adapt baseline ART training & supervision materials for National Care Program	USAID		PMTCT	IP
IntraHealth/ PRIME II FBO? No	Improve PMTCT services at 5 sites (3 existing and 2 new)	• Purchase PMTCT program consumables/equipment for 3 existing and 2 new sites • Conduct site renovation for medical waste disposal, nutrition training, confidential services, group counseling space, and maternity for 3-5	USAID		PMTCT	IP

Numbers in () are FY2003 PMTCT funding.

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		sites as needed • Support selected costs at 5 PMTCT sites for office operations, service delivery staff, transport for quality control samples, etc. • Support community mobilization, social support and nutrition activities at 5 PMTCT sites • Provide technical assistance for site supervision and quality management in 5 PMTCT sites				
IntraHealth/ PRIME II FBO? No	Strengthen the human resource capacity at PMTCT sites	• Prepare PMTCT job aides that include infant/mother feeding, community mobilization, family planning (FP), and couples counseling for use in 20-30 sites (GF, USAID and other sites) • Train 10-20 providers/site in PMTCT/VCT service delivery in 2 new sites • Conduct 2 group training sessions (7-10 sites/session) on FP integration in PMTCT for	USAID		PMTCT	IP

Table 4.1 - PMTCT

		new and existing sites (GF, USAID, other)				
Quality Assurance Project (QAP) FBO? No	Improve the overall quality of PMTCT/VCT sites	• Initiate "collaborative" meetings for quality improvement strategies between 9 USAID and 9 other PMTCT/VCT sites • Establish communication systems between 9 USAID and 9 other PMTCT/VCT sites	USAID		PMTCT	IP
QAP FBO? No	Strengthen the national capacity of PMTCT monitoring system	• Develop pilot quality indicators for national PMTCT monitoring system (e.g., couples counseling), in collaboration with Tulane and ORISE/CDC	USAID		PMTCT	IP
Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) FBO? No	Strengthen pharmaceutical and laboratory commodity management capabilities to support PMTCT target sites	• Conduct national rapid assessment of drug/laboratory management systems • Assess, develop/update laboratory SOPs to address key commodity and management areas related to PMTCT, in collaboration with APHL and CDC • Prepare and conduct trainings for commodity staff at central	USAID		PMTCT	IP

Numbers in () are FY2003 PMTCT funding.

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		pharmacy, relevant districts and laboratories • Ensure quality storage and delivery of PMTCT related commodities • Conduct an analysis of the inventory control system at the medical stores to improve commodity availability for PMTCT				
IntraHealth/ ACQUIRE FBO? No	Expand available PMTCT services at 7 existing and 3 new sites in 4 provinces (Byumba, Gitarama, Kibuye, Umutara)	• Establish 3 new PMTCT sites and ensure all 10 sites are integrating FP, safe motherhood, and maternal/child nutrition into PMTCT • Provide training materials and train health care providers in family planning and integration with PMTCT service provision • Support IEC/BCC activities related to FP, safe motherhood, nutrition, etc. in all PMTCT sites • Include family planning in follow-up visits related to	USAID		PMTCT	1.5

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		PMTCT • Conduct situation analysis and pilot couples VCT and couples support groups for those affected by HIV/AIDS at 2 sites				
Quality Assurance Workforce Development (QAWD) FBO? No	Improve maternal child health (MCH) services in the context of HIV/AIDS care (Kabgayi Hospital and health center, Kicukiro health center, Kacyiru health center, Ruli Hospital and health center)	• Develop and test a model for improving MCH services in linkage with PMTCT and HIV/AIDS related services to improve the quality of ANC services and improve the infant and pediatric care of babies born to HIV positive mothers.	USAID		PMTCT	1.5

4.1.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Family Health International (FHI) *New Partner? No* FBO? No Subs: Agreements: To be	To expand the availability of PMTCT services at 6 sites in 1 province to reach 2,250 pregnant women (Ruhengeri)	• Develop and support PMTCT sites in 6 new sites • Provide support for DHT supervision of PMTCT sites • Provide training of PMTCT counselors in 6 sites • Procure test kits, reagents and	CDC	PMTCT 2.0

provide to six health facilities (mix of FBO and public sector)		materials for PMTCT sites		
TBD FBO? No Subs - Yes	To improve the quality and uptake of PMTCT services in 2 provinces (Ruhengeri and Gisenyi)	• Develop community-based organization activities to support an increase PMTCT acceptance and uptake in NVP • Strengthen linkages between NGOs and hospitals to identify existing outreach IEC/PMTCT activities and service providers • Strengthen referral system into VCT centers for women • Identify and train 30 community health workers on PMTCT IEC • Supervise and evaluate those community health workers who are trained • Distribute existing IEC materials and equipment to trained community volunteers • Evaluate outreach sessions in the community	CDC	PMTCT 2.0
FHI/IMPACT	Support and improve PMTCT services for women	• Sensitize, recruit and enroll new patients, monitor patient progress, and	USAID	PMTCT 2.0

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New Partner? No FBO? Yes Subs: [redacted] Kuramba Health Center (FBO), Runyombyi Health Center (FBO), Muyanza Health Center (FBO), [redacted] Nyarusange Health Center (FBO), [redacted] Kabgayi Health Center (FBO), Gitarama Health Center, Gitwe Hospital (FBO), Ruli Hospital (FBO) and Biryogo Health Center (FBO)	at 7 existing sites and expand services to 4 new sites in 4 provinces for a total of 3,000 women receiving services (Gikongoro, Gitarama, Kigali Ngali, Kigali Ville)	provide testing to infants at existing sites • Work with clinic staff to develop program and introduce services to new sites, conduct trainings, raise awareness of program in the community, and initiate service delivery		

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IntraHealth/ ACQUIRE New Partner? No FBO? No	Expand available PMTCT services at 10 existing sites and establish 3 new sites to increase the number of women to 13,000 receiving services in 5 provinces women (Kibungo , Byumba, Gitarama, Kibuye, Umutara)	• Introduce program to local authorities, determine each facilities' needs, work with and train clinic staff to establish 3 new PMTCT sites to reach 150 women • Ensure all 13 sites are integrating FP, safe motherhood, and maternal/child nutrition into PMTCT • Provide training and orient staff on use of management tools and materials • In all PMTCT sites, support IEC/BCC activities related to FP, safe motherhood, nutrition, etc. • Collect and analyze PMTCT/FP data in all PMTCT sites • Sensitize community and establish 'couples support groups' for those affected by HIV/AIDS to reach 2,400 couples in 2 provinces	USAID	[redacted] PMTCT 2.0
[redacted] is a new cooperative agreement that USAID will have in place by June 2004	Develop a transitional mechanism at all 35 existing PMTCT sites to shift from current partners to new USAID bilateral procurement, [redacted] In addition, develop 3 new sites in target health districts to reach 1,350	• New procurement will develop a transitional plan to support for 35 existing USG supported PMTCT sites. Types of assistance include: personnel training, maintaining equipment, procuring commodities and supplies, sustaining client tracking and monitoring systems, post-natal follow-up (including TBA training) and other	USAID	[redacted] PMTCT 2.0

and fully operational by September 04. The goal of the cooperative agreement is increase use of community health with a focus on HIV/AIDS services to increased access to commodities and services and improved quality of community health services. New partner? TBD FBO? TBD under the new procurement	women.	necessary activities • Expand activities into 3 additional sites to reach 1,350 women and to have approximately 135 enroll in PMTCT programs • Expand services available at PMTCT sites to include nutrition counseling, and family planning counseling and referrals • Strengthen/promote community engagement in assuring good access and quality of services		
[redacted] partner [redacted]s a new contract that USAID will be in place by	This new USAID bilateral procurement, [redacted] will build and strengthen the capacity of 5 district authorities, including the development of work plans and budgets to manage	• Provide necessary equipment and commodities to accomplish the objective at the national level • Develop a health financing strategy for PMTCT • Identify 5 health authorities with PMTCT related activities and contracted	USAID	[redacted] PMTCT 2.0

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June 2004 and fully operational by September 04. Activities under this contract will reinforce the capacity of the decentralized health sector to meet the goals of 2-7-10 at three levels: 1. national-strengthening of HIV/AIDS planning, budgeting and policy development, 2. district level capacity building for HIV/AIDS service delivery with 44 admininistrative districts (over ½ the country) and with health facilities & 3. local-level capacity building New Partner? TBD	delivery of PMTCT services through training and supervision of staff, ensuring the availability of commodities, and improving overall facility quality, foster provision of PMTCT services to reach 3,000 women.	HIV/AIDS indicators to be funded at the community level through the District Incentive Fund (DIF), and initiate activities (DIF is a "contractual approach," which has been widely adopted in Asia, has recently been introduced in two provinces in Rwanda to stimulate performance in health service delivery. This approach provides funds directly to health facilities through administrative districts, based upon performance outputs as measured by indicators from the Health Information System: e.g. number of women coming to clinics for PMTCT services, Number of health facility sites providing the minimum package of PMTCT services, Number of HIV infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the sp the risk of MTCT, Number of facilities providing counseling and testing, number of ART programs, number of health facility sites providing the minimum package Each district or health facility develops a		

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FBO? TBD under the new procurement		"business plan" which indicates the expected improvements in performance outputs. The strategy for achieving these improvements is designed and applied by the health facility. Under this approach, the health district will sign a contract with the [redacted] contract to receive quarterly payments based upon presentation of results on the indicators. The contract is designed to pay a standard sum per indicator; if the facility does not meet its targets the contract can be annulled. In Rwanda, results to date have shown remarkable improvement in performance output - in the domains for family planning use, deliveries at health facilities, percentage of children vaccinated. Even more important, however, is the team building and quality orientation emerging in the health facilities. This incentive mechanism, which is based upon the existing system for reporting, provide a cost-effective approach for promoting quality HIV/AIDS service delivery. • Involve community representatives in		

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Table 4.1 - PMTCT

		defining PMTCT related service to be included in Minimum Package of Activities/Comprehensive Package of Activities (MPA/CPA) package				
Total partners:	10-13	New partners:	Poss. 3	FBOs:	1-4	Total budget:

Number of Total partners, New partners and FBOs given show a range that is dependent on the new awards.

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Numbers in () are FY2003 PMTCT funding.

Table 4.2 – Abstinence and Faithfulness Programs

Table 4.2	Abstinence and Faithfulness Programs
4.2.1 Current status of program in country	Unique social, cultural and religious factors in Rwanda contribute to a relatively late sexual debut. According to the 2000 DHS, the average age of sexual debut is approximately 21 years old, which provides an opportunity for programs to target younger youth with strong prevention methods before they begin to engage in risky sexual behavior. Predating the implementation of PEPFAR, the majority of USG-funded partners were targeting this age group through peer education, social mobilization, and premarital counseling with clear abstinence and faithfulness messages, using both church networks and youth-friendly facilities.
4.2.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Expanding the current expertise and activities at all levels in-country, USG will support the scale-up of abstinence and faithfulness based education and media message programs which target the 15-24 year old age group and utilize the established network of churches and Catholic dioceses at the community level. A community level approach enables USG partners to link with local faith-based and community-based organizations, and to mobilize communities to participate in anti-stigma and anti-discrimination activities. Additional programs will be implemented at schools both for young people who are enrolled in formal education and for "out-of-school-youth". These will include training for peer and health education leaders and community mentors, promotion of youth friendly services, and activities that use community outreach to empower young girls to abstain and decrease risky behavior. At the national level, mass media "fidelity" campaigns will be launched to specifically reach the 15-24 year old age group with messages about 'knowing one's status' and how to remain HIV-negative. These campaigns will be youth-led and will utilize radio programs, newspapers, and VCT services to reach the desired target audience. The USG abstinence and faithfulness program is based on the Rwandan national prevention strategy which focuses on delaying debut of sexual activity.

4.2.3 Existing activities, initiated prior to FY 04:

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track (1, 1.5, 2)

Numbers in () are FY2003 PMTCT funding.

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Table 4.2 – Abstinence and Faithfulness Programs

					(Base, PMTCT, S/GAC)	
World Relief FBO? Yes	Promote abstinence and fidelity for youth by intervening with local churches, schools, and out of school youth in 8 provinces	In collaboration with MIGIPROF, MINEDUC, and MIGISPOC (see www.gov.rw): • Develop and publish an orphans manual • Develop a training video • Develop a family counseling manual • Mobilize national church leaders • Provide training of trainers for schools and churches • Develop church youth programs • Develop and air a media campaign	USAID		S/GAC	1.0
FHI/IMPACT FBO? No Subs – Yes	Replicate and expand youth peer education focused on abstinence and being faithful in 2 Catholic Dioceses	• Partner with ecclesiastic authorities • Recruit project personnel • Select and train peer and health educators • Organize discussion sessions • Produce materials • Mobilize youth for	USAID		Base	1.5

Numbers in () are FY2003 PMTCT funding.

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Table 4.2 – Abstinence and Faithfulness Programs

		participation in community-based activities • Conduct an evaluation of the quality of peer educator work				
FHI/IMPACT FBO? No Subs - Yes	Integrate HIV/AIDS in pre-marital counseling focused on being faithful in all 9 Catholic Dioceses, covering the entire country	• Partner with church authorities • Conduct diocesan and parish meetings to set up the program • Purchase equipment and produce materials • Organize training for pastoral agents • Organize discussion sessions with couples	USAID		Base	1.5
FHI/IMPACT FBO? No Subs - Yes	Strengthen quality HIV/AIDS peer education among youth ages 15-24 nationally	• Validate, finalize and distribute national youth peer education manual & curriculum focused on abstinence and being faithful	USAID		Base	1.5
IntraHealth/ ACQUIRE FBO? No	Promote HIV/AIDS prevention among youth, including abstinence and be faithful messages, and develop youth-friendly	• Select and train peer educators • Support youth groups to hold social mobilization activities • Strengthen youth-friendly facilities and services, which includes operating hours which coincide with school	USAID		Base	1.5

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Numbers in () are FY2003 PMTCT funding.

Table 4.2 – Abstinence and Faithfulness Programs

	services at 10 sites in 3 provinces (Byumba, Gitarama, Kibuye)	hours, confidentiality, appropriate locations, and sensitization of staff to youth needs • Pilot test the introduction of prenuptial counseling in conjunction with couples VCT for youth • Produce and disseminate youth appropriate HIV/AIDS IEC materials				
PSI/AIDSMark FBO? No	Working under the direction of the CNLS, scale-up the national level mass media youth fidelity campaign	• Adapt and launch "be faithful" campaign for Rwanda- including abstinence, delayed sexual debut and knowing your status and your partner's status through VCT	USAID	[ ]	Base	1.5

4.2.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
CARE New Partner? No FBO? YES Subs - Yes [ ] (FBO)	To reach 25% of youth with abstinence-based education programs in 2 provinces (Butare and Cyangugu)	• Adapt or use existing abstinence-based curriculum in collaboration with community • Strengthen partnerships with community FBOs, including World Relief and Caritas • Support life-long partnership training	CDC	[ ] S/GAC 1.5

Numbers in () are FY2003 PMTCT funding.

Table 4.2 – Abstinence and Faithfulness Programs

TBD-Community based intervention partner New Partner? TBD FBO? TBD	To reach 25% of youth with abstinence-based education programs in 2 provinces (Ruhengeri and Gisenyi)	• Adapt or use existing abstinence-based curriculum in collaboration with community • Strengthen partnerships with community FBOs, including World Relief and Caritas • Support life-long partnership training	CDC	[redacted] S/GAC 2.0
FHI/IMPACT New Partner? No FBO? No Partners - Yes Subs: Catholic Dioceses in Kabgayi, Kibungo, Byumba, Nyundo, [redacted]	Continue youth peer education focused on abstinence and being faithful in 5 Catholic diocese to reach 20,000 youth (Kabgayi, Kibungo, Byumba, Nyundo, [redacted] Diocese)	• Partner with church organizations, CNLS, MOH, National Council for Youth in Rwanda (CNJR) • Organize HIV/AIDS discussions with out-of-school youth • Organize sessions with youth at school and during vacations to discuss abstinence and being faithful messages • Mobilize youth for participation in community activities benefiting PLWHA associations and against stigma and discrimination	USAID	[redacted] S/GAC 2.0
IntraHealth/ ACQUIRE New Partner? No FBO? No	Scale-up promotion of HIV/AIDS prevention, including messages on abstinence and being faithful, among youth and promote youth-friendly services at 10 sites in 3	• Build cadre of peer educators by conducting training of trainer workshops on HIV/AIDS prevention messages focused on abstinence and being faithful • Increase number of youth participating in social mobilization through support	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

	provinces to reach 11,000 youth, which is 60% of the youth population in the 3 provinces (Gikongoro, Kibungo, Umutara)	to youth groups at target sites • Strengthen youth-friendly facilities and services, which includes operating hours which coincide with school hours, confidentiality, appropriate locations, development of appropriate materials for youth educational activities in the facilities and sensitization of staff to youth needs • Pilot test the introduction of prenuptial counseling in conjunction with couples VCT for youth • Produce and disseminate existing youth appropriate HIV/AIDS IEC materials		
PSI/AIDSMark New Partner? No FBO? No	Under the direction of the CNLS, increase access to service and promote HIV/AIDS prevention behaviors, including abstinence, be faithful, peer education and knowing ones status, among youth ages 15-24 reaching 35% of Rwandan youth (National)	• Design and establish franchised youth center service units at 5 pre-existing VCT sites in zones that do not yet have youth VCT sites to encourage youth to get tested, talk about HIV/AIDS and discuss issues around HIV/AIDS (locations TBD) • National mass media campaign to promote VCT services to youth; reduction of stigma attached to going for VCT • National mass media prevention campaign based on national prevention	USAID	Base 2.0

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Table 4.2 – Abstinence and Faithfulness Programs

		strategy addressing delayed debut of sexual activities and faithfulness • Adaptation and replication of '100% Youth' which is a comprehensive BCC youth program that includes weekly youth run radio call-in program, monthly youth-run newspaper, expanded peer education program		
☐ *partner* New Partner? TBD FBO? TBD	Strengthen ability of districts to develop programming and budget allocation in prevention that support and foster abstinence and faithfulness programs while increasing knowledge around HIV/AIDS issues and ensure national level linkages	• Identify prevention programs that support abstinence and faithfulness activities to be funded through the DIF (DIF described in 4.1.4), and initiate activities. • Identify indicators to buy on prevention. If they do not exist work with communities to identify them. • Involve community representatives in identifying prevention programs including abstinence/faithfulness messages in guidelines for MPA/CPA package at different levels for specific HIV/AIDS services	USAID	☐ 2.0
Total partners:	5-6	New partners:	Poss. 1	FBOs:	3-4	Total budget:	

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Table 4.3	Blood Safety
4.3.1 Current status of program in country	In 1976 the Rwandan National Program for Blood Transfusion (CNTS) was established with the support of the Belgian Red Cross. The Program's mission is to collect, analyze and distribute safe blood in adequate quantities and quality to 100% of patients in need. Blood donor activities are based exclusively on voluntary unremunerated donations. HIV testing for blood donations was introduced in 1985, and the National Program was quickly established as the sole source of safe blood units in Rwanda, with hospitals halting the use of other donation methods, e.g. family donations. The Red Cross ended support for the program in 1999. The National Program is now fully integrated into the MOH and operating independently of any external assistance. Rwanda has 3 regional Blood Transfusion Centers. The main facility is in the capital of Kigali, serving 4.2 million people. Two additional facilities are in Butare in the South and Ruhengeri in the North, each serving approximately 1.8 million people. The regional centers deliver blood to 3 transfusion posts, where blood is stored and then distributed to hospitals. There is no donor recruitment or blood collection taking place at the transfusion posts. They are located in Rwamagana in the East (serving 1.1 million people), Kibuye in the Central-West (230,483 people), and Gihundwe in the South-Western region of the country (609,504 people). The National Program conducts a training course for lab technologists, which was offered twice in 2003. Training materials are now being developed for related medical personnel. Currently, the only person with the authority to conduct blood safety trainings is the Coordinator of the National Program. For the existing courses, trainees are brought to Kigali to participate in training sessions, which range from 3 days to 3 weeks in length. Training needs are especially high for rural facilities, where staff turnover is quite high. The demand for training will likely increase as HIV/AIDS related programming expands.

Table 4.3 – Blood Safety

4.3.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Under PEPFAR, USG will support the National Program for Blood Transfusion (CNTS) to rapidly strengthen blood transfusion services by improving blood transfusion safety and simultaneously increasing donations, coverage, and quality assurance. The MOH estimates that only 70% of the demand for safe blood transfusion in Rwanda is currently being met. To address the insufficient availability of safe blood, USG will support activities that will be implemented by the National Program for Blood Transfusion. These will include increasing volunteer donations by strengthening and expanding the donor recruitment program, continuing to screen 100% of blood units collected by blood type, and providing appropriate training for all Blood Transfusion Center and hospital transfusion staff. The USG will also provide technical assistance to the National Program to strengthen its guidelines on supervision and monitoring and evaluation. Finally, USG will provide assistance for the improvement of the National Program's infrastructure through the construction or renovation of Blood Transfusion Centers and the provision of necessary equipment and supplies.

4.3.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
There is no existing USG support for blood safety prior to FY 04.						

4.3.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
New partner? Yes	Strengthen MOH capacity for blood safety	• Renovation and construction of blood transfusion centers and posts • Replacement of equipment of blood transfusion centers • Create Kigali platelet production unit	CDC	

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FBO? No		• Strengthen and expand blood donor activities by procurement of sufficient cold-chain equipped vehicles for recruitment activities and blood collection • Establish quality assurance program to establish procedures, SOPs and guidelines for safe handling, storage and transportation of blood • Strengthen M&E of blood donor and collection services • Establish adequate cold chain system with new equipment for blood transfusion centers • Evaluate methods to determine irregular antibodies and perform fetal-maternal immunization tests • Create an Rh-negative blood donor recording system • Establish a more efficient laboratory supply management system to avoid reagent and test kit shortages • Improve the blood management system by introduction of an alert system to identify blood shortages • Revise blood utilization guide • Provide training courses for physicians,		

Table 4.3 – Blood Safety

		nurses, lab techs, and transfusion center staff		
TBD– Award in April New Partner? TBD FBO? TBD	Provide technical assistance on blood safety to the [redacted]	• New agreement will provide technical assistance in all of the above activities to the CNTS	CDC	[redacted]
Total partners:	2	New partners:	2	FBOs: TBD	Total budget:	

Table 4.4 – Safe Injections and Prevention of Other Medical Transmission

Table 4.4	Safe Injections and Prevention of Other Medical Transmission of HIV
4.4.1 Current status of program in country	Currently there is no available information on safe injections and prevention of other medical transmission of HIV in Rwanda.
4.4.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The USG approach to rapid planning and implementation of safe injection programs in Rwanda will aim to reduce the burden of HIV transmission through unsafe and unnecessary medical injections. With USG assistance, Rwanda will implement a three-step strategy recommended by the World Health Organization and the Safe Injection Global Network. An initial assessment of current injection practices is being planned to address the lack of existing information about the degree to which breaks in infection control contribute to HIV transmission in Rwanda. At the national level, USG will provide technical assistance to the MOH for the drafting and finalization of a national plan for the safe and appropriate use of injections in Rwanda. Other new USG-funded programs will include the field testing of a project that addresses a range of contributing factors to unsafe practices. Specific project activities will include strengthening providers' injection practices, improving the procurement and management of safe injection equipment and supplies, increasing managers' awareness and skills in advocacy to reduce demand for injections and increasing knowledge about injection safety among the general public. These activities present a comprehensive effort to decrease unsafe injection practices and thereby decrease the transmission of HIV.

4.4.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 5, 2)
There is no existing USG support for safe injection prior to FY 04.						

Numbers in () are FY2003 PMTCT funding.

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Table 4.4 – Safe Injections and Prevention of Other Medical Transmission

4.4.4 Proposed new activities in FY 04				
Partner	FY04 Objective	Activities for each objective	Agency	Budget
New partner? Yes FBO? No	Support safe medical injections practices in Rwanda	• Conduct an initial assessment of the current injection practices • Draft a national plan for the safe and appropriate use of injections • Design and field test project to enhance injection safety in selected area(s) focused on: improving provider skills, procurement and management of safe injection equipment and supplies, increasing managers' awareness and skills in advocacy to reduce demand for injections, and to increase knowledge about injection safety in general public • Develop and implement an advocacy strategy for wider public understanding and support to the development of the national injection safety plan • Finalize the National Plan for Injection Safety	CDC	
Total partners: 1	New partners: 1	FBOs: 0 (unlikely)	Total budget:	

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Numbers in () are FY2003 PMTCT funding.

Table 4.5	Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)
4.5.1 Current status of program in country	In 2003 the CNLS, supported by technical assistance from USG, conducted a national BCC evaluation that resulted in the development of the National BCC HIV/AIDS/STI strategy. The strategy was developed in close collaboration with NGOs, FBOs, and other GOR agencies to ensure national implementation. To improve STI control, USG has supported the strengthening of STI syndromic management in several provinces in Rwanda. As part of a comprehensive abstinence, fidelity, and condom-use program, USG supported the procurement of condoms to ensure adequate availability to complement behavior change activities.
4.5.2 How new activities will contribute to PEPFAR targets; linkages to other activities	USG is supporting activities to increase community involvement through the promotion of HIV/AIDS prevention activities that reduce stigma, increase access to VCT and STI testing and service delivery, and strengthen coordination of community leaders and PLWHA associations. Special attention will focus on increasing the knowledge and adoption of safer sexual behaviors among high-risk groups such as refugees, recently released prisoners, and the military. To achieve these objectives, USG will develop IEC/BCC materials for peer education activities in the community and for use at VCT centers, along with the increased distribution of condoms to reach high-risk groups and their families. In addition, USG will support Knowledge, Attitude, and Practice (KAP) surveys, situational analyses, and additional activities for gathering baseline information on target groups, service providers, and intervention sites in order to best monitor programs and prevention progress. Close monitoring of data will allow for continued advocacy at the policy level.

4.5.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)

Numbers in () are FY2003 PMTCT funding.

FHI/IMPACT FBO? No	Support CNLS in the development of the national IEC/BCC HIV/AIDS/STI strategy	• Implement a national IEC/BCC evaluation and disseminate findings • Organize a national stakeholders conference involving all prevention partners • Design TOT guide and organize IEC/BCC trainings • Hold workshops and conference to design national IEC/BCC strategy	USAID		Base	1.5
FHI/IMPACT FBO? No Subs – Yes	Under the direction of the CNLS, expand IEC/BCC program aimed at reaching 500 women and girls through outreach to schools and work-place settings in 1 province (Kigali Ville)	• Under the direction of the CNLS work with partners (GOR, NGOs, FBOs, and youth organizations) in the development of a national HIV/AIDS multi-sectoral prevention plan • Evaluate all existing HIV/AIDS prevention policies and norms and provide recommendations • Conduct stakeholders workshop to validate proposed plan • Print and disseminate plan • Provide support to GOR in	USAID		Base	1.5

Table 4.5 – Other Prevention Initiatives

		implementation of plan				
FHI/IMPACT Sub: World Relief FBO? Yes	Integrate HIV/AIDS prevention curriculum, including the ABC method, into World Relief's community banking program in 3 provinces (Kigali Ngali, Kigali Ville, Umutara)	• Hire and train 20 loan officers in *Facing AIDS* curriculum • Train 4,500 micro-finance clients in *Facing AIDS* curriculum • Print and disseminate 2,000 *Facing AIDS* curriculum materials (1,000 each in Kinyarwanda and English)	USAID		Base	1.5

4.5.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
CARE New Partner? No FBO? Subs - Yes	Increase community involvement in promoting HIV/AIDS prevention activities and reducing stigma and discrimination around ARV treatment and care of PLWHAs in 2 provinces (Butare and Cyangugu)	• Develop and strengthen coordination and involvement of community leaders to support HIV/AIDS prevention activities targeted at communities/populations at high risk • Provide targeted prevention messages for HIV+ individuals • Develop and/or strengthen networks of PLWHAs and those affected by HIV/AIDS (OVCs), local NGOs, community-based organizations (CBOs), FBOs and hospitals to reduce stigma and	CDC	S/GAC 1.5

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		discrimination by promoting community ownership of care and treatment programs • Train selected community groups (including FBOs) and local government leaders in the implementation of vulnerability mapping and contingency planning to build community capacity		
TBD–Community-based intervention partner New Partner? TBD FBO? TBD	Increase community involvement in promoting HIV-AIDS prevention activities and reducing stigma and discrimination around ARV treatment and care of PLWHAs in 2 provinces (Ruhengeri and Gisenyi)	• Develop and strengthen coordination and involvement of community leaders to support HIV/AIDS prevention activities targeted at communities/populations at high risk • Provide targeted prevention messages for HIV+ individuals • Develop and/or strengthen networks of PLWHAs and those affected by HIV/AIDS (OVCs), local NGOs, community-based organizations (CBOs), FBOs and hospitals to reduce stigma and discrimination by promoting community ownership of care and treatment programs • Train selected community groups (including FBOs) and local government leaders in the implementation of vulnerability mapping and contingency	CDC	S/GAC 2.0

Table 4.5 – Other Prevention Initiatives

		planning to build community capacity		
FHI/IMPACT New Partner? No FBO? No Sub:	Under implement BCC and multi-media program targeted at 5,000 women and particularly young women focused on prevention (abstinence for youth, be faithful for married women)	• Develop outreach with partners such as SWAA, MOH, Ministry of Gender and Family Promotion • Organize discussion sessions with women and young girls on abstinence and faithfulness • Organize events to bring women together to create new women's HIV/AIDS networks to disseminate IEC/BCC messages and reduce stigma	USAID	Base 2.0
World Relief New Partner? No FBO? Yes	In partnership with CPLS/CDLS, mobilize Christian church communities to provide prevention and counseling on HIV/AIDS in 600 parishes in 3 provinces (Gikongoro, Gitarama, Kibuye, Kigali Ngali, Kigali Ville, Umutara)	• Conduct AIDS leadership and mobilization seminars for 650 pastors • Organize sensitization and action planning seminars for church communities • Enable the mobilization of 150 volunteers from each targeted province • Print and distribute 700 copies of training materials; manuals and training curricula • Train 250 male and female church leaders on AIDS counseling using the	USAID	S/GAC 2.0

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		Helpers for a Healing Community • Subsidize 50% of the cost of VCT for 2,000 community members each month in each targeted province for sensitization by prevention/counseling efforts		
New Partner? No FBO? No	Cost shared activity with other health funds - total funding for activity $600,000 ($200,000 from HIV/AIDS funds) to strengthen the condom logistics capacity of the MOH and the public sector in support of HIV by placing an international hire to train Rwandans on condom logistics management and coordinate the system inside the MOH for HIV/AIDS prevention activities to distribute condoms to GOR health facilities and VCT/PMTCT facilities and contribute to long term sustainability of	• Place a condom security and logistics advisor in MOH - funding will support of HIV/AIDS activities • Conduct assessment of condom logistics system within service delivery points, districts, and MOH • Work with MOH and Central Medical Stores of Rwanda (CAMERWA) on negotiations for condom supply management in collaboration with MSH/RPM Plus • Design relevant supervision tools, process, and related job aids • Develop and conduct trainings on supervision for District HIV/AIDS condom supply managers • Provide ongoing assistance to the monitoring and supervision process • Provide introduction to condom supply security to key stakeholders • Provide twice yearly condom	USAID	Base 2.0 S/GAC 2.0

	infections averted	*forecasting assistance to MOH* • Provide guidance and training on pipeline monitoring and use of automated tools • Assist *with donor/local partner* coordination efforts to ensure no stock outs on condoms		
PSI/AIDSMark New Partner? No FBO? No	Increase awareness of HIV/AIDS and adoption of safe sexual behaviors among 30% of current and recently released prisoners (National, focus in provinces with solidarity *camps and prisons)*	• *Partner with CNLS, ICRC, National Unity* and Reconciliation Committee, MININTER, MINALOC; MIGEPROF • Present proposed program to GOR and *primary partners for approval* • Conduct baseline focus groups and KAPs • *Design*, produce, and distribute IEC materials specifically targeting *prison* populations and their family members • *Train prison and solidarity camp* (prisoner reintegration program) staff and/or peer educators to conduct regular IEC sessions on HIV prevention • Establish referral system within *prisons* and solidarity camps for VCT services • Train prison and solidarity camp peer *educators to be condom community-*based distribution agents • Increase condom availability as	USAID	S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.5 – Other Prevention Initiatives

		necessary		
PSI/AIDSMark New Partner? No FBO? No	Increase awareness of HIV/AIDS and adoption of safer sexual behaviors among refugees currently living in 3 camps in Rwanda to reach 70% of the population of reproductive age (Byumba, Gikongoro, Kibuye)	• Partner with CNLS/CPLS, UNHCR, MOH, Ministry of Local Administration, American Refugee Committee, African Humanitarian Action • Present proposed program to government and primary partners for approval • Conduct baseline focus groups and KAP • Design, produce, and distribute IEC/BCC materials specifically targeting refugee populations • Train peer educators among different refugee groups (youth, women, men) to conduct regular IPC sessions on prevention • Establish referral system within refugee camps for VCT services • Train peer educators to be community-based condom distribution agents • Increase condom availability as necessary	USAID	S/GAC 2.0
PSI/AIDSMark New Partner? No FBO? No	Strengthen the prevention efforts among the Rwandan military forces to reach 7,000 military	• Develop IEC/BCC programs for the promotion of HIV/AIDS prevention and the reduction of its transmission • Distribute condoms and promote their	USAID	S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.5 – Other Prevention Initiatives

(Activity for DOD)	personnel	utilization • Provide TA to the VCT center at Kanombe Military Hospital on education and raising awareness		
CARE/ [redacted] Initiative New Partner? No FBO? No Partners - Yes Subs - Yes - In [redacted] - 10 Rwandan FBO/CBOs,Gitaram 34 Rwanda FBO/CBOs, [redacted] - 42 Rwandan FBO/CBOs	Prevent 1450 new HIV infections out of 29,000 reached in vulnerable groups(youth, OVC, widows, migrant workers) and major risk factors in 3 provinces through participatory situation analysis and response planning and implementation	• Partner with CBOs, FBOs, VSO, MINEDUC, MOH, CARITAS, Rwandan Association for the Well-Being of the Family (ARBEF) • Gather baseline information on target groups, service providers, and packages of interventions to inform design of future prevention strategies to reach most vulnerable groups • Implement prevention plan with focus on most vulnerable groups, e.g. youth, OVC, widows, migrant workers, and major risk factors, e.g. ignorance, poverty, stigma, alcohol • Utilize training of teachers and peer education methodologies to implement and monitor/evaluate HIV/AIDS prevention activity in schools	USAID	[redacted] S/GAC 2.0
[redacted] partner New Partner? TBD FBO? TBD	Build capacity of 5 district and the national level to develop work plans and financial plans to manage	• Identify 5 districts and work with the national level • Conduct needs assessment of existing STI/TB/OI services in the context of	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.5 – Other Prevention Initiatives

	delivery of STI/TB/OI prevention and treatment programs in the context of HIV/AIDS services and ensure local capacity is developed through DIF for STI/TB/OI in the context of HIV/AIDS	HIV/AIDS services, equipment and human resources • Train staff on work plan and financial plans development, forecasting, analysis, budgeting • Identify other prevention and STI/TB/OI prevention and treatment activities to be funded through the DIF (DIF is described in 4.1.4), and initiate activities • Involve community representatives in defining other HIV/AIDS prevention services and STI/TB/OI prevention and treatment services to be included in MPA/CPA package at different levels • Provide necessary equipment and commodities		
Total partners:	7-9	New partners:	Poss. 2	FBOs:	2-4	Total budget:	

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Numbers in () are FY2003 PMTCT funding.

Table 4.6	Voluntary Counseling and Testing
4.6.1 Current status of program in country	The Rwandan national program currently has 55 Voluntary Counseling and Testing (VCT) sites. It is in the midst of a broad national scale-up of VCT service delivery via the Global Fund (N=117), other partners and PEPFAR. Demand for VCT services is high. The GOR service delivery model is to integrate PMTCT and VCT activities at the site and central level. Most existing sites are working at maximum capacity given their existing staffing and infrastructure. The USG supports 28 sites in the country and provides support to the MOH's national PMTCT/VCT coordination unit at TRAC. However, in April 2004, 5 USD sites will be transferred to the Global Fund. Through USG technical and financial assistance to TRAC, the PMTCT/VCT Technical Committee has been reinvigorated. USG is supporting an impact evaluation of VCT, and the development of critical PMTCT/VCT tools. These include a national PMTCT/VCT curriculum for providers of VCT, supervision tools for managers and a revision of VCT data forms and formats to facilitate and strengthen service delivery. An innovative collaborative to enhance the quality of PMTCT/VCT programs, training and share lessons learned across PMTCT/VCT partners has been developed.
4.6.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Under PEPFAR, USG will add sites for a total of 30 USG-supported sites. USG will continue to strengthen the quality of existing sites and expand the VCT service package to include couples counseling and youth-friendly services. Other activities include strengthening and developing community-based awareness activities focused on VCT to generate increased demand for VCT services. Other community efforts will target members of community-based organizations and families of PLWHA for referral to testing at VCT centers. USG will improve the capacity of the national and district health teams to manage PMTCT/VCT activities through training, on-going technical assistance, support for personnel and monitoring and evaluation. As a preliminary step in a long-term human capacity building strategy, USG will conduct human resource analysis to meet the needs of the HIV/AIDS epidemic with core funds and performance needs assessments at 11 nursing schools. The information will help to develop VCT and HIV/AIDS related curriculum for Rwandan health professional schools.

Table 4.6 – Counseling and Testing

4.6.3 Existing activities, initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Columbia University/ Multi-Country Antiretroviral Program (MCAP) FBO? No	Strengthen the capacity of TRAC to oversee national service delivery	• Provide TA to TRAC to complete VCT site inventory for referrals monitoring use • Provide TA on finalization of PMTCT/VCT national curriculum • Support design and production of PMTCT/VCT national curriculum • Support the development of training and supervision skills for TRAC staff	CDC	Refer to 4.1.3	PMTCT	IP
CARE FBO? No	Increase the number of people using VCT in 2 provinces (Cyangugu and Butare)	• Strengthen and/or develop community-based awareness activities focused on VCT • Organize community VCT campaigns to increase testing and referrals of CBO members and families of PLWHAs to VCT centers	CDC		S/GAC	1.5

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FHI/IMPACT FBO? No	Establish 6 new VCT sites in 3 provinces to reach 5,400 people (Gitarama, Gikongoro, Byumba)	• Sensitize community and work with local government bodies to select sites • Order IEC/BCC and laboratory materials and supplies • Train technicians and data entry staff • Start up VCT activities • Conduct an evaluation of counselors and make recommendations	USAID		Base	1.5

4.6.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
ORISE	Improve TRAC's technical capacity in integrated PMTCT/VCT supervision, training, and program management	Continuation of long-term PMTCT/VCT advisor position (international hire) at TRAC to conduct the following activities: • Reinforce quality district-level supervision through training and technical assistance (TA) • Provide TA to facilitate PMTCT/VCT technical committee • Support use of data for program monitoring • Support national PMTCT/VCT implementation planning • Assist in training of district health	CDC	S/GAC 2.0

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Numbers in () are FY2003 PMTCT funding.

		teams in PMTCT/VCT service delivery		
FHI New Partner? No FBO? TBD Subs: Agreements to be provided to six health facilities (mix of FBO and public)	Expand the availability of VCT services at 6 sites in 1 province to reach 4,200 clients (Ruhengeri)	• Develop and support VCT sites in 6 new sites • Provide support for DHT supervision of VCT sites • Provide training of VCT counselors in 6 sites • Procure test kits, reagents and materials for VCT sites	CDC	[redacted] S/GAC 2.0
TBD – Community based intervention partner New Partner? Yes FBO? No	Increase the number of people using VCT in 2 provinces (Ruhengeri and Gisenyi)	• Strengthen and/or develop community-based awareness activities focused on VCT • Organize community VCT campaigns to increase testing and referrals of CBO members and families of PLWHAs to VCT centers	CDC	[redacted] S/GAC 2.0
FHI/IMPACT New Partner? No FBO? No Partners – Yes	Expand VCT services to increase number of people accessing services at 17 sites in 9 provinces to reach 23,100 clients served	• Provide VCT services to general population • Increase number of faith-based organizations offering counseling and testing	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

Table 4.6 – Counseling and Testing

Subs: Remera-Rukoma Hospital (FBO), Ruramba Health Center (FBO), Runyombyi Health Center (FBO), Muyanza Health Center(FBO), Ngarama Hospital (Public), CRIS (Public), Kibungo Hospital (Public), Nyarusange Health Center (FBO), Kibuye Hospital (Public), Mugonero Hospital (FBO), Gitarama Health Center (Public), Biroygo Health	(Kigali Ville, Butare, Kibungo, Gikongoro, Byumba, Gitarama, Kibuye)	• Provide support for DHT supervision of VCT sites • Provide training of VCT counselors in 6 sites • Procure test kits, reagents and materials for VCT sites • Refer HIV-positive clients to appropriate TB/OI, ART and other C&S services • Provide supervision to activities		

Numbers in () are FY2003 PMTCT funding.

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Center (FBO)				
[redacted] partner New Partner? TBD FBO? TBD under new procurement	Develop a transitional mechanism at all existing VCT sites to shift from current partners to new bilateral procurement, [redacted] In addition, scale up and improve the quality of VCT service provision in the existing USG sites and expand into 6 new sites to increase clients reached at all sites by 10%	• Assume support for VCT sites currently supported by USG partners. • Develop transitional plan which includes personnel training, maintaining equipment, procuring commodities and supplies, client tracking and monitoring systems (clinical, administrative, IEC/BCC), and facility infrastructure renovation (for confidentiality and client-friendliness) according to national norms and standards • Identify 6 additional sites • Work with sites to develop site and expand activities into the additional sites • Promote couple counseling and provide training • Procure test kits , reagents, and materials for VCT sites	USAID	[redacted] S/GAC 2.0
[redacted] partner New Partner? TBD FBO? TBD under new procurement	New procurement will build capacity of districts to develop work plans and financial plans to plan accordingly to manage and	• Identify 5 districts • Conduct district-wide needs assessments of existing services in 5 districts • Train staff in development of business	USAID	[redacted] S/GAC 2.0

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Table 4.6 – Counseling and Testing

	budget accordingly for VCT programs in 5 districts.	and budget plans for VCT programs. Work with National level MOH and MINLOC to develop budget and financial systems.		
partner New Partner? TBD FBO? TBD	Work with 5 district to strengthen ability of local level health facilities and communities to program and manage funds for VCT programs	• Work with communities to identify VCT services to be funded through the DIF, and initiate activities • Identify indicators to purchase that will help reach goals of 2-7-10 and are acceptable to the community • Involve community representatives in defining VCT services to be included in MPA/CPA package at different levels	USAID	S/GAC 2.0
Total partners:	6-10	New partners: Poss. 4	FBOs: 1-5	Total budget:

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Table 4.7 - HIV Clinical Care (not including anti-retroviral therapy)

Table 4.7	HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)
4.7.1 Current status of program in country	Current USG activities include support at the central level for the development of a national care and treatment curriculum that includes pediatric care, the revision of national treatment guidelines, and the development of standardized clinical encounter forms. USG provided funding for an operations research pilot on opportunistic infection (OI) and tuberculosis (TB) preventative therapy at two sites; the results are providing the framework for the GOR to scale up preventive therapy throughout the country. Through the Global Fund Integrated VCT program, the Rwandan MOH is presently expanding OI/TB prevention and treatment in 117 health centers. In addition, 4 USG ART sites are offering TB/OI treatment and care in conjunction with ART.
4.7.2 How new activities will contribute to PEPFAR targets & linkages to other activities	With PEPFAR funding, USG is prepared to support the scale up of 41 ART sites offering the full clinical care and support package, which includes prevention and treatment for TB/OIs. Sites will receive additional personnel, training, equipment, commodities and supplies, and technical assistance on client tracking, monitoring and evaluation. Improved facilities will create a confidential and client-friendly atmosphere. USG will also support the development of community-based programs to increase adherence to prevention and treatment therapies for TB and OIs. USG will develop a chronic care model for community-based management. In addition, USG will complement the Global Fund health center expansion by increasing the number of USG supported sites providing TB/OI prevention and treatment to an additional 18 sites. USG has provided technical assistance for training, program planning and to assist the MOH in the GF scale-up. USG will continue to provide central support to GOR for the revision of integrated guidelines for a service delivery package, and for the integration of these new guidelines into every level of the health care system, including dissemination, training, and supervision activities. In addition, USG will facilitate the linkage between TB and HIV through support for long-term and short-term TA for a TB/HIV needs assessment that will result in TB/HIV integration guidelines.

Numbers in () are FY2003 PMTCT funding.

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Table 4.7 – HIV Clinical Care (not including anti-retroviral therapy)

4.7.3 Existing activities, initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base PMTCT S/GAC)	Track (1, 1.5, 2)
Columbia University/ UTAP FBO? No	Improve quality of national HIV care tools for adults and children	• Revise national Pediatric HIV Care Guidelines • Develop OI training materials for national use	CDC		PMTCT	IP
Columbia University/ UTAP FBO? No	Improve TB/HIV service integration	• Provide support for long-term TB/HIV technical advisor to improve integration of TB/HIV activities • Short-term technical assistance on TB/HIV care to assist with TB/HIV assessment • Assist in developing national guidelines for integrating TB and HIV activities with GOR and USAID • Support and participate in collaborative meetings with QAWD • Assist in developing and implementation of care and treatment forms	CDC		S/GAC S/GAC	1.5 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.7 – HIV Clinical Care (not including anti-retroviral therapy)

FHI/IMPACT FBO? No	Increase number of TB/ OIs treatments/ preventive therapy at 4 existing ART sites in 3 provinces and add 4 new sites to reach a total of 800 people (Byumba, Citarama, Kigali Ngali, Kigali Ville)	• Work to sensitize community about availability and purpose of TB/OI treatment and preventive therapy • Educate PLWHAs about the availability of new treatments • Enroll patients into preventive therapy • Administer bactrim and follow-up • Conduct external program review by ITM/Antwerp, Belgium	USAID		Base	1.5
Quality Assurance and Workforce Development (QAWD)	Develop model for community-based case management of HIV/AIDS for patients on ART for 12 plus months	• Design, implement and test community-based case management of HIV/AIDS • Site selection, study planning with TRAC and MOH, implementation, monitor and evaluate results	USAID	$	Base	1.5

4.7.4 Proposed new activities in FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget
FHI New Partner? No FBO? YES	Introduce TB/ OIs treatments/ preventive therapy at 6 new sites in Ruhengeri province	• Work to sensitize community about availability and purpose of TB/OI treatment and preventive therapy • Educate PLWHAs about the availability	CDC	S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.7 – HIV Clinical Care (not including anti-retroviral therapy)

Subs: Yes Agreements to be provided to six health facilities (a mix of FBO and public sector)		of new treatments • Enroll patients into preventive therapy • Administer Bactrim and follow-up		
CARE New Partner? No FBO? No	Improve HIV prevention and treatment of TB and OIs in 2 provinces (Butare and Cyangugu)	• Conduct community assessments of HIV/AIDS care and support, nutrition and clean water in coordination with TRAC • Develop community-based nutrition and safe water programs to decrease risk of OI susceptibility for PLWHAs (n=3000) • Develop targeted community-based bed-net distribution programs (within national malaria program) to decrease risk of malaria susceptibility for PLWHAs • Develop community-based programs to increase adherence to prevention and treatment of TB and OIs • Facilitate community participation in the development and implementation of HIV clinical care and support and prevention and treatment of TB and OIs	CDC	S/GAC 1.5

Numbers in () are FY2003 PMTCT funding.

Table 4.7 – HIV Clinical Care (not including anti-retroviral therapy)

Columbia University/MCAP New Partner? No FBO? No	Establish care and support services to PLWHAs and families in all 6 districts in two provinces (Ruhengeri and Gisenyi) and select health centers in Kigali Ville	• Provide treatment of OIs to PLWHAs • Enroll PLWHAs in comprehensive care programs • Support psycho-social counseling for PLWHAs, families and discordant couples • Strengthen linking to social services such as nutrition and income-generating activities • Support community mobilization activities to decrease stigma and discrimination of PLWHAs	CDC	1.0
TBD-Community based intervention Partner New Partner? TBD FBO? TBD	To provide comprehensive community-based care and support in 2 provinces (Ruhengeri and Gisenyi) to complement MCAP ARV activities	• Conduct community assessments of HIV/AIDS care and support, nutrition and clean water in coordination with TRAC • Develop community-based nutrition and safe water programs to decrease risk of OI susceptibility for PLWHAs • Develop community-based programs to increase adherence to prevention and treatment of TB and OIs • Facilitate community participation in the development and implementation of HIV clinical care and support and prevention and treatment of TB and OIs	CDC	S.GAC 2.0

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Numbers in () are FY2003 PMTCT funding.

Table 4.7 – HIV Clinical Care (not including anti-retroviral therapy)

[redacted] FBO? No	Expand community-based case management of OI/TB and HIV/AIDS activities to 2 new sites by GOR. This pilot project will work with local HIV/AIDS community organizations to build their capacity and reach 200 PLWHA in 12 months to achieve the goal of training a cadre of community care workers	• Identify sites with TRAC and MOH, and finalize site selection for expansion of community-based ART management model • Plan and organize interventions • Implement, monitor and evaluate expanded activities	USAID	[redacted] S/GAC 2.0
FHI/IMPACT New Partner? No FBO? Partners - Yes Subs: Kigeme Hospital (FBO), Gitwe Hospital (FBO), Kirlinda Hospital (FBO), [redacted] Nyamata Hospital (FBO), Biryogo	Increase TB/OI prevention and treatment at 8 existing sites and expand to 5 new sites in 5 provinces for a total of 1,000 additional people receiving TB/OI prevention and treatment (Gikongoro, Gitarama, Kigali Ngali, Kigali Ville, Byumba)	• Partner with FBOs, church and GOR hospitals/facilities • Increase and continue support for prevention and treatment of TB/OI at existing sites • Introduce program to local authorities, health facilities, health districts, provinces and obtain their approval and buy-in • Develop strategies to reach at-risk populations for new treatments based on the specific needs of each province • Determine programmatic needs for each facility through needs assessment (e.g., infrastructure, staffing,	USAID	[redacted] Base 2.0

Numbers in () are FY2003 PMTCT funding.

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Health Center (FBO), Kabgayi Hospital (FBO), Kicukiro Health Center (FBO), Ruli Hospital (FBO), Remera-Rukoma Hospital (FBO), Ruhango Health Center		equipment, commodities) • Enrollment of new patients and follow-up of preventive therapy • Partner with Institute of Tropical Medicine (ITM)/Antwerp, Belgium for external program review of new sites		
[redacted] partner New Partner? TBD FBO? TBD under new procurement	New procurement will improve quality and expand coverage of OI/TB prophylaxis and support and other facility-based care in existing target sites plus additional 5 new sites to increase the number to 800 of people receiving TB/OI therapy	• Determine sites • Develop transitional mechanism to assume support for clinical OI/TB prophylaxis related services in sites currently supported by USG partners and expand into 5 new sites. This includes personnel training, equipment, commodities and supplies (clinical, administrative, IEC/BCC), client tracking and monitoring systems, and facility infrastructure renovation (for confidentiality and client-friendliness) according to national norms and standards • In collaboration with CDC, provide support to MOH, CNLS, and TRAC in revision of CPA and MPA to include	USAID	[redacted] S/GAC 2.0

Table 4.7 – HIV Clinical Care (not including anti-retroviral therapy)

		facility-based diagnosis, care, treatment, and support for PLWHA • Integrate new guidelines for service delivery package at central, district and community level, including dissemination, training and supervision		
partner New Partner? TBD FBO? TBD under new procurement	Working with under 2.0, this new procurement will build capacity of the national level and 5 districts to develop work plans and financial plans to plan approximately to manage delivery of clinical OI/TB preventive and treatment services in the HIV/AIDS context	• Identify 5 districts • In partnership with national, district and local authorities, train staff on methodology for conducting facility needs assessments and follow-through, including monitoring and evaluation • Train staff to carry out assessment of existing OI/TB preventive and treatment services, equipment and human resource needs in 5 districts • Involve community representatives in defining OI/TB related clinical care services to be included in MPA/CPA package at different levels	USAID	S/GAC 2.0
Total partners:	7-10	New partners:	Poss. 3	FBOs:	3-6	Total budget:	

Numbers in () are FY2003 PMTCT funding.

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Table 4.8 – Palliative Care

Table 4.8	Palliative Care
4.8.1 Current status of program in country	Palliative care in Rwanda progressed slowly over the years due to insufficient resources and attention. Programs include support for PLWHA associations to provide home-based care (HBC) training and procure the provisions necessary to implement basic HBC to PLWHAs and their family members. In 2003, the Rwanda National PLWHA Association (RNPLWHA) established its role in providing leadership and HBC training for community members. Increased support of quality home-based care and psycho-social support is greatly needed due to the number of Rwandans suffering from HIV/AIDS. USG support is bolstering PLWHA and community organizations to advocate and meet this important need.
4.8.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Under PEPFAR, the USG partner organizations will strengthen and facilitate quality HBC and psycho-social support in communities. Efforts will focus on improving access to health services and increasing the involvement of community members in the care and support of PLWHA through advocacy and the provision of HBC training for volunteers. USG supported organizations provide HBC to PLWHAs in all provinces, and train nurses, caregivers and PLWHAs on the delivery of quality HBC. The effort will finance the provision of hygienic and professional kits to PLWHAs and HBC providers. These kits for PLWHAs will include basic medical supplies, including insecticide-treated bed nets (ITNs) and food supplements. In addition, USG partner organizations will identify and strengthen existing community organizations to advocate for providing care and support to PLWHA. To facilitate HBC and palliative care for PLWHAs and their family members, the USG will provide support to strengthen the organizational capacity of inter-faith organizations and their respective decentralized structures.

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Table 4.8 – Palliative Care

4.8.3 Existing activities, initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
FHI/IMPACT FBO? No	Expand Society of Women Against AIDS (SWAA) HIV/AIDS counseling, couple counseling services to 2 new centers in 2 provinces (Gitarama, Kibungo)	• Create 2 counseling centers • Recruit personnel • Purchase materials and equipment • Conduct IEC activities • Offer HIV counseling and information services, including post-test follow-up and home visits • Advocate for PLWHA and affected families	USAID		Base	1.5
FHI/IMPACT FBO? No	Under the direction of the CNLS, work with all partners nationally to develop guidelines and policies that will strengthen the quality of HBC	• Work with all stakeholders to prioritize essential guidance for the provision of quality HBC at the community level • Finalize, print and disseminate national HBC manual for volunteers throughout the country	USAID		Base	1.5

Numbers in () are FY2003 PMTCT funding.

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Table 4.8 – Palliative Care

FHI/IMPACT FBO? No	Support National Network of PLWHA to ensure improved organizational capacity of PLWHAs	• Assess existing capacity of the National Network of PLWHA • Identify weaknesses and strengths and build upon them through the identification of specific activities and focus	USAID		Base	1.5
World Relief FBO? Yes	Strengthen churches' role in care and support for PLWHA in 600 parishes in 6 provinces (Kibungo, Kigali Ngali, Kigali Ville, Umutara, Cyangugu, Ruhengeri)	• Hold sensitization meetings with churches • Develop radio spots • Print and disseminate training materials and manuals • Provide a minimum of 5 churches with small grants	USAID		Base	1.5
World Relief FBO? Yes	Scale up provision of pastoral counseling services in 3 provinces (Kigali Ngali, Kibungo, Umutara)	• Train 35 TOT • Hold awareness seminars for regional pastors • Train pastoral counselors • Distribute pastoral counseling manuals • Select volunteers to provide grass root services	USAID		Base	1.5

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Numbers in () are FY2003 PMTCT funding.

Table 4.8 – Palliative Care

FANTA FBO? No	Under the direction of TRAC and the MOH, develop and incorporate nutritional care and support guidelines for PLWHA into the national HIV/AIDS strategy (There will be no direct funding for food/nutrition commodities)	• Meet with local partners to define parameters for incorporation of nutritional care and support into national HIV/AIDS strategy • Work with all existing USG and international programs (e.g., Title II, WFP) to ensure linkages and leveraged funding for Rwandan activities • Develop in partnership with TRAC/MOH working group on HIV/AIDS and nutrition national guidelines on nutritional care and support • Incorporate nutritional care and support of PLWHA into the national HIV/AIDS strategy • Strengthen ART implementation through improved management of food and nutrition interactions with ART	USAID		Base	1.5

4.8.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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Numbers in () are FY2003 PMTCT funding.

Table 4.8 – Palliative Care

CARE New Partner? No FBO? No	Improve home-based care for 4,000 PLWHAs and family members in 2 provinces (Butare and Cyangugu)	• Strengthen and/or develop referral linkages between hospitals, NGOs, CBOs, FBOs and PLWHAs and community volunteers to identify and better provide for PLWHAs and family members needing HBC • Develop home-based care training programs using national HBC materials for lay caretakers (n=1500) and professional nurses (n=20) in coordination with local hospitals, University of Butare, and community members • Train 1500 community members to provide home-based care to PLWHAs and OVCs • Support public awareness and advocacy campaigns to increase community involvement in the care and support of PLWHAs and those affected by HIV/AIDS	CDC	S/GAC 1.5
TBD–Community based intervention partner New Partner? TBD FBO? TBD	To provide comprehensive community-based care and support in 2 provinces (Ruhengeri and Gisenyi) to complement MCAP ARV activities	• Strengthen and/or develop referral linkages between hospitals, NGOs, CBOs, FBOs and PLWHAs and community volunteers to identify and better provide for those infected and affected by HIV/AIDS needing home-based care	CDC	S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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		• Develop home-based care training programs for lay caretakers and professional nurses in coordination with local hospitals, and community members • Train 500 community members to provide home-based care to PLWHAs and OVCs • Support public awareness and advocacy campaigns to increase community involvement in the care and support of PLWHAs and those affected by HIV/AIDS		
FHI/IMPACT New Partner? No FBO? No Sub: Society for Women and AIDS in Africa (NGO)	Extend the life of project initiated under 1.5 in the 3 SWAA counseling centers in 3 provinces by additional time frame provided under 2.0 to reach 500 additional clients (Kigali Ville, Kibungo, Gitarama)	• Follow up with HIV positive women to provide appropriate counseling and support services • Provide counseling for discordant couples on safe sex and fidelity • Provide counseling on reducing vertical transmission of HIV/AIDS • Develop counseling sessions for male partners of females who come to get tested • Information on living positively with HIV • Offer HIV/AIDS counseling and information services in person, by telephone, e-mail, listening and orienting, post-test follow-up and	USAID	Base 2.0

Table 4.8 – Palliative Care

		home visits • Provide information and guidance on staying negative		
FHI/IMPACT New Partner? No FBO? No Sub: National Network of PLWHA (NGO)	Expand life of project initiated under 1.5 by additional time frame allotted by 2.0 funds to provide technical assistance as determined under 1.5 to the National Network of PLWHA in 1 province (Kigali Ville). This is not church-based work.	• Partner with and provide support for activities of the National Network of PLWHA	USAID	S/GAC 2.0
World Relief New Partner? No FBO? Yes Subs - 10 Christian Churches in Gitarama, Gikongoro, Umutara, southern Kigali Ngali and Kibungo	Provide church fund grants to a minimum of 10 church-affiliated structures to support their own HIV/AIDS efforts in prevention, care and support in 6 provinces (Gitarama, Gikongoro, Umutara, southern Kigali Ngali and Kibungo)	• Receive, review, and select a minimum of 10 HIV/AIDS prevention, care and support projects to be funded • Monitor and evaluate selected projects	USAID	S/GAC 2.0

Table 4.8 – Palliative Care

World Relief New Partner? FBO? Yes	Mobilize churches to provide home-based care for PLWHA in 600 parishes in 3 provinces (Gikongoro, Gitarama, Kibuye)	• Organize sensitization and action planning seminars for church communities on home care to PLWHA • Enable the mobilization of volunteers in 20% of churches • Train church volunteers in home-based care • Purchase and distribute home-based care kits and related materials (and in Kigali Ngali, Kibungo, Umutara) • Disseminate *Hope at Home* manual	USAID	[redacted] S/GAC 2.0
[redacted] partner New Partner? TBD FBO? TBD under new procurement	Under 2.0, [redacted] will increase access to home based care in 5 districts and increase community involvement in these districts in the development of home based care for families infected and affected by HIV/AIDS in target provinces	• Identify districts • Work with local authorities to implement home based care based on national guidelines at the district and community level • Conduct assessment of community capacity to implement home based care services • Based on assessment, develop training materials for targeted TBD provinces that will reach community level volunteers and health workers • Train community workers to address issues of stigma and discrimination, working through CBOs, FBOs, and local associations	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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[redacted] partner New Partner? TBD FBO? TBD under new procurement	Under the direction of the TRAC's new Division of HIV/AIDS and Nutrition and in collaboration with FANTA, [redacted] will work to strengthen nutrition counseling and care for PLWHAs and affected families in 5 districts. Under DHS partner, training will be carried out to train District and local administrations to identify PLWHAs and families. A key goal will be to work to leverage other funding for food commodities with Title II, WFP and other organizations that deliver food. No food will be purchased with PEPFAR funds.	• Identify 5 districts • Assist in the development of the office • Provide technical training to Rwandan staff on nutrition and HIV/AIDS. There is no nutrition educational program in Rwanda. • Develop training modules on HIV/AIDS and nutrition. • Train trainers of trainers on HIV/AIDs and nutrition. • Include nutrition information in training for CBO/FBOs involved in community care	USAID	[redacted] S/GAC 2.0
[redacted] partner New Partner? TBD FBO? TBD under	In collaboration with [redacted] will build capacity of 5 districts authorities to develop	• Identify 5 districts • Assess capabilities of districts and local authorities to guide the provision of palliative care services, including	USAID	[redacted] S/GAC 2.0

new procurement	work plans and financial strategies to incorporate the delivery of palliative care services for people infected and affected with HIV/AIDS	human resources and equipment needs • Ensure the provision of necessary training of district and local authority workers train staff on assessing needs • Procure essential equipment for activity implementation		
[redacted] partner New Partner? TBD FBO? TBD	Based on the above assessment, DHF will work districts to provide funds through the DIF to increase out reach services for palliative care	• Work to assess and identify palliative care activities to be funded at the community level through the DIF, and initiate activities • Support NGOs/FBOs in delivery of home-based care, in collaboration with the District Health Team and district health centers, through DIF fund • Identify indicators to purchase • Involve community representatives in defining palliative care activities to be included in MPA/CPA package at different levels	USAID	[redacted] S/GAC 2.0
PSI/AIDSMARK FBO: NO	Under the Direction of TRAC and CNLS, address increased nutritional needs of PLWHAs by launching a caloric high-energy supplement to be included in home based care	• Conduct an assessment of product accessibility and reach local production options • Partner with local PLWHA groups to identify PLWHAs • Partner with PLWHA groups and other USG partners to include supplement in	USAID	[redacted] S/GAC 2.0

Table 4.8 – Palliative Care

	package	home based care kits • Develop IEC materials directed at consumers and providers • Consumer materials will focus on nutritional needs of PLWHAs as identified by the TRAC • Providers materials will address nutritional needs of PLWHAs as well as product details • Project work with targeted VCT and PMTCT sites in Rwanda to disseminate communications materials • PLWHAS will be reached through PLWHA associations, VCT, PMTCT and ART sites • In addition, the project will collaborate with "Anti-Sida" clubs and associations in Rwanda.		
Total partners	6-8	New partners	Poss. 3	CBOs	2-4	Total budget	

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Numbers in () are FY2003 PMTCT funding.

Table 4.9	Support for Orphans and Vulnerable Children
4.9.1 Current status of program in country	Rwanda's Orphans and Vulnerable Children population is a growing and serious problem as a result of the genocide, malaria and the HIV/AIDS epidemic. The MINALOC estimates that there are presently 400,000 orphans and other vulnerable children living in Rwanda. Despite the successful "one child, one family" reintegration campaign orchestrated by the Rwandan government and several NGOs in the late 1990s, 3,475 orphans still remain in the care of 24 institutions throughout Rwanda and thousands of children live in vulnerable foster families or in child-headed households (CHH) that struggle to provide children with appropriate care-giving environments. There exists a growing problem of more than 7,000 orphan and runaway children living on the streets of the country's urban centers vulnerable to drug use, prostitution, HIV infection, and other forms of exploitation and abuse. USG has partnered with the Catholic dioceses to recruit families to adopt and reintegrate 500 orphans into families, and support 71 communities to integrate 2500 OVCs back into their community. Through civic education, risk vulnerability training, and micro-credit systems, USG partners are promoting legal protection and poverty reduction of orphans and vulnerable people.
4.9.2 How new activities will contribute to PEPFAR targets; linkages to other activities	USG is concerned with the growing number of OVCs and CHH in Rwanda. In order to combat the increasing numbers of vulnerable groups, USG is scaling up and expanding on the success of existing programs. Providing continued legal protection, school fees, non-traditional education to reach out of school youth, recreation programs, access to VCT, psycho-social counseling, and micro-credit schemes to enhance the economic viability and decrease the susceptibility of target groups to engage in risky behaviors is a priority for USG partners. With regard to child-headed households, USG's new activities work to strengthen sustainable community-based approaches by mentoring and volunteer programs, providing community education funds in 17 districts and scholarship support for OVC formal and vocational education. In addition, theater, sports, music venues, and other IEC/BCC programs are sensitizing the population with positive messages of anti-stigma and mobilizing the community to strengthen solidarity and support of OVCs. Work will be continued to mobilize the community through church networks to develop training curriculums to provide nutrition and psycho-

Table 4.9 – Support for Orphans and Vulnerable Children

	social support to improve coping mechanisms, public awareness, and advocacy for Rwanda's most at risk group.

4.9.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT S/GAC)	Track (1, 1.5, 2)
Catholic Relief Services (CRS) New Partner? No FBO? Yes	Expand services to orphans and vulnerable children in partnership with Caritas/Rwanda and the dioceses	• Identify and recruit orphans and CHHs and families willing to adopt orphans • School fees and educational materials to 2500 orphans • Begin reintegration of 500 orphans into families • Reinforce the capacity of 71 parish communities to integrate 2,500 orphans, children living with foster families, and CHH	USAID	[redacted]	S/GAC	1.0
CARE [redacted] Initiative FBO? No Partners – Subs – Yes – In Gikongoro	Empower OVCs (both AIDS orphans and genocide orphans) and CHHs to participate fully in	• Participatory situation analysis on OVC's HIV/AIDS risk and vulnerability • Civic education to sensitize communities on orphans and their vulnerability, to protect	USAID	[redacted]	Base	1.5

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- 10 Rwandan FBO/CBOs,Gitaram 34 Rwanda FBO/CBOs, Umutara - 42 Rwandan FBO/CBOs	HIV/AIDS situation analysis and response through work with FBOs/CBOs in 1 province (Gikongoro)	OVCs from stigma and discrimination, to comply with the UN Declaration on the Rights of the Child • Promote legal protection for OVCs and CHH				
CARE/CORE Initiative FBO? No Partners - Partners - Subs - Yes - In Gikongoro - 10 Rwandan FBO/CBOs,Gitaram 34 Rwanda FBO/CBOs, Umutara - 42 Rwandan FBO/CBOs	Enhance community solidarity for inclusion, care and support to OVCs and CHHs through work with FBOs/CBOs in 1 province (Gikongoro)	• Identify, support and improve coping mechanisms for care and support for OVCs and CHHs • Create solidarity groups for psychological support • Create solidarity funds for economic protection for the most vulnerable orphans	USAID	[redacted]	Base	1.5
CARE/[redacted] Initiative FBO? No Partners - Yes	Increase access for OVCs (both AIDS orphans and genocide orphans) and CHHs to	• Facilitate community involvement in ensuring access to HIV/AIDS related services for OVCs • Enhance community saving	USAID	[redacted]	Base	1.5

Table 4.9 – *Support for* Orphans and Vulnerable Children

	quality HIV/AIDS related care and support services through work in collaboration with FBOs/CBOs in 1 province (Gikongoro)	capacities to enable OVCs access to *mutuelles*, through which OVCs can access prevention, care and treatment services • Facilitate access for OVCs and CHHs to credit and technical support for income-generation activities (IGA) • Link bedridden and severely ill OVCs with HBC service providers • Strengthen legal referrals and OVC access to vocational and non-formal education • Build leadership capacity for child mentors and volunteers				
World Relief FBO? Yes	Develop church based orphan support programs in target provinces covering 600 parishes in 3 provinces (Kigali Ngali, Kibungo, Umutara)	• Hold seminars to sensitize churches to stigma reduction and needs of OVCs • Disseminate training and IEC materials on orphan support	USAID		Base	1.5

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Table 4.9 – Support for Orphans and Vulnerable Children

4.9.4 Proposed new activities in FY 04				
Partner	FY04 Objective	Activities for each objective	Agency	Budget
CARE New Partner? No FBO? No	Improve care and support for 5,000 OVCs in 2 provinces (Butare and Cyangugu)	• Provide Community Education funds in 17 Administrative Districts (ADs) to allow OVCs to enroll in basic informal or vocational education • Develop community-based, adult-child mentoring program for OVCs • Target community-based distribution of bed-nets for OVCs as part of existing bed-net programs (e.g., GF and other funding sources) • Support public awareness and advocacy campaigns by OVC associations to increase community involvement in care of OVCs • Support access to HIV/AIDS education, nutrition and vocational training programs for 2,000 OVCs	CDC	S/GAC 1.5
TBD-Community-based intervention partner New Partner? TBD FBO? TBD	To provide comprehensive community-based care and support for 2,500 OVCs in 2 provinces (Ruhengeri and Gisenyi) to complement MCAP ARV activities	• Provide Community Education funds in all Administrative Districts to allow OVCs to enroll in basic informal or vocational education • Develop community-based, adult-child mentoring program for OVCs • Target community-based distribution	CDC	S/GAC 2.0

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		of bed-nets for OVCs as part of existing bed-net programs (e.g., GF and other funding sources) • Support public awareness and advocacy campaigns by OVC associations to increase community involvement in care of OVCs • Support access to HIV/AIDS education, nutrition and vocational training programs for 750 OVCs		
World Relief New Partner? No FBO? Yes	Equip churches to identify and provide community-based care to OVC and CHHs in 1200 parishes in 7 provinces (Gikongoro, Gitarama, Kibuye, Kibungo, Kigali Ngali, Kigali Ville, Umutara)	• Organize sensitization and action planning seminars for church communities on OVC • Develop curriculum for training of church leaders and volunteers on support to OVC • Reprint 7000 copies of *Abana Bacu* (Our Children) OVC care guide and disseminate 500 training curricula • Enable the mobilization of 300 volunteers in 20% of church parishes • Provide support for 3,500 most vulnerable primary school level children with supplies, school fees and/or school uniforms • Train 300 church volunteers for identification and support to OVC	USAID	Base 2.0 S/GAC 2.0

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Numbers in () are FY2003 PMTCT funding.

Table 4.9 – Support for Orphans and Vulnerable Children

World Relief New Partner? No FBO? Yes	Support theater, sports, and music activities to reinforce community AIDS mobilization for vulnerable children in 7 provinces (Gikongoro, Gitarama, Kibuye, Kigali Ngali, Kigali Ville, Kibungo, Umutara)	• Support theater troupes to develop and perform AIDS-related sketches through churches networks 14 times in targeted provinces • Organize Sports Day events in the 7 provinces to promote positive messages for OVCs • Sponsor music event in all 7 provinces to reinforce positive messages on support and care to families affected by AIDS	USAID	[redacted] S/GAC 2.0
CARE/[redacted] Initiative New Partner? No FBO? No Partners - Yes (including World Relief, [redacted] PSI, FHI, Inter-Health, CRS and [redacted]	Increase access for 50 % of OVCs (both AIDS orphans and genocide orphans) to quality HIV/AIDS related prevention, care and support services through work in collaboration with FBOs/CBOs in 3 provinces (below) -- Empower OVCs and CHHs to participate fully in HIV/AIDS situation analysis and response through work with FBOs/CBOs in 3 provinces to reach 50% of the OVC population	HIV/AIDS education: ABC education with partners -materials development, production, and training in life skills, all age appropriate, for 3,000 OVC Facilitate community involvement in ensuring access to HIV/AIDS related services for OVCs Enhance economic security of communities by stimulating small economic activities of OVCY and PLHWAs that, in turn, will enable savings saving capacities to enable, economically, OVCs and PHWLAs access to prevention, care and treatment	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.9 – Support for Orphans and Vulnerable Children

	(Gitarama, Gikongoro, Umutara)	services This will include training and support in CLASSE-Intamwe community solidarity savings & loan methodology). · Facilitate access for 500 OVCs and CHHs to credit and technical support for income-generation activities (IGA), so there is income coming to these vulnerable groups · Link bedridden and severely ill OVCs with HBC service providers (300 HBC service providers to be trained, motivated and equipped with kits, etc. to provide, along with family members (3,000 to be trained), such services to PLWA and severely ill OVCs) · Strengthen national, local and legal referrals and OVC access to vocational and non-formal education (funds to be leveraged, through local government education funds and community contributions, to enable school-age OVCs to remain in primary school and at-risk illiterate youth to access basic and life skills education through non-formal mechanisms (300 OVC beneficiaries in total) · Build leadership capacity for 300 child		

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Numbers in () are FY2003 PMTCT funding.

Table 4.9 – Support for Orphans and Vulnerable Children

		mentors and volunteers (training, motivation and support using Nkundabana model) · Participatory situation analysis on OVC's HIV/AIDS risk and vulnerability, coupled with community response planning facilitated by CARE and partners · Civic education to sensitize communities on orphans and their vulnerability, to protect OVCs from stigma and discrimination, to comply with the UN Declaration on the Rights of the Child · Promote legal protection for OVCs and CHH that is currently not available in Rwanda (in part through strengthening / supporting existing but weak, inaccessible legal adi services in rural areas) · Initiate training in dialogue, negotiation, advocacy and conflict management to OVCs and their communities		

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Numbers in () are FY2003 PMTCT funding.

[redacted] partner New Partner? TBD FBO? TBD	[redacted] will strengthen OVC's ability to care for family members in 5 districts reaching an additional 25% of all OVCs in each province. In addition, [redacted] will work to implement the national legal framework for OVCs and also help to develop new guidance for OVCs	• Identify districts • Identify priority skills and commodities necessary for OVCs to provide care for family members • From assessment findings, develop training materials for OVCs on HBC • Ensure adequate supplies of HBC kits are made available to OVCs delivery care to family members • Recruit OVCs for training • Develop trainer of trainers program • Develop appropriate psychosocial care curriculum and pilot training for OVCs specific to HIV/AIDS and to OVCs as a result of the genocide • Develop curricula for training mentors in support of OVCs who are caring for family members • Provide monitoring and follow-up support to OVCs caring for affected persons	USAID	[redacted] S/GAC 2.0
[redacted] (new Annual Program Statement (APS)	This APS will expand support to OVCs, particularly through sustainable community-based approaches that keep children in their	Specific activities will include activities that have been identified in the GOR National Policy that include: • Sensitization of community members regarding issues of discrimination and stigmatization of children affected/	USAID	[redacted] S/GAC 2.0

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An APS is a mechanism which is placed on the internet and requests proposals for specific activities. The amount of funding can be small or large depending upon the grant. It is hoped that APS will attract local organizations and the USG would work to develop their capacity as they expand their programs. New Partner? TBD FBO? TBD	home communities	infected by HIV/AIDS • Legal assistance to children to access the assets they inherited • Provision of rations for foster families, child-headed households, and other vulnerable families • Provision of scholarships and/or other educational support to enable OVCs to stay in school • Support to youth groups and other support groups to "mainstream" OVCs in the community • Vocational training for adolescents • Training of community mentors for vulnerable children • Assistance in legalizing fostering arrangements		
[redacted] partner New Partner? TBD FBO? TBD	The DHS will strengthen ability of 5 districts to plan and budget to support and foster programs for OVCs. Also, increase local	• Identify 5 districts • Train staff at district and local levels on methodology for work plan development, financial forecasting and programming.	USAID	[redacted] S/GAC 2.0

Table 4.9 – Support for Orphans and Vulnerable Children

	capacity of committees to provide services to OVCs and their families through DIF. In addition, DHF will build national level capacity to monitor and evaluate OVC legislation and policy as it is implemented throughout the country.	• Train staff at district and local level to carry out assessment of existing OVC programs and determine needs based on assessments. • Identify OVC directed activities to be funded at the community level through the DIF, and initiate activities • Identify indicators to purchase • Support NGOs/FBOs in support for orphans affected by HIV/AIDS, particularly child-headed households • Support local media in promoting use of community mechanisms to strengthen support for orphans at community level • Train national staff on M&E around policy and legislation.		
Total partners:	4-8	New partners:	Poss. 4	FBOs:	3-7	Total budget:	

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Table 4.10	Anti-Retroviral Therapy (non-PMTCT plus)
4.10.1 Current status of program in country	As of March 2004, 2,700 people are on ART in Rwanda. Given that 900 Rwandans were receiving treatment in November 2002, this increase reflects a significant expansion in patients' access to treatment during 2003. USG was an important contributor to this expansion through support for the first district hospital providing ART. USG established critical lessons for ART expansion outside of Kigali in both rural and urban areas. USG currently supports 4 ART sites, 3 of which started ART service delivery with USG technical and financial assistance. USG has also contributed substantial technical assistance for an ART situational analysis, and the program design and planning for the World Bank MAP network model of care. Rwanda is poised for a major national scale-up of ART service delivery through PEPFAR, Global Fund, and the World Bank/MAP. Under Global Fund 3 [redacted] the GOR will place 19,000 people on treatment over a 5-year period through the CHK, and at district hospitals and health centers in 5 health districts. The WB/MAP ARV program [redacted] implemented by TRAC, will initially enroll 2,350 people on ART in 3 provinces in a network model of care. Three provincial reference hospitals will be linked to 9 district hospitals and 1 health center. Building on the many planned ART programs in FY 04, PEPFAR will expand USG support from the original 4 sites to a total of 44.

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Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

4.10.2 How new activities will contribute to PEPFAR targets, linkages to other activities

PEPFAR ART Expansion in FY04

Partners	# of Sites	# of Patients (YR1)	PEPFAR Support Package
MAP/TRAC Columbia/ UTAP APHL	13	1,200	Technical Assistance (TA) for program design, planning, and implementation, including clinical and lab. Procurement of essential lab equipment and reagents. Financing of TA for community-based adherence and other critical support.
FHI/IMPACT	12	1,292	Technical and financial assistance for drug and lab procurement, renovation and supplies, training, supervision, personnel, and monitoring and evaluation.
Columbia/MCAP	15	731	Technical and financial assistance for drug and lab procurement, renovation and supplies, training, supervision, personnel, and monitoring and evaluation.
CRS	1	50	Technical and financial assistance for drug and lab procurement, renovation and supplies, training, supervision, personnel, and monitoring and evaluation.
COSAQ	3	100	Technical and financial assistance for drug and lab procurement, renovation and supplies, training, supervision, personnel, and monitoring and evaluation.
Total	44	3,373	

In addition to ART service delivery expansion, the USG effort will provide critical technical assistance (TA) to national institutions at the central level. The TA will be primarily focused on TRAC and CAMERWA, the lead institutions for overseeing treatment implementation and commodities management, respectively. Specific assistance will include the development of national care and

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[redacted]	treatment curricula, supervision tools, national guidelines and policies, data collection and logistics tools and systems, human capacity development, and ART quality improvement through an innovative model ("collaborative approach") for joint learning across sites offering same services. Lessons learned and best practices generated from this model will inform national policy for program expansion. In the future, USG would like to see links strengthened between PMTCT/VCT and the ART collaborative to ensure quality assurance mechanism for entire HIV/AIDS related delivery system.

4.10.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Catholic Relief Services New Partner? Yes FBO? Yes	To develop and implement an ART program in one health center and build capacity in 4 additional sites	• Place 50 clients on ARV treatment • Organize and facilitate coordination meetings with key stakeholders to develop ART program • Conduct assessment of training resources, clinical management, drug management and procurement and patient tracking capacity • Develop and implement health provider training at the Mugonero Hospital and School	CDC		S/GAC	1.0

		of Nursing focused on patient tracking, monitoring and evaluation and standard use of national ARV guidelines • Mobilize community to conduct activities focused on increasing VCT, decreasing stigma, increasing patient acceptance of treatment and care, and improving treatment adherence				
Columbia University/ UTAP FBO? No	Develop three provincial care networks (MAP) at 13 sites, reaching 1200 patients in collaboration with TRAC (Umutara, Butare, Cyangugu)	• Conduct case study of MAP ART program roll-out • Provide provincial meeting support to TRAC to develop program implementation plans • Provide support to TRAC to develop site, provincial, and central plans for 13 site ARV program • Provide TA to TRAC to revise program budget for 13 site ARV program • Train service providers in ARV treatment at MAP 13 sites • Provide TA for the development of national	CDC		S/GAC S/GAC	1.5 2.0

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		curriculum, supervision and data collection tools • Provide TA to develop site assessment tools, conduct written reports and assessments of sites • Support AIDSNet information system pilot using telephone and web technology • Support and participate in collaborative meetings with QAWD				
Association of Public Health Laboratories (APHL) FBO? No	Strengthen laboratory capacity at 13 ARV sites	• Provide TA to develop 3 provincial reference labs for ART monitoring and others • Purchase laboratory equipment and reagents for 13 (MAP) laboratory sites where ART services will be delivered	CDC		S/GAC	1.5
FHI/IMPACT FBO? No Subs:	Increase ART treatments at 4 existing ART sites in 3 provinces and add ART to 4 sites (total of 824	• Enroll new patients, administer ART and do follow-up • Educate PLWHA on the availability of the program and/or new treatments • Determine new program	USAID		Base	1.5

Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

	patients) (Gitarama, Byumba, Kigali Ville, Kigali Ngali)	needs, i.e., infrastructure, staff, equipment • Renovate and furnish sites as necessary, including provision of lab equipment and supplies • Recruit ART/OI physician • Enroll patients into preventive therapy, administer therapy and follow-up				
QAWD FBO? No	Under the guidance of TRAC and CNLS, ART hospital delivery systems will improve quality of ARV therapy at 4 sites in 4 provinces (Butare, Gitarama, Kigali Ngali, Kigali Ville)	• Plan and organize collaborative method to increase number of people that go on ART and adhere to treatment • Develop and implement collaborative training • Conduct collaborative sessions and determine priority activities • Produce report for national conference aimed at discussing scale-up nationally	USAID		Base	1.5
MSH/RPM Plus FBO? No	Strengthen capacity of CAMERWA to plan, quantify and	• Provide TA to CAMERWA in terms of procurement of ART drugs and commodities	USAID		Base	1.5

Numbers in () are FY2003 PMTCT funding.

Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

	implement national procurements for ART					
MSH/RPM Plus FBO? No	Strengthen capacity of districts and ART service delivery sites to ensure an uninterrupted quality supply of HIV/AIDS pharmaceutical and laboratory drugs/ commodities at ART delivery sites	• Partner with Dept of Pharmacy, CAMERWA, CNLS, and district pharmacies • Develop national generic SOPs for commodity management in support of ART • Conduct training for selected district and facility staff on SOPs • Facilitate necessary upgrades to ensure pharmacy readiness to provide ART at selected sites	USAID		Base	1.5

4.10.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Columbia University/MCAP New Partner? No FBO? No	Develop two provincial care networks in 10 sites and provide ART at select health centers in Kigali Ville (Ruhengeri and Gisenyi), treating 731 patients	• Recruit and train personnel • Renovate sites • Procure commodities • Establish Centers of Excellence in two provinces • Identify 10 (5 per province) other district-level facilities (hospitals and	CDC	

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		health centers) for upgrading to serve as service delivery facilities		
CARE New Partner? No FBO? No	Provide comprehensive community-based adherence program in 2 provinces (Cyangugu and Butare) to complement ARV activities	• Strengthen and develop community programs to increase ART adherence • Train at least 5000 people on DOTS • Support at least 1000 PLWHAs who are clinically eligible to start-up and adhere to ARV treatment • Support and facilitate access to food, nutrition and safe water to enable 3000 PLWHAs to better adhere to ARVs • Develop community-based savings and loan programs with a focus on attracting households affected by HIV/AIDS, to increase economic accessibility to ARV treatment • Implement community mobilization campaigns to raise importance of prepaid health insurance in order to pay for ARV costs • Strengthen community-based support for PLWHA and OVC stigma reduction activities to increase acceptability of ARVs treatment and adherence	CDC	S/GAC 1.5

Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

TBD–Community based intervention partner New Partner? TBD FBO? TBD	To provide comprehensive community-based care and support in 2 provinces (Ruhengeri and Gisenyi) to complement MCAP ARV activities	• Strengthen and develop community programs to increase ART adherence • Train at least 3000 people on DOTS • Support at least 500 PLWHAs who are clinically eligible to start-up and adhere to ARV treatment • Support and facilitate access to food, nutrition and safe water to enable 3000 PLWHAs to better adhere to ARVs • Develop community-based savings and loan programs with a focus on attracting households affected by HIV/AIDS, to increase economic accessibility to ARV treatment • Implement community mobilization campaigns to raise importance of prepaid health insurance in order to pay for ARV costs • Strengthen community-based support for PLWHA and OVC stigma reduction activities to increase acceptability of ARVs treatment and adherence	CDC	[redacted] S/GAC 2.0
CARE [redacted] Initiative New Partner? No FBO? No Subs – [redacted]	Build local health worker capacity to strengthen adherence rates at the community level in 5 provinces (Gikongoro,	• Work with TRAC, [redacted] (Rwandan NGOs) to increase adherence rates in the targeted provinces • Identify needs for health worker	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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[redacted] local NGOs) combination of FBO and non-FBO	Gitarama, Kibungo, Umutara and Kigali Ngali)	training in ART clinical care and support		
FHI/IMPACT New Partner? No FBO? No Subs: Kigeme Hospital (FBO), Gitwe Hospital (FBO), Kirlinda Hospital (FBO), [redacted] Nyamata Hospital (FBO), Biryogo Health Center (FBO), Kabgayi Hospital (FBO), Kicukiro Health Center (FBO), Ruli Hospital (FBO), Remera-Rukoma Hospital (FBO), Ruhango	Building upon lessons learned in providing ART in Rwanda, increase number of patients on ART and access for patients to complementary services at 8 existing USG sites and add 5 new sites in 4 provinces (Gikongoro, Gitarama, Kigali Ngali, Kibuye) for a total of 710 new patients on ART under 2.0	• Continue to enroll patients, administer treatment and follow-up • Work with communities and PLWHA groups to communicate ART program • Work with local authorities and health center staff to obtain approval and buy-in at new sites • Assess needs of new facilities for introduction of ART program • Provide any necessary supplies and equipment • Initiate and monitor activities to ensure high adherence rates • Purchase ARVs for 710 new patients in 12 sites	USAID	[redacted] S/GAC 2.0

Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

Health Center (FBO), Gikondo Health Center (FBO), Byumba Hospital (Public)				
New Partner? No FBO? No	Expand Rwandan ART collaboration from 4-19 sites that will provide ARVs to 4000 AIDS patients with in the next 12 months; Approximately 70 healthcare personnel (15 from TRAC and 55 from sites) will be trained in quality improvement throughout the course of the ART collaborative, gaining valuable lessons from each other in the Rwandan context to ensure adherence.	• Identify new sites/districts • Train personnel at the new sites • Monitor and evaluate performance at new sites	USAID	S/GAC 2.0
New Partner? No	In collaboration with the TRAC, conduct ART adherence study and	• Assess current adherence to ARV medications • Implement adherence interventions	USAID	S/GAC 2.0

Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

FBO? No	interventions-- Interviews will be conducted with 300 patients in ARVs. Interventions will be developed and affect up to 1000 patients currently receiving care at ART collaborative sites as funds permits Lesson shared with all partners in country working on ART.	• Monitor adherence to ARV medications • Lesson learned developed and disseminated		
[redacted] partner New Partner? TBD FBO? TBD	Expand support and build capacity to deliver ART in existing target sites plus additional 3 additional sites to reach a total of 100 new patients	• Develop transitional plan to take on existing sites • Provide support for ART provision in sites currently supported by USAID partners. This includes site renovation for ART services, personnel training, recruitment of additional personnel if required, diagnostic services, etc. • Strengthen community engagement in access and quality of ART services • Establish partnership with medical schools, nursing schools etc. • Begin design for an ART module for inclusion in training curricula for medical personnel	USAID	[redacted] S/GAC 2.0

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Table 4.10 – Anti-Retroviral Therapy (not including PMTCT-plus)

[ ] partner New Partner? TBD FBO? TBD	Build capacity of 5 districts centers to develop work plans and financial plans to manage delivery of ART programs and to manage the influx of funding from various donors	• Identify 5 districts • Train staff at district and local levels on methodology for work plan development, financial forecasting and programming on ART. • Train staff at district and local levels to carry out assessment of existing programs and determine needs based on assessments • Study at district and community-level to develop cost and revenue model for ART, including cost of long-term ART • Assessment of existing services, and equipment and human resource needs • Provision of equipment and commodities required • Ensure effective mechanisms and monitoring for provision and delivery of commodities at community level • Involve community representatives in defining ART services to be included in MPA/CPA package at different levels	USAID	[ ] S/GAC 2.0
Total partners:	7-10	New partners:	Poss. 3	FBOs:	3-6	Total budget:	

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Numbers in () are FY2003 PMTCT funding.

Table 4.11 – PMTCT-Plus

Table 4.1.1	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
4.1.1.1 Current status of program in country	The PMTCT program began in 1999 at the Kicukiro Health Center in Kigali. In 2002 this site expanded its services to become a comprehensive PMTCT+ site in partnership with Columbia University's MTCT+ program. This shift to a comprehensive approach developed because it became apparent that administering NVP was not sufficient to improve the health of the mother and family after delivery. Also in 2002, PACFA, the Protection and Care of Families Against HIV/AIDS, Rwandan First Lady, Janet Kagame's, HIV/AIDS program, launched a family-centered care approach in the Kacyiru Health Center in Kigali which presently provides a "family-package" including ART, OI treatment and prevention, nutritional support and income-generating activities. Under the PMTCT Initiative, USG expanded ART services at four sites to include PMTCT+ clients and their families. PMTCT+ activities in country remained relatively limited until the implementation of the Global Fund I Integrated VCT project. This project is implementing PMTCT+ in a total of 117 health centers through the integration of VCT, PMTCT, STI and OI prevention and care to ensure that all family members receive preventive therapy and treatment for OIs and STIs, follow-up, and ancillary support.
4.1.1.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Building on the USG 2003 PMTCT Initiative Implementation Plan, USG will continue to support a comprehensive approach to PMTCT+. USG partners will finalize and disseminate OI/STI training, care and adherence, and supervision models and tools as preparation for a national wide scale up to more than 125 health centers providing PMTCT+. This USG collaboration in the GF Integrated VCT program ensures effective coordination between PEPFAR and the current scale-up of PMTCT+ activities. To expand PMTCT+ with ART services, USG will develop a district model for PMTCT+. The objective is to link select health centers offering PMTCT to their district hospital for access to ART for their PMTCT clients and their family members. Through these linkages, PMTCT clients and their family members will access a comprehensive care and treatment program including a number of ancillary services such as psychosocial support, nutrition, and breast-feeding/supplemental feeding and links to income-

	generating activities as well as other critical services to develop and delivery a package that truly supports the mother and her family.

4.11.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT-S/GAG)	Track (1, 1.5, 2)
Columbia University/ UTAP FBO? No	Improve the PMTCT-Plus services in 3 sites	• Develop mechanisms for monitoring and referral to sites offering ART to women accessing PMTCT services in collaboration with FHI/IMPACT	CDC		PMTCT	IP
IntraHealth/ ACQUIRE FBO? No	Reinforce and expand community partnership program in prevention, care and treatment at PMTCT sites including HIV/AIDS activities in 5 provinces (Byumba, Gikongoro,	• In partnership with other NGOs in targeted PMTCT sites, assist PAQs and other associations in accessing support for small income-generating activities and micro-credit to support affected communities • Support PAQ teams in organizing BCC activities on STI/HIV/AIDS, including PMTCT, supporting by existing IEC/BCC materials • Organize exchange visits	USAID		Base	1.5

Table 4.11 – PMTCT-Plus

	Gitarama, Kibuye, Kigali Ngali)	among successful PAQ teams to promote cross-fertilization and exchange of lessons learned • Expand the PAQ approach to 10 new PMTCT sites				

4.11.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Columbia University MCAP New partner? TBD FBO? TBD	Expand PMTCT+ services in select health centers in Kigali	• Procure commodities • Recruit and train personnel, as necessary • Renovate site, as necessary • Enroll patients and provide follow-up	CDC	Track 1.0
IntraHealth/ ACQUIRE New Partner? No FBO? No	Reinforce and expand community partnership program in prevention, care and treatment for PMTCT sites including HIV/AIDS activities in 2 provinces to reach150 trainers (Kibungo and Umutara)	• Hire new staff to support Community Provider Partnership (PAQ) effort working closely with World Relief and CARE Int'l • Expand the PAQ approach to 3 new PMTCT sites	USAID	S/GAC 2.0

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Numbers in () are FY2003 PMTCT funding.

[redacted] partner New partner? TBD FBO? TBD	Establish and strengthen ART provision and supportive services for pregnant women (and families) in 5 ART sites which have PMTCT+ programs but do not have ART	• Identify 5 sites • Provide support for ART provision, expanded care and treatment services in PMTCT+ sites currently supported by USG partners but do not have ARV services. This includes site renovation for ART services, personnel training, recruitment of additional personnel if required, diagnostic services, etc. • Strengthen community engagement in access and quality of ART services	USAID	[redacted] S/GAC 2.0
[redacted] partner New Partner? TBD FBO? TBD	In collaboration with [redacted] build capacity and strengthen 5 districts to develop work and financial plans to manage the delivery of PMTCT plus services to support and foster provision of PMTCT plus services	• In partnership with district and local authorities, train staff on methodologies for developing work plans and budget forecast • Assessment of existing services, and equipment and human resource needs • Provision of equipment and commodities required • Ensure effective mechanisms for provision and delivery of commodities at community level • Involve community representatives in defining PMTCT plus services to be included in MPA/CPA package at different levels	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

Table 4.11 – PMTCT-Plus

Total partners	2-4	New partners	Poss. 2	FBOs	Poss. 2	Total budget	

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Numbers in () are FY2003 PMTCT funding.

Table 4.12 – Strategic Information: Surveillance, Monitoring, Program Evaluation

Table 4.12	Strategic Information: Surveillance, Monitoring, Program Evaluation
4.12.1 Current status of program in country	TRAC is the Rwandan MOH entity responsible for HIV surveillance, clinical policies and guidelines, national curriculum development, TOTs, national HIV clinical services, M&E, and overall coordination. There is a National Strategic Framework for the Fight Against HIV/AIDS covering 2002-2006 and a National HIV/AIDS Care and Treatment Plan developed by the CNLS and MOH. The USG is partnering with TRAC to strengthen its capacity to provide leadership and technical support to all health districts and provinces. USG, in collaboration with TRAC and NRL, reactivated country-wide antenatal HIV/AIDS surveillance in 2002. CNLS and TRAC disseminated the *HIV Sentinel Surveillance Among Pregnant Women Attending Antenatal Clinics* report in 2003 with USG assistance. Currently, the collaboration between the USG and TRAC focuses on strengthening TRAC's capacity in program planning, surveillance, and monitoring and evaluation. USG also provides significant technical assistance and support to TRAC for protocol development, supervision, analysis, report writing, presentation and dissemination. In addition, USG has provided technical assistance to CNLS to strengthen their capacity to plan and conduct monitoring and evaluation.
4.12.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The USG will continue to build TRAC's national capacity in PMTCT, VCT, care and support, ARV treatment, surveillance, information systems through direct technical assistance, including the placement at TRAC of public health professionals with expertise in various strategic areas. Collaboration between the USG and TRAC will be formalized and more clearly defined through the development of a cooperative agreement. The USG will continue to provide technical and financial assistance to TRAC to improve ANC surveillance, population-based national prevalence surveys and behavioral surveillance surveys. USG will support the development of data forms and an ART information system pilot project that uses telephone and web technology to strengthen TRAC's data collection systems and data reliability. USG will provide technical assistance to TRAC to develop standardized systems for M&E activities at health district level, train heath district staff in M&E planning, and procedures, and provide training for CNLS, CPLS and CDLS in data analysis and M&E.

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Numbers in () are FY2003 PMTCT funding.

	The MOH, with USG support, will host a regional African conference to exchange M&E information and experiences. The provision of reagents, RPR kits, Enzyme Immune Assay Test (EIA) kits, medicines, materials and equipment for TRAC procured by the USG will help support overall national surveillance capacity. Assistance for an information technology (IT) and applied statistics department will improve TRAC's capacity for IT and national program data analysis and use. The strategic planning support and data form development found in other sections of this document contribute to the overall monitoring and evaluation capacity building for the HIV/AIDS effort in Rwanda. The USG will continue to strengthen the CNLS in developing its internal capacity for M&E. In addition, the USG will work at the local and district levels to improve the monitoring and evaluation capabilities.

4.12.3 Existing activities, initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Columbia University/ UTAP FBO? No	Strengthen TRAC's data collection systems and data reliability	• Revise data forms and formats for PMTCT, VCT, OI and ART in collaboration with Tulane • Provide TA to TRAC to develop information systems • Provide TA for AIDSNet ART and other program monitoring information system pilot using telephone and web technology	CDC		S/GAC S/GAC	1.5 2.0
Tulane University/ UTAP	Improve TRAC's capacity for IT and	• Provide support for IT technical advisor to TRAC	CDC		S/GAC	1.5

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FBO? No	national program data analysis and use	• Strengthen IT infrastructure at the central level • Extend IT capability to the 4 districts within MAP ARV program • Provide short term TA to support TRAC IT infrastructure at the central level and support TRAC network internet connection for communication and coordination • Provide TA for data information systems to support M&E at the central and district level • Support TRAC network internet connection for communication and coordination				
Tulane University/ UTAP FBO? No	Improve TRAC's capacity for monitoring and evaluation	• Continue support for senior M&E technical advisor • Conduct evaluation of AIDSNet information system pilot	CDC		S/GAC	2.0
MEASURE Evaluation/UNC FBO? No	Strengthen capacity of CNLS to plan and conduct M&E	• Revise M&E curriculum for HIV/AIDS programs for CNLS use, in collaboration with Tulane	USAID		Base	1.5

Table 4.12 – Strategic Information: Surveillance, Monitoring, Program Evaluation

		• TOT on curriculum • Conduct workshops on use of M&E information, data quality and multi-sector tools • Facilitate exchanges of information on M&E experiences • Develop Decision Support System with mapping of multi-sectoral HIV/AIDS activities • Support study on socio-economic impact of HIV/AIDS • Conduct PLACE study (linked to behavior change, especially among youth) • Conduct survey of workplace HIV/AIDS control • Support for training in data analysis for CNLS, CPLS and CDLS, in collaboration with CDC • Organize and host a regional African conference to exchange M&E information/ experiences				
4.12.4 Proposed new activities in FY 04						

Table 4.12 – Strategic Information: Surveillance, Monitoring, Program Evaluation

Partner	FY04 Objective	Activities for each objective	Agency	Budget
[redacted] partner New partner? TBD FBO? TBD	Strengthen the capacity at the national and district level to carry out M&E	• Provide TA to develop standardized systems for M&E activities at national and district (HD) level • Train HD staff in M&E planning and procedures • Ensure IT systems can support improved M&E requirements at HDs and if not upgrade so that can take place.	USAID	[redacted] S/GAC 2.0
MEASURE DHS/ Macro FBO? No	Conduct a demographic and health survey with HIV/AIDS module	• Administer DHS survey with HIV testing and module incorporated in collaboration with CDC	USAID	[redacted] (previous USAID funding)
Total partners: 4-5	New partners: Poss. 1	FBOs: Poss. 1	Total budget:	[redacted]

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Numbers in () are FY2003 PMTCT funding.

Table 4.13 – Cross-Cutting Activities

Table 4.13	Cross-Cutting Activities
4.13.1 Current status of program in country	The USG has been developing activities to assist the GOR to strengthen service delivery for HIV/AIDS programming throughout the country. As a result of the Genocide, the USG focused its attention on building human capacity development, both in terms of formal and informal training. To help the GOR handle the great influx of funding in 2003 and 2004, the USG also funded programs to increase the strategic planning and managerial functions at the TRAC. In addition, the USG provided technical assistance to strengthen the logistics and supply systems to ensure that all drugs and commodities can get to the end user. As Rwanda's low ranking on the poverty index indicates, a lack of access to health services is a serious problem.
4.13.2 How new activities will contribute to PEPFAR targets; linkages to other activities	USG will focus significant resources on increasing human resource, institutional capacity and health delivery systems. Support will include strengthening national management systems and policy formation, improving the availability of quality HIV/AIDS drugs and related commodities, and building local professional schools and in-service training capabilities. USG will support the MOH and TRAC in building institutional capacity for technical leadership and coordination of all HIV-related clinical facility service delivery. Additional assistance to CAMERWA and the MOH will strengthen commodity information systems and efficient, transparent procurement practices for multiple donor investments (e.g. GF, MAP). In addition, support will continue for the CNLS, the multi-sectoral body for HIV/AIDS in Rwanda to coordinate with other all donors to strengthen this mult-sectoral HIV/AIDS organization.

4.13.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

Numbers in () are FY2003 PMTCT funding.

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Table 4.13 – Cross-Cutting Activities

Columbia University/ UTAP FBO? No	Improve supervision and training skills at national and district level	• Support training and supervision skills using adult-learning techniques for national and district level staff	CDC		PMTCT	IP
Tulane University/ UTAP FBO? No	Increase human capacity for HIV/AIDS related surveillance, program design, management and implementation	• Provide training and TA for program planning and monitoring to TRAC, MAP and GF partners • Develop sub-agreement for HIV/AIDS fellowship program with Rwanda School of Public Health for local internships • Provide TA for development and implementation of HIV/AIDS fellowship program • Identify and enroll 5 candidates in fellowship program	CDC		S/GAC	1.5
IntraHealth/ ACQUIRE FBO? No	Conduct a pre-service assessment of instructors skills and content of curricula in HIV/AIDS,	• Conduct needs assessment on curriculum, teaching methodology and teachers' performances related to HIV/AIDS • Develop and share plan to improve training at nursing	USAID		Base	1.5

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Numbers in () are FY2003 PMTCT funding.

	PMTCT and ANC-related services at 11 out of 22 nursing schools (50% coverage)	schools				
IntraHealth/ ACQUIRE FBO? No	Expand mutuelles and mutuelles-supported services to strengthen financing for HIV/AIDS services and to increase access to HIV/AIDS prevention activities in at least one new province (Kibungo)	• Identify new sites for development of mutuelles, in collaboration with GOR • Support the establishment of 8-10 new mutuelles in the selected sites • Develop methodologies to support mutuelles' membership fees in collaboration with local banks	USAID		Base	1.5
MSH/RPM Plus FBO? No	Strengthen the national commodity management information system at CAMERWA	• Assess the current inventory control management software at CAMERWA • Implement recommendations from assessment • Develop new management software, if necessary	USAID		Base	1.5

Numbers in () are FY2003 PMTCT funding.

Tulane FBO? No	Increase the number of professionals trained for the implementation of HIV/AIDS programs	• Expand the executive MPH program at the Rwandan School of Public Health (ESP) to 15-20 people trained in strategic information, policy analysis and systems strengthening • Recruit 10 students into executive MPH program at ESP from MOH • Select 4 students from the PHD cohort to attend courses at Tulane University in fall 2004 • Offer certificate courses in evidence-based management and applied research related to HIV/AIDS aimed at professionals from MOH, Kigali Institute of Science and Technology (KIST) and Kigali Health Institute (KHI) • Provide TA to the ESP to collect, analyze and disseminate geo-spatial and management information for the health sector	USAID		Base	1.5

Table 4.13 – Cross-Cutting Activities

4.13.4 Proposed new activities in FY 04				
Partner	FY04 Objective	Activities for each objective	Agency	Budget
Tulane University/ UTAP FBO? No	Improve strategic planning, managerial and administrative capacity of TRAC	• Support an administrative and finance specialist placed at TRAC • Provide TA for administrative, financial and human resource management • Support training for administrative and managerial personnel • Support development of TRAC strategic plan and national training plan	CDC	[redacted] S/GAC 1.5 [redacted] S/GAC 2.0
TRAC New partner? No FBO? No	To strengthen TRAC's institutional capacity for technical leadership and coordination of all HIV/AIDS surveillance, clinical prevention and treatment services	• Support facility renovation to accommodate required increase in personnel • Procure 2 vehicles for surveillance, VCT and care and treatment training and supervision • Support personnel for PEPFAR technical areas and provincial coordination positions • Support quarterly supervision of DHTs to strengthen HIV/AIDS clinical services • Strengthen DHTs in supervision and program monitoring • Conduct training workshops including TOT for clinical service delivery, supervision skills, program monitoring	CDC	[redacted] S/GAC 2.0

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Numbers in () are FY2003 PMTCT funding.

		and reporting • Support quarterly program data collection for analysis and use for consistent reporting • Support the revision of national guidelines • Coordinate workshops, conferences, and meetings to share lessons-learned among partners and national, provincial and district staff		
World Relief New Partner? No FBO? Yes	Working with the CNLS, coordinate efforts of church communities and promote exchanges and best practices on community mobilization for HIV/AIDS(Gikongoro, Gitarama, Kibuye, Kigali Ngali, Kigali Ville, Umutara)	• Conduct quarterly provincial coordination meetings with active church parish representatives • Conduct bi-annual central coordination meetings with representatives from provincial coordination • Facilitate intra-national exchange visits between active parish representatives in different parishes • Facilitate international exchange visit with selected 'success stories' and other World Relief country programs	USAID	[redacted] S/GAC 2.0
Tulane New Partner? FBO? No	Tulane in collaboration with the National University of Rwanda will expand its current model of training	• Place International Public Health Expert in University • Develop new executive management certificate program focused on	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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Table 4.13 – Cross-Cutting Activities

	to include other professional and para professional training institutions. The goal is to increase Rwanda's human resource capacity at key levels in evidence-based planning and management of HIV/AIDS prevention, care, treatment and support activities.	strategic information and training in operational planning, program management and behavior research for HIV/AIDS activities. For 60 students linking Kigali Health Institute, Kigali Institute of Science and Technology and the School of Public Health. • Expand the executive MPH program at the Rwandan School of Public Health to 10 additional student recruited from the MOH. • Four Rwandan faculty assistants at the School of Public Health will complete their doctoral level course work to enhance Rwanda's ability to develop human resource capacity.		
IntraHealth/ ACQUIRE New Partner? No FBO? No	Strengthen training in HIV/AIDS, PMTCT and ANC-related services at 11 nursing schools (expansion of 1.5 activities)	• Conduct needs assessment on curriculum, teaching methodology and teachers' performances related to HIV/AIDS Develop and share plan to improve training at nursing schools	USAID	[redacted] S/GAC 2.0
MSH/ [redacted] New Partner? No	Strengthen capacity of the CAMERWA to plan, quantify, and implement	• Assess the current inventory control management software at CAMERWA • Implement recommendations from	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

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FBO? No	national procurements of HIV/AIDS related drugs and commodities management information system at CAMERWA	assessment Develop new management software, if necessary Additional activities include: • Facilitate hiring of additional local staff by CAMERWA to support its different functions (pending availability of CAMERWA funding) • Train new staff on key functions and Standard Operating Procedures (SOPs)		
MSH New Partner? No FBO? No	To build the capacity of the Department of Pharmacy (DOP) at the Rwanda Ministry of Health to carry out key functions related to HIV/AIDS Care and Treatment	• To support the finalization of annual operational plans for the NPTC • To Establish a National Pharmacy and Therapeutics Committee (NPTC) to coordinate the development/update and implementation of key guidelines related to ART • To provide technical assistance in the implementation of annual operational plan • To strengthen flow of information between DOP and target sites delineated under objective #3 • To create a mechanism between the DOP and CAMERWA for information sharing and coordination of key functions.	USAID	S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

		• To support the DOP in establishing a supervision mechanism for target sites.		
New partner? Yes FBO? No	Assist the Minister of State for HIV/AIDS to develop an effective and coordinated national HIV/AIDS response through the development and implementation of an overarching strategic framework that would integration of the various HIV/AIDS plans (Donors, MAP, Global Fund, PEPFAR) to ensure geographical coverage of HIV/AIDS program and appropriate allocation of funds. To meet the government's objectives and PEPFAR goals.	• International technical advisors placed in office of Secretary General of Health to assist with HIV/AIDS policy implementation. • Place two local hires to assist with strategy development, donor coordination of HIV/AIDS funds, implementation. • Provide intensive TA and training to local hires. • Organize meetings with the key stakeholders, including beneficiary representatives, to inform them of the plans to develop a strategic framework, the reasons for doing so, and the timetable. Work with local hires to train in this area. • Collect data and information... Gather the various strategies, plans, and documents. This step also includes: a) collecting budget and expenditure information from the GOR and from the principal donors, b)	USAID	Base 2.0 S/GAC 2.0

		collecting demographic data and a variety of health indicators, especially those related to HIV/AIDS, TB, and malaria, including epidemiological, surveillance, and behavioral data, and c) information on costs of prevention, care and support, and treatment. Work with a variety of stakeholders to transfer skills in the above area. • Analyze and compile all strategies. Take all the strategies and plans to examine and compare by objectives, approaches, geographical focus, target populations, budgets, timing, utilization of facilities, human resource requirements, and medicine and supply requirements and distribution. • Prepare Goals Model and other analytic tools. • Convene Workshop(s) and meetings reviewing all strategies and the model results. • Draft, review, and approve strategic framework. • Develop coordinating plan including monitoring and evaluation. • Launch and implement new		

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Table 4.13 – Cross-Cutting Activities

		coordinating mechanism. • Active disseminate the strategic framework and coordinating mechanisms. outside Washington, D.C.		
[redacted] partner New partner? TBD FBO? TBD	Strengthen technical and management capacity of key Rwanda public, NGO/FBO and private commercial institutions at the National, District and community level to provide professional education and training and competency based training to sustain HIV/AIDS program of health district and health center staff in target health districts	• Increased integration of HIV/AIDS into curricula and capacity building at various schools in the National University, Kigali Health Institute, MINEDUC secondary school nursing programs, private nursing schools • Provide competency-based short-term training • Training in BCC skills for health personnel • Training in pharmacy management • In collaboration with DHF, training in budgeting, financial management and planning skills for HD office staff	USAID	[redacted] S/GAC 2.0
[redacted] partner New partner? TBD FBO? TBD	Strengthen case management and tracking systems in 5 districts	• Collaboration with MOH, TRAC and CNLS to develop standardized management system • Ensure case tracking and patient management systems operational zed in target sites, in collaboration with CDC	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

Table 4.13 – Cross-Cutting Activities

[redacted] partner New partner? TBD FBO? TBD	Develop models and trainings to strengthen implementation of national HIV/AIDS policies, norms and standards related to HIV/AIDS in 5 districts	• Develop models with districts and communities • Develop review boards • Develop trainings for models • Participation in formation/revision of technical norms and standards with MOH, CNLS, TRAC, in collaboration with CDC	USAID	[redacted] S/GAC 2.0
[redacted] partner New partner? TBD FBO? TBD	Expand collaboration with private sector to deliver HIV prevention, care, treatment and support	• Work with private sector associations (e.g., Rwanda Private Sector Federation) to expand adoption of Common Market of Eastern and Southern Africa (COMESA) HIV/AIDS Code of Conduct • Develop Rwanda-specific guidelines for workplace programs in prevention, treatment, care and support	USAID	[redacted] S/GAC 2.0
[redacted] partner New partner? TBD FBO? TBD	Strengthen health district ability to deliver drugs and commodities in target health districts	• Build upon MSH/RPM Plus activities, and participate in TWG for Drug and Commodity Logistics • Collaborate with CAMERWA, TRAC and US partners in implementing improved drug and commodity systems at HD level • Participate in training at HD level for drug and commodity management, including pharmacy management	USAID	[redacted] S/GAC 2.0

Numbers in () are FY2003 PMTCT funding.

Table 4.13 – Cross-Cutting Activities

[redacted] partner New partner? TBD FBO? TBD	Strengthen community engagement in ensuring access and quality of HIV/AIDS services in target health provinces	• Participatory rapid appraisals community health status and needs in most of the health districts • Establish/plan for the expansion of community role in Health Committees • Facilitate community input to annual planning and budgeting process • Promotion of IEC/BCC materials and events on community issues related to HIV/AIDS	USAID	[redacted] S/GAC 2.0
[redacted] partners New partner? TBD FBO? TBD	Mitigation of the impact of HIV/AIDS on communities and PLWHAs and their families	Activities will include: • Training HIV-infected youth as peer counselors or community development assistants • Support to CBOs/FBOs in participatory appraisal of the impact of AIDS on their communities • Support to youth, women's and other groups working on decreasing stigma in the community • Support to CBOs/FBOs and others in provision of locally manufactured nutritional supplements for infected persons, including pregnant women, lactating mothers and weaned infants • Assistance to CBOs/FBOs and others in programs that support home-based	USAID	[redacted] S/GAC 2.0

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		care • Technical or financial support in asset-generation/income-generation activities for HIV-infected and affected persons, including small livestock multiplication, group gardens/fields, group agro-processing and sales		
partner New Partner? TBD FBO? TBD	Strengthen GOR's HIV/AIDS health systems and develop capacity in a new decentralized health care system to ensure that funds and services reach all people at every level of the health care system. Currently, due to the centralized health care system, funds are bottlenecked and do not reach the district and community levels. As a result, services do not get to the people in need. In addition,	• Provide technical assistance to MINISANTE and MINALOC to refine and implement the health decentralization policy • Continue support to Technical Working Group for Decentralization of health care • Identify appropriate levels and channels for resource transfers • Specify and cost MPA/CPA for integrating HIV/AIDS services into each level of health system • Develop plan to build capacity of Program Management Units in CNLS for effective supervision, management and monitoring of scaled-up HIV/AIDS services • Assessment of existing services and their capacity for expansion in hospitals and health centers in target districts	USAID	S/GAC 2.0

	community level participation in decision making is minimal and another reason utilization to services does not occur. Each system that is strengthened will prevent a plateau in reaching the desired goals of 2-7-10.	• Develop training plan and start development of training curriculum and modules for staff of ADS and HDS • Develop systems for timely funds transfer to local health services (hospitals and health centers) and systems for annual reporting and monitoring quality. • Develop formats and legal structure for planning and managing the District Incentive Fund to help develop local capacity; develop agreements for activities under the DIF • In collaboration with hospitals and health centers, establish system for District Incentive Fund • Provide technical assistance to local Health Management Committees and to community representatives to identify activities to be funded at the Community Level through the DIF, draw up action plans and start activities		
Total partners:	7-10	New partners:	Poss. 3	FBOs:	1-4	Total budget:	

Table 4.14	Laboratory Support
4.14.1 Current status of program in country	USG provides support and technical assistance to the National Reference Laboratory, CAMERWA and TRAC to improve laboratory capacity at the national level for HIV/AIDS testing, care and treatment. The NRL is located in Kigali City and supports district laboratory capacity building and national quality assurance (QA) programs as well as research including HIV vaccine and surveillance. It provides a range of HIV/AIDS laboratory services, including EIA, confirmatory HIV testing and PCR. It is the sole provider of viral load and CD4 for the country. In FY2002, USG assisted in the establishment of the national quality assurance program for HIV testing nationwide. As of FY2003, 49 sites participated in the QA program. The QA program's role will increase substantially as the Global Fund 117 VCT, PMTCT, OI and STI integrated site program and the planned ART expansion financed by PEPFAR, GF III, and MAP project are implemented.
4.14.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The USG will continue to provide technical assistance to NRL to strengthen HIV testing QA and also develop a CD4 QA program. USG support will include the development of SOPs and a minimum package of laboratory services required for all site levels for ARV programs. These USG supported activities will improve laboratory management practices in support of the ART delivery program. USG will continue to support a local hire laboratory QA officer located at NRL. This officer will develop monthly test sample monitoring, provide training and supervision of lab services at national VCT/PMTCT program sites and support CD4 QA, the reintroduction of dried-blood spot training and other HIV related laboratory services. In addition, an international hire, long-term technical advisor will be placed at CDC/NRL to build national laboratory capacity. Essential laboratory equipment will be provided to the NRL. USG will strengthen the KHI, the only pre-service training institution in Rwanda for laboratory technicians. The USG will support the assessment of all existing laboratory policies and procedures and the training of district and facility staff on commodity management and SOPs to better ensure an uninterrupted

Table 4.14 – Laboratory Support

	quality supply of HIV/AIDS laboratory commodities.

4.14.3 Existing activities Initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT-S/GAC)	Track (1, 1.5, 2)
Columbia University/ UTAP FBO? No	Improve national laboratory capacity for HIV/AIDS surveillance, care and treatment	• Recruit and place long-term lab technical advisor at CDC/NRL • Support Lab technician training at Kigali Health Institute	CDC		S/GAC	1.5
Association of Public Health Laboratories FBO? No	Improve national laboratory capacity for HIV/AIDS surveillance, care and treatment	• Provide TA for improvement of central laboratory quality assurance systems, including the development of SOP, policies, standards in collaboration with USAID partners (IMPACT, MSH)	CDC		S/GAC	1.5
MSH/RPM Plus FBO? No	Improve laboratory management practices in support of ART delivery program	• Identify and assess all existing laboratory policies and procedures • Develop/update laboratory SOPs to address key commodity and management	USAID		Base	1.5

Numbers in () are FY2003 PMTCT funding.

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		areas related to ART in collaboration with CDC • Conduct training on approved SOPs to lab staff at the NRL and key ART sites				

4.1.4.4 Proposed new activities in FY 04:

Partner	FY04 Objective	Activities for each objective	Agency	Budget
APHL New partner? No FBO? No	Strengthen national laboratory capacity at NRL and at KHI	• Procure lab equipment and reagents for KHI • Procure lab equipment and reagents for NRL • Establish in-service laboratory training program in collaboration with Columbia University • Train all KHI laboratory students in collaboration with Columbia University	CDC	S/GAC 2.0
MSH New Partner? No FBO? No	Extend improvement initiated under 1.5 of laboratory management practices in support to the ART delivery program initiated to 2.0 timeframe	• Identify and assess all existing laboratory policies and procedures • Develop/update laboratory SOPs to address key commodity and management areas related to ART in collaboration with CDC • Conduct training on approved SOPs to lab staff at the NRL and key ART sites	USAID	S/GAC 2.0

Table 4.14 – Laboratory Support

[redacted] partner New partner? TBD FBO? TBD	Improve laboratory infrastructure and capacity building in 5 districts	• Renovate labs and provide equipment and supplies to ensure correct diagnosis and case follow-up at target sites • Train lab personnel at HD and HC levels in HIV testing and care and treatment diagnostics/ monitoring	USAID	[redacted] S/GAC 2.0
[redacted] partner New Partner? TBD FBO? TBD	Strengthen capacity of hospitals and health centers to deliver decentralized improved laboratory services in support of HIV/AIDS programs	• Provide upgrading and lab equipment and commodities, as required • Conduct national needs assessment for laboratory infrastructure and capacity building for 5 year time frame • Train staff on needs assessment skills • Develop work plan	USAID	[redacted] S/GAC 2.0
Total partners:	4-6	New partners:	Poss. 2	FBOs:	0	Total budget:	[redacted]

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Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget
PEPFAR Coordinator - Michigan Fellows position	
HIV/AIDS Technical Advisor - CASU Position	
Program, M&E & Financial Expert - PLP Fellows position	
HIV/AIDS Technical Advisor - TAACS	
SI position - PLP (overall PEPFAR position housed at USAID) & short-term TA for facilitation/strategic planning	
Foreign Service National (FSN) Positions - 2 Program Assistants, 2 Technical Advisors	
Short term TA for evaluation, studies, M&E, TRG facilitation etc.	
Total	

5.1.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1		2			3	6
Number of Management Staff			1	1		1	3

Total Number of Staff	1		3	1		4	9

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Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

5.2.1 U.S. Agency Management Items and Activities	Budget
CDC Budget, Administration and Management	
CDC Program/Technical Assistance	
Total	

5.2.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1		1	1	1	4	8
Number of Management Staff	1	1*	3				5
Total Number of Staff	2	1	4	1	1	4	13

* HHS/CDC requests an FTE for a Public Health Advisor Management and Operations position. Given the extraordinary increase in funding and number of cooperative agreements under HHS/CDC-Rwanda's responsibility, the office requires a full-time position dedicated to financial and administrative tasks. This position cannot be filled through the PSC mechanism as its functions require signatory authority for in-country procurements and other administrative tasks, such as ICASS Council participation and approvals,

travel authorizations, and sub-cashier supervision. In addition, this position will directly manage several large cooperative agreements, an inherent government function.

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Table 5.3 U.S. Agency Management and Staffing - U.S, Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense)

5.3.1 U.S. Agency Management Items and Activities	Budget
Technical Assistance to develop military HIV strategy	
Total	

5.3.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff							
Total Number of Staff							

Table 5.4 U.S. Agency Management and Staffing - Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities	Budget
MANAGEMENT: .two Fans for PEPFAR (.5 voucher examiner, .5 procurement agent, and 1.0 GSO FSN)	
- FSN start-up costs (computer, furniture, and equipment) are $5,000	
- FSN recurring costs (salary plus supplies and maintenance of equipment)	
Total	

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	14	0	16	0	0	0	30
Number of Management Staff	5	0	76	3	0	0	85
Total Number of Staff	19	0	92	3	0	0	115

Table 5.5 U.S. Agency Management and Staffing - Other

5.5.1 U.S. Agency Management Items and Activities	Budget
[Add rows as needed]	
Total	

5.5.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff							
Total Number of Staff							

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Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program Area	USAID			HHS			DOD*	DOD*	Other	
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	TOTAL
PMTCT										
Abstinence /Faithfulness										
Blood Safety										
Safe Medical Injections										
Other Prevention										
VCT										
HIV clinical care (non-ART)										
Palliative Care										
OVC										
ART (non-PMTCT Plus)										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management & Staffing										
TOTAL										

* Subject to further review and approval by the Office of the Secretary of Defense