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Condensed COP Report

Rwanda

2005

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Country Operational Plan (COP)

Country Name: Rwanda
Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1

National Response

The HIV/AIDS programming environment in Rwanda has rapidly moved from pilot stage to national scale-up. The clinical leadership of TRAC will be increasingly supported by other departments of the MOH, particularly the Department of Health Services, Department of Pharmacy and others. Implementation is moving from central support and project-managed service delivery to staged implementation that achieves sustainable national coverage by multiple donors in a coordinated network.

As Rwanda makes the transition from the war and genocide ten years ago toward a new era of sustainable development, the USG faces a dynamic set of circumstances that will influence the execution of the Emergency Plan. Recent funding from the Emergency Plan, Global Fund rounds 1 and 3, and the World Bank MAP have combined to significantly enhance Rwanda's capacity to respond to the HIV/AIDS challenge. The USG plays a pivotal role in helping GOR coordinate these resources in support of the Rwanda National HIV/AIDS Strategic Plan (2002-2006) and the GOR HIV/AIDS Treatment and Care Plan (2003-2007). The USG provides ongoing management assistance to institutions in the Office of the Minister of State for HIV/AIDS and the Ministry of Health (MOH) and participates in donor coordination forums. The Emergency Plan also, of course, supports substantive activities that are coordinated with those funded by other donors and GOR resources.

The USG action framework for Rwanda incorporates a strategic balance of rapid scale-up of interventions and ongoing capacity building of critically weak institutions, coordinated with the efforts of the GOR and other donors. This approach will yield steady progress toward the ambitious targets and allow continuation of services beyond 2008. Emergency Plan support is coordinated with the GOR entities, and supports GOR efforts articulated in a "Strategic Framework for HIV/AIDS Control 2002 - 2006", a "Multi-Sectoral Action Plan", a "National Plan for Monitoring and Evaluation of HIV/AIDS Programs" (December 2002), and a "National HIV/AIDS Care and Treatment Plan" approved by President Kagame's Cabinet in May 2003.

Rwanda has seen an evolving governance of national HIV/AIDS activities. In 2001, the former National AIDS Program within the Ministry of Health was replaced by a multi-sectoral National AIDS Control Commission (or CNLS, its French acronym) and the Treatment and Research AIDS Center (TRAC) at the MOH. The CNLS operates under the auspices of the President's Office with a board of officers who represent diverse sectors, including religious institutions, the Rwandan military and local government.

The CNLS mission continues to evolve, but its principle responsibilities include providing policy guidance and strategic leadership to coordinate a multi-sectoral, nation-wide response to HIV/AIDS; ensuring adequate monitoring and evaluation of HIV/AIDS activities; and technical assistance and support to decentralized HIV committees to mobilize community responses. An important role of the CNLS is to help coordinate and strengthen HIV/AIDS activities in all Ministries, especially Education, Defense, Gender, Youth, and Health. TRAC is responsible for HIV/AIDS surveillance, the development of clinical guidelines for the treatment of HIV/AIDS and related diseases, and certification of doctors to provide ARV therapy and provides training for personnel in VCT and PMTCT centers, and the district health teams that supervise these interventions. As HIV/AIDS activities expand and become mainstreamed into the health delivery system, it is increasingly clear that the Department for Health Services must play a leadership role in implementation, while TRAC remains the clinical leader. Furthermore, to be sustainable, the standards of care delivered in isolated pilots must now be translated into cost-effective standards without losing critical quality.

Within the MOH, the Minister of State for HIV/AIDS and Other Major Epidemics, oversees MOH directorates for HIV, Epidemiology, and the National TB and Malaria programs. The HIV Donor Cluster is organized under the auspices of UNDP, and is poised to assume a more prominent role. The Cluster is a committee of GOR and donor representatives charged with coordinating all HIV/AIDS-related donor activities. Representatives from USG agencies and multiple Rwandan institutions involved in the fight against HIV/AIDS meet as the Emergency Plan Steering Committee. The Steering Committee was formed to manage issues of national rollout, technical approaches, and coordination/management of activities with appropriate national and sub-national bodies.

These entities have significant overlapping membership, regular communication, and shared concern for the mission. While there may be some advantage, in principle, to having a single authority to coordinate all HIV/AIDS activity in Rwanda, the country's experience has led to this alternative structure that works effectively and is evolving as national implementation raises different challenges. Significantly, the GOR has shown a willingness to revise organizational structure when necessary to achieve effective coordination.

The GOR has a national M&E plan for HIV/AIDS from 2002, a results-based five-year strategic framework, and institutions with well-defined mandates for providing evidence-based decisions. Reflecting Rwanda's status as one of the least-developed countries in the world, the system has significant weaknesses. The Emergency Plan, leveraging funds and mobilizing complementary resources from other donor agencies and the GOR as much as possible, will support activities to strengthen human and infrastructure requirements to make the GOR plan operational, and update the plan as necessary. Support will include staff training, development of tools for data collection and management, diffusion and institutionalization of best practices in supportive supervision, and in data collection, quality assurance, analysis, reporting and use. Additionally, as implementation of HIV/AIDS services scale-up nationally, IT and M&E activities need prioritization to assure cost-effective, quality service delivery. The USG will provide support of targeted evaluations and the creation of opportunities for dissemination and use of M&E information at all levels of decision-making. The USG will continue to provide support to enhance the M&E capacity of decentralized service providers, as well as national institutions, such as the CNLS and TRAC, that are responsible for coordination of the national HIV/AIDS response. Support will include development of information management systems at health facilities, staff training, provision of IT equipment, and connectivity for health service delivery sites.

Under the Emergency Plan, USG is helping Rwanda to develop an integrated national model for HIV services, with a continuum of care provided through a network of hospitals, health centers and community organizations. An effective network of HIV care requires strengthening each level of service delivery as well as coordination between these levels. Coordinated networks require effective information exchange and efficient transportation of patients, supplies, and drugs to the appropriate location for care. Targeted financing of health services will enhance efficient use of health care resources. Use of private-sector/market incentives to maximize coordination, quality and efficiency of each level of care is fundamental to creating an effective network of care.

FY2005 activities include a wide range of elements that will build networked system capacity. Innovative financial mechanisms to reduce barriers to care and increase service delivery efficiency are key elements piloted under the 2005 COP. A health financing procurement will introduce performance-based financing for VCT, PMTCT, ART and basic care, will increase productivity, quality of care and efficiency of service delivery, and reduce financial barriers to care for PLWHAs. Targeted financial incentives to health providers for quality HIV/AIDS services will speed progress towards Emergency Plan targets. Associated audit systems will enhance financial and clinical quality controls. The Emergency Plan activities will be coordinated with a separately-funded USAID Health Decentralization program, which addresses local government administration and health care management more broadly.

Strengthened supervision systems across levels of service will include more effective supervision of nurses at health centers by supervising physicians at ART hospitals as well as supervision of facility pharmacists by central pharmacists. Improved information systems will communicate needed clinical information to providers at decentralized levels, reducing geographic barriers to care. Cross-level supervision, information and financing flow are links that change isolated providers into a coordinated network of care.

Health providers, health facilities and communities will be more closely integrated as a result of a new local procurement to support Community Services. Support for CBO and FBO groups and Civil Society associations will engage communities to reinforce clinical service delivery. This non-clinical care will include activities such as social support of newly-diagnosed PLWHA, support for ART adherence, and follow-up of babies born to HIV+ mothers. The involvement of communities, at national, regional and decentralized levels will increase the responsiveness of HIV/AIDS service providers to patients. Cross-links to prevention, treatment and care will be integrated at all levels of the service network.

USG will take a multi-pronged approach to address the severe human capacity deficit that limits Rwanda's national scale-up towards Emergency Plan targets. This approach includes: HIV/AIDS focused professional training, in-service training in clinical services as well as management, job re-design to broaden scope of practice, development of clinical protocols specific for practice settings to support the broadened clinical scope of practice, incentives for greater responsibility, continuous quality improvement activities, investment in enhancement of organizational capacity, and a community services procurement to invest in Rwandan national and community organizations. A Human Resources Assessment is underway. The USG strategy for national scale-up requires transfer of managerial capacity necessary to sustain institutions and "graduate" health facilities. The scale-up strategy starts with initial USG investment into central support and into existing service facilities. After ART, CT, PMTCT, and palliative care services are developed, management of these services is transferred back to the MOH and local facility management. Thus, managerial capacity is a key HCD need. While TRAC continues to provide clinical leadership, the role of other MOH agencies, such as Department of Health Services and Department of Pharmacy will provide contribute significantly to scale-up effectively.

The HIV/AIDS Fellowship program trains mid-level experts to manage HIV/AIDS service delivery or programs. Formal professional training activities include strengthening the HIV/AIDS component of nursing and public health courses. TRAC will continue to enhance its national training in ART, PMTCT, as well as Training of Trainers down to the district level. Additional training in pharmacy logistics, information systems and financial management are also supported. When technical advisors are placed in government institutions, the GOR is expected to hire counterparts to acquire technical capacity. Quality improvement activities occur at multiple levels, from collaboratives of PMTCT and ART service providers, to lab procedures and patient care sites. Human capacity is expanded through institutional capacity building for decentralized provision of prevention, treatment and care. In dialogue with GOR counterparts, USG has defined a strategy for investing in HIV/AIDS service provision start-up and subsequent institutionalization of service management to transfer responsibility of service delivery back to Rwandans, either the Ministry of Health or private management. Poor worker motivation is a frequent characteristic of under-funded health facilities. Performance-based financing for defined health services has been used with success in Rwanda to significantly improve health worker motivation and productivity. Within the HIV/AIDS financing procurement, transfer of health centers financing and management from USG partners to Rwanda will be piloted using performance-based financing on a multi-district level in 2005. Finally, as a consciously articulated strategy, the Community Services Procurement requires the awardee to contract with Rwandan individuals and organizations to provide as many services as possible, particularly community services, but also technical services whenever possible. The awardee is required to invest in developing the capacity of Rwandan organizations to manage subcontracts, financial and activity reporting, and performing services.

The USG has engaged a wide range of partners in reaching Emergency Plan goals in Rwanda, and will expand that range of partnership in FY05, engaging more Rwandan groups as a means of developing critical institutions as well as working with Rwandan health facilities as partners in service delivery. In addition to current partners, such as TRAC, additional central-level public institutions, such as the Department of Health Services will become strong candidates for investment. USG seeks to expand partnership to decentralized public and private health facilities and to NGOs, FBOs and private-sector groups in Rwanda, with their roles increasing as those groups increase their capacity to take on the responsibilities of project management. For clinical services, including C&T, PMTCT, ART and palliative/basic health care, USG strategy is to provide initial investment to expand clinical capacity, but subsequently to transfer management back to Rwandan management. For multi-sectoral activities and non-clinical services, Rwandan groups that will be brought into project management roles in FY05 include the Ministry of Education, the National Office of Health Care (DSS), CARITAS (the national Catholic network), and a local IT firm to be determined through competition. For local groups with weaker capacity, partnerships will be initiated through sub-contracts to new or existing agreements, with the prime implementer providing TA to a local group to build capacity before transferring management roles.

In Rwanda, public-private partnerships for HIV/AIDS relief will require further preliminary work. The private sector in Rwanda is generally underdeveloped, with few substantial local businesses and no major international investors to engage. The principle opportunities for public-private collaboration have been through coordination with private US foundations involved in Rwanda. With the current weak state of the private sector, USG must work primarily through the public sector in pursuing the Emergency Plan targets for Rwanda. At the same time, the USG team solicits involvement of the private sector wherever there is potential for constructive linkages in the domain of HIV/AIDS prevention, care and treatment, and will search for and pursue opportunities to develop public-private partnerships/global development alliances. Local capacity-building explicitly involves the private sector to the extent practicable. For example, all national training sessions on antiretroviral treatment (which are supported by USG) targeting both public- and private-sector practitioners and pharmacists, the USG will be soliciting bids from private IT firms (which are gaining prominence in Rwanda) to install and maintain Internet connectivity in several health districts which provide ART. USG will continue its search for opportunities, re-evaluate its tactics as the private sector develops, and build on advances resulting from development initiatives as they occur.

Availability of ART treatment, PMTCT, and C&T has grown rapidly, and in FY05 the Emergency Plan will accelerate the shift to building local capacity for delivery and transferring management to local entities. USG supported partners will graduate their clinical sites to Rwandan management, using HIV/AIDS financing services (a new HIV/AIDS Financing Procurement). Integrated PMTCT and VCT services are now available at 103 of the 400 existing MOH facilities. Twenty-five of Rwanda's 30 district hospitals are providing ART, and plans are in place to expand ART services to the health center level. A total of 145 health centers and district hospitals offer TB services. The primary barriers to HIV/AIDS care remain financial. Financing for palliative/basic health care for PLWHA will be addressed through the HIV/AIDS financing procurement.

Coverage of services for OVC has been provided by USG through international organizations contracting with local CBOs and FBOs. USG will procure "Community Services" through a competitive procurement to more effectively develop these local organizations and develop national policy. The Ministry of Gender and Women will develop a minimum package of services for OVCs. A clearinghouse for services will also allow better support and coordination of local organizations providing OVC support. This "Community Services" Procurement is a top priority and USG plans to deploy within six months. FY05 plans include procurements that will explicitly include capacity building and transfer of management responsibility to Rwandan entities.

Rwanda presents a rich texture of progress, promise and challenges in gender roles. Despite its sexually conservative nature, Rwanda has progressive attitudes towards gender equality and the empowerment of women. The GOR has made impressive progress in promoting women into key leadership positions within government and the First Lady is an outspoken advocate for women's empowerment. The First Lady convened the first Summit of First Ladies of Sub-Saharan Africa on Children and HIV/AIDS Prevention in 2001 and a follow-on meeting in 2003, and continues to advocate and mobilize the country on sensitive subjects surrounding AIDS such as condoms, social stigma, and sexual violence.

The need for action and leadership is clear. Decision-making authority of most Rwandan women is limited to selected aspects of household management and child-rearing. The DHS 2000 reports that husbands in 48% of Rwandan households had sole decision-making authority regarding their wife's health. With many women unable to make decisions regarding their own health, equitable access to care and prevention interventions is a goal rather than a current reality.

Reports of widespread gender-based violence such as rape, domestic violence, child sexual abuse, and sexual harassment in schools are issues of major concern. The DHS 2000 revealed that 48% of men agree that burning food, neglecting children, refusing sex, going out without the husband, and discussing opinions are all acceptable reasons for domestic violence. Shockingly, 63% of women shared this view. Girls are susceptible to predatory sexual behaviors of older men, particularly those with economic power. Alcohol abuse, a fairly common phenomenon among Rwandan men, increases the incidence of casual and high-risk sex, especially in Kigali, where the commercial sex trade is well established.

For all the progress, and GOR support for further change, the status of women in Rwanda remains a serious risk factor for exposure to HIV/AIDS. The Emergency Plan program in Rwanda will address this troubling situation through a broad range of activities, reaching both women and men. It will integrate prevention and care initiatives implemented through community- and faith-based organizations, programs within the military, and support for the considerable efforts of the GOR.

Even though social stigma associated with HIV is beginning to lessen, it is still widespread and a powerful disincentive to HIV testing and disclosure. In 1998, 60 percent of respondents to a PNLIS (National AIDS Control Program) poll said they would not associate with someone they knew to be HIV positive. Many HIV-positive Rwandans fear loss of their jobs as a result of their disease. Fear of HIV causes some patients' families to abandon them as the disease reaches its final stages. There are nascent local associations of persons infected or affected by HIV/AIDS throughout the country, including a network of PLWHA, but these groups are loosely organized and inadequately funded to provide the necessary education, outreach and support.

Firm GOR support for treatment and care, as well as prevention, has substantially reduced the stigma of HIV infection. Open support by public figures such as the First Lady of Rwanda has been effective, especially when coupled with support for treatment and care. The widespread poverty of Rwanda contributes to some unfortunate counterexamples, with occasional reports of individuals claiming HIV infections in the hope of securing food. There is clearly a need for broad development assistance, including the creation of income opportunities for families whether HIV infected or not. The Emergency Plan in Rwanda recognizes this situation, even as it focuses attention and resources on reaching its prevention, care, and treatment goals, and supports interventions to reduce stigma and discrimination.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support</u> <u>Target End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2010: 167,643			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		2,987	896	3,883
Number of pregnant women who received PMTCT services in FY05		42,350	12,750	55,100
Care	Target 2008: 250,000	177,380	16,750	228,144
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		12,500	0	12,500
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		1,000	6,316	7,316
Number of individuals who received counseling and testing in FY05		141,464	42,439	183,903
Number of OVCs being served by an OVC program at the end of FY05		22,425	0	22,425
Treatment	Target 2008: 50,000	13,640	495	14,135
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		0	0	0
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		13,640	495	14,135

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Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID: 1,528
Mech Type: Unallocated
Mech Name: Unallocated
Planned Funding Amount:
Agency:
Funding Source:
Local:

Prime Partner: To Be Determined

Mech ID: 124
Mech Type: Locally procured, country funded (Local)
Mech Name: Health District IT/Procurement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Mech ID: 128
Mech Type: Locally procured, country funded (Local)
Mech Name: HIV/AIDS School Based Program-Procurement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Mech ID: 169
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID Community Svcs Procurement
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Mech ID: 170
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID Procurement/ HIV/AIDS Performance Based Financing
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: Yes

Prime Partner: Association of Public Health Laboratories

Mech ID: 125
Mech Type: Locally procured, country funded (Local)
Mech Name: Lab Support/APHL

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Prime Partner: Association of Public Health Laboratories

Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHA account)
 Prime Partner ID: 171
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,073
 Mech Type: Locally procured, country funded (Local)
 Mech Name: APHL - deferred
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHA)
 Prime Partner ID: 171
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: CARE USA

Mech ID: 458
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CORE
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHA)
 Prime Partner ID: 759
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Abashizubwoba local association
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Abigi local association
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Abunzubumwe local association
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Dufatanye local association
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Dushyigikrane local association
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner:

CARE USA

Sub-Partner Name: Faith and Victory Association
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Les Revellants
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Ntukabumwe local association
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Tujinama local association
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Turengeubuzima local association
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 1,262
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CORE Care
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA account)
 Prime Partner ID: 759
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Association Rwandaise des Conseillers en Traumatisme
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Faith and Victory Association
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Forum des Activistes Contre la Torture
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: CARE USA
 Sub-Partner Name: HAGURUKA
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: National Network of People Living with HIV/AIDS, Rwanda
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: NGO Forum, Rwanda
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Prime Partner: Catholic Relief Services
 Mech ID: 111
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: AIDS Relief
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 7
 Prime Partner Type: FBO
 Local: No
 New Partner: No

B5

Mech ID: 1,072
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: CRS Track 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 7
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Prime Partner: Columbia University Mailman School of Public Health
 Mech ID: 93
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Columbia UTAP
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 475
 Prime Partner Type: University
 Local: No
 New Partner: No

Sub-Partner Name: National Reference Laboratory
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

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Prime Partner: Columbia University Mailman School of Public Health
Sub-Partner Name: National TB Control Program (PNILT)
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Voxiva
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: No
New Partner: No

Mech ID: 120
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Columbia/MCAP
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 475
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Treatment and Research AIDS Center
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Mech ID: 129
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Columbia MCAP Supplement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account
Prime Partner ID: 475
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Treatment and Research AIDS Center
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 1,081
Mech Type: Locally procured, country funded (Local)
Mech Name: Columbia UTAP - deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHA)
Prime Partner ID: 475
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Drew University
Mech ID: 100
Mech Type: Locally procured, country funded (Local)

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Prime Partner: Drew University
 Mech Name: HIV Support to RDF
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHA) account
 Prime Partner ID: 476
 Prime Partner Type: University
 Local: No
 New Partner: Yes

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
 Mech ID: 103
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Call to Action/EGPAF
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA) account
 Prime Partner ID: 178
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Butamwa Health Center, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

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Prime Partner:

Elizabeth Glaser Pediatric AIDS Foundation

Sub-Partner Name: Gikomero Health Center, Rwanda
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Jali Health Center, Rwanda
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Kabuga Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Kabusunzu Health Center, Rwanda
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Masaka Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Muhima Dispensary
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Nyagasambu Health Center, Rwanda
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Nzige Health Center, Rwanda
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Program for Appropriate Technology in Health
Sub Partner Type: NGO
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Rubungo Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

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Prime Partner:

Elizabeth Glaser Pediatric AIDS Foundation

Sub-Partner Name: Rwankuba Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Shyrongoni Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 469
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Call to Action
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 178
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner:

Family Health International

Mech ID: 106
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

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Prime Partner:

Family Health International

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: []
Local: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Africare
Sub Partner Type: NGO
Planned Funding Amount: []
Local: No
New Partner: No

Sub-Partner Name: Archdiocese of Kigali
Sub Partner Type: FBO
Planned Funding Amount: []
Local: Yes
New Partner: No

UNCLASSIFIED

Prime Partner:

Family Health International

Sub-Partner Name: Association Rwandaise Pour le Bien-Etre Familial
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Bungwe Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Byumba Hospital, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Caritas Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: CMS Biryogo
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: CMS Gikondo
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Collectif PRO-FEMMES Twese Hamwe
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Country Response Information System
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Diocese of Byumba, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Diocese of Kabgayi, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

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Prime Partner:

Family Health International

Sub-Partner Name: Diocese of Kibungo, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Diocese of Nyundo, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Gitarama Health Center, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Gitwe Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kabgayi Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kabgayi Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Karengera Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kayove Health Center
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kibungo Hospital, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kibuye Hospital, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner:

Family Health International

Sub-Partner Name: Kigeme Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kigufi Health Center, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kirambi Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kirinda Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kivumu Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Masaka Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Mugina Health Center
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Mugonero Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Mukungu Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Murara Health Center, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

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Prime Partner:

Family Health International

Sub-Partner Name: Muryanza Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Ngarama Hospital, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Nyabikenke Health Center, Rwanda
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Nyamata Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Nyarusange Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Remera-Rukoma Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Reseau Rwandais de Personnes Vivant avec le HIV
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Rugege Health Center
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Ruhango Health Center, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Ruli Hospital, Rwanda
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

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Prime Partner:

Family Health International

Sub-Partner Name: Runyombyi Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount: []
Local: Yes
New Partner: No

Sub-Partner Name: Ruramba Health Center, Rwanda
Sub Partner Type: FBO
Planned Funding Amount: []
Local: Yes
New Partner: No

Sub-Partner Name: Society of Women Against AIDS (SWAA) Rwanda
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: No

Mech ID: 467
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount: []
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: World Relief Corporation
Sub Partner Type: FBO
Planned Funding Amount: []
Local: No
New Partner: No

Prime Partner:

IntraHealth

Mech ID: 107
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HCD
Planned Funding Amount: []
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 191
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 454
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IntraH-deferred
Planned Funding Amount: []
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 191
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner:

John Snow Inc

Mech ID: 133
Mech Type: Headquarters procured, centrally funded (Central)

Prime Partner: John Snow Inc
Mech Name: Safe Injection
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Management Sciences for Health
Mech ID: 105
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: RPM+
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 194
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Ministry of Education of Rwanda
Mech ID: 99
Mech Type: Locally procured, country funded (Local)
Mech Name: HIV/AIDS School Based Program-MOE
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 612
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: National Program for Blood Transfusion, Rwanda
Mech ID: 115
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Strengthening Blood Transfusion Services
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 613
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Oak Ridge Institute of Science and Education
Mech ID: 127
Mech Type: Locally procured, country funded (Local)
Mech Name: ORISE
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 524
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Mech ID: 1,083
Mech Type: Locally procured, country funded (Local)
Mech Name: ORISE - deferred
Planned Funding Amount:
Agency: HHS

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Prime Partner: Oak Ridge Institute of Science and Education
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 524
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner: Population Services International
 Mech ID: 110
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Funding To Be Determined
 Local: No
 New Partner: Yes

Sub-Partner Name: Catholic Church Network
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Catholic Relief Services
 Sub Partner Type: FBO
 Planned Funding Amount:
 Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: CNLS
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: CSW Associations
 Sub Partner Type: FBO
 Planned Funding Amount:
 Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: FOJAS
 Sub Partner Type: NGO
 Planned Funding Amount:
 Funding To Be Determined
 Local: Yes
 New Partner: No

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Prime Partner:

Population Services International

Sub-Partner Name: Internews Network
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Muslim Association
Sub Partner Type: FRO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Rwandan Scout Association
Sub Partner Type: NGO
Planned Funding Amount:
Local: Funding To Be Determined
New Partner: Yes

Sub-Partner Name: Urunana - Health Unlimited
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: World Relief Corporation
Sub Partner Type: FBO
Planned Funding Amount:
Local: Funding To Be Determined
New Partner: No

Mech ID: 132
Mech Type: Locally procured, country funded (Local)
Mech Name: PSI-DOD
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHA account)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 453
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: AIDSMark -deferred
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHA)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner:

Sanquin Diagnostic Services

Mech ID: 533
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Blood Safety Technical Assistance
Planned Funding Amount:
Agency: HHS

Prime Partner: Sanquin Diagnostic Services
 Funding Source: N/A
 Prime Partner ID: 971
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: Yes

Prime Partner: Treatment and Research AIDS Center
 Mech ID: 97
 Mech Type: Locally procured, country funded (Local)
 Mech Name: TRAC Cooperative Agreement
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 397
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Mech ID: 1,076
 Mech Type: Locally procured, country funded (Local)
 Mech Name: TRAC deferred
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 397
 Prime Partner Type: Host Country Government Agency
 Local: Yes
 New Partner: No

Prime Partner: Tulane University
 Mech ID: 98
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: UTAP
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 488
 Prime Partner Type: University
 Local: No
 New Partner: No

Mech ID: 297
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: HCP- Tulane University
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 488
 Prime Partner Type: University
 Local: No
 New Partner: No

Mech ID: 1,086
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Tulane UTAP - deferred
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 488
 Prime Partner Type: University
 Local: No
 New Partner: No

Prime Partner: Tulane University

Mech ID: 1,521
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Tulane - USAID deferred
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 488
 Prime Partner Type: University
 Local: No
 New Partner: No

Prime Partner: University of North Carolina

Mech ID: 104
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Measure Eval
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 589
 Prime Partner Type: University
 Local: No
 New Partner: No

Sub-Partner Name: John Snow Inc
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: University Research Corporation, LLC

Mech ID: 109
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: QAP
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 437
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner: US Agency for International Development

Mech ID: 114
 Mech Type: Locally procured, country funded (Local)
 Mech Name: USAID Program Mgt
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 527
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Prime Partner: US Centers for Disease Control and Prevention

Mech ID: 122
 Mech Type: Locally procured, country funded (Local)
 Mech Name: CDC Country Office GAP/TA
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Base (GAP account)
 Prime Partner ID: 528

Prime Partner: US Centers for Disease Control and Prevention

Prime Partner Type: Own Agency

Local: No

New Partner: No

Mech ID: 1,085

Mech Type: Locally procured, country funded (Local)

Mech Name: CDC - deferred

Planned Funding Amount:

Agency: HHS

Funding Source: Deferred (GHA)

Prime Partner ID: 528

Prime Partner Type: Own Agency

Local: No

New Partner: No

Mech ID: 1,527

Mech Type: Locally procured, country funded (Local)

Mech Name: CDC Country Office GAP/TA

Planned Funding Amount:

Agency: HHS

Funding Source: GAC (GHA) account)

Prime Partner ID: 528

Prime Partner Type: Own Agency

Local: No

New Partner: No

Prime Partner: US Department of Defense

Mech ID: 131

Mech Type: Locally procured, country funded (Local)

Mech Name: DOD Program Mgt

Planned Funding Amount:

Agency: Department of Defense

Funding Source: GAC (GHA) account)

Prime Partner ID: 529

Prime Partner Type: Own Agency

Local: Yes

New Partner: No

Mech ID: 1,237

Mech Type: Locally procured, country funded (Local)

Mech Name: DOD Deferred

Planned Funding Amount:

Agency: Department of Defense

Funding Source: Deferred (GHA)

Prime Partner ID: 529

Prime Partner Type: Own Agency

Local: Yes

New Partner: No

Prime Partner: US Department of Defense Naval Health Research Center

Mech ID: 94

Mech Type: Locally procured, country funded (Local)

Mech Name:

Planned Funding Amount:

Agency: Department of Defense

Funding Source: GAC (GHA) account)

Prime Partner ID: 609

Prime Partner Type: Own Agency

Local: No

New Partner: Yes

Prime Partner: US Department of State

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Prime Partner: US Department of State
Mech ID: 349
Mech Type: Locally procured, country funded (Local)
Mech Name: Embassy Coordination
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 531
Prime Partner Type: Other USG Agency
Local: No
New Partner: No

Mech ID: 1,238
Mech Type: Locally procured, country funded (Local)
Mech Name: State deferred
Planned Funding Amount:
Agency: Department of State
Funding Source: Deferred (GHAI)
Prime Partner ID: 531
Prime Partner Type: Other USG Agency
Local: No
New Partner: No

Prime Partner: World Relief Corporation
Mech ID: 121
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: WR Track 1.0
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 25
Prime Partner Type: FBO
Local: No
New Partner: No

Mech ID: 452
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: WR Supplement
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 25
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner:

World Relief Corporation

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Program Area:

Mechanism ID: 1,528

Mechanism Type: Unallocated

Planned Funds:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

Result 1: Increased access to quality, cost-effective PMTCT services\n\n

Result 2: Sufficient number of trained staff skilled, motivated and productive\n

Result 3: Awareness and demand created for PMTCT services\n

Result 4: Improved logistics system for the rollout of PMTCT services

Result 5: Increased use of complete course of ARV prophylaxis by HIV+ pregnant women

Total Funding for Program Area (\$): **Current Program Context:**

PMTCT services have been rapidly scaled up in 2004, with steady expansion of Emergency Plan supported services in six provinces, following the GOR national model of an integrated package of services of CT, PMTCT and palliative/basic care in health centers. Rwanda has widespread PMTCT due to a three-year, Global Fund grant to provide nation-wide access to comprehensive, integrated CT services at 117 sites covering all 39 health districts in the country, with three sites/health district. In 2005, USG will finance an additional 10 PMTCT/CT sites. USG is also currently providing PMTCT services in VCT Integre (GF) sites. USG plans to turn responsibility for PMTCT/CT in these sites to GF (MOH), thus freeing up resources to support up to 6 additional sites, to total 16 new PMTCT/CT sites.

The MOH coordinates donor PMTCT/CT programs with the strategy of adding integrated services to existing health centers throughout the country in a geographically balanced manner. PMTCT and CT coordination have been merged into one Department at TRAC, who is hiring needed additional staff. There is a multi-agency PMTCT/CT technical working group to support PMTCT services that coordinates implementing partners and assists in developing guidelines, tools, and other materials to be used by the sites.

The USG strategy to scale-up PMTCT services consists of initial investment at health sites by USG partners to add PMTCT. After PMTCT (and CT) services are implemented, these sites will be "graduated", i.e. transferred back to the Ministry of Health/health district management and funded through Performance-based funding. A new multiyear procurement for HIV/AIDS Financing will provide financing based upon PMTCT performance as PMTCT sites in several health districts are transitioned back to local management. Each subsequent year, an additional cohort of expanded sites will be "graduated" back to local management, using HIV/AIDS performance financing from USG.

As Rwanda moves from pilot implementation of PMTCT to national scale-up, the important role of the Department of Health Services in managing health centers has become evident. While TRAC's role has been to provide clinical leadership in PMTCT, DSS's role is to efficiently and effectively manage health centers and their staff. In 2005, USG plans to strengthen DSS's capacity to manage large scale PMTCT delivery, through improved financial and human resource management nationally, regionally and at district levels. Better targeting of financing to maximize access of HIV+ patients to prenatal care and hospital delivery through community-based and performance-based financing of PMTCT is a key component of COP05 activities.

USG has also defined geographically its area of responsibility for PMTCT for six provinces. Other donors will support other provinces.

Additional USG PMTCT site locations will be chosen in part based upon supporting referral networks to ART sites. Referral relationships between ART sites and PMTCT sites will be established, with the long term goal that routine ART services of stable patients will occur at PMTCT/CT health center sites. Per national policy, health centers must first provide integrated PMTCT/CT services before they can be developed into ART sites. Thus, in Gikongoro in 2005, where there are currently no ARV sites, 2 PMTCT/CT sites will be opened in 2005 with the intent to add ART services in 2006 to these PMTCT/CT sites.

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative:

In FY2005, USG will continue its support to the Treatment and Research AIDS Center (TRAC) through a cooperative agreement. The PMTCT/VCT unit of TRAC will carry out the following activities in support of nationwide prevention of mother-to-child transmission:

- Directly finance and manage 3 integrated VCT/PMTCT sites in Cyangugu province;
- Strengthen human resource capacity through salary and training support for key PMTCT/VCT unit personnel (this includes training on planning and adult education);
- Revise national PMTCT protocols and training materials by holding quarterly meetings of the VCT/PMTCT technical group and duplicating and disseminating materials;
- Training of 2 individuals per district (26 districts) and 14 others (for a total of 66 people) in supervision. This supervision will be carried out on a quarterly basis and a conference for dissemination of results will follow each supervision activity;
- Assure the quality of district-level PMTCT service provision through quarterly supervision visits by the TRAC PMTCT/VCT unit;
- Hold a collaborative-style workshop for service providers at health facilities to facilitate information exchange and discussion on the improvement of service provision; and
- Organize and sponsor a workshop for private medical facilities providing PMTCT services

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	24%
<input checked="" type="checkbox"/> Human Resources	27%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Policy and Guidelines	11%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	12%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	21%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	66	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	300	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	3,750	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Doctors
- Medical/health service providers
- Nurses
- Private health care providers
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Call to Action/EGPAF / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

This USG activity will continue to support and manage 17 PMTCT sites in Rwanda in 2005. During 2005, management of 6 of these sites (which are also GF VCT Intégré sites) will transfer to local governance and will free up USG resources. USG will then use these resources to add new PMTCT sites in USG provinces to expand PMTCT coverage. New USG sites will be located to refer patients, if needed, from PMTCT sites to ART sites for comprehensive ARV care. The transfer of sites to MOH/GF will help inform the development of the model of site "graduation" discussed under HIV/AIDS Performance-based financing.

This USG partner will work with Community Services Coordinator funded through Community Services procurement to provide outreach services to patients. This funding does include test kits.

National PMTCT program evaluation: USG will implement an evaluation study to determine the barriers to uptake of CT and ART prophylaxis in the context of ANC/PMTCT programs. This evaluation was designed in FY04. The University of Butare will implement the evaluation, with USG support. The results of the evaluation will inform the revision of National PMTCT protocols, and programs will be modified to address the barriers identified in the evaluation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Policy and Guidelines	17%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	8%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	168	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,600	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	14,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	17	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Ministry of Health staff
- Policy makers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USG supports PMTCT services in primary health centers in combination with other clinic based services (CT and OI/ARVs). This USG partner presently supports PMTCT in 21 health facilities. With additional funding in FY05, this partner will (i) continue ongoing services and (ii) initiate PMTCT at 5 additional sites in preparation for expanding ARV services in Byumba, Gikongoro, and Gitarama Provinces in FY06. (National GOR policy requires that integrated PMTCT/CT/OI/palliative care services be established in a site before ARV services can be offered). USG will work closely to support implementation of performance-based financing of PMTCT services as sites graduate to Ministry of Health management. Initial sites for pilot graduation would be combined Global Fund/USG sites.

Work with Community Services Coordinator funded through Community Services procurement to provide outreach services to patients.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	23%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Health Care Financing	21%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	19%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	7%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	175	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	485	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	21,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	26	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- HIV+ pregnant women
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Byumba	ISO Code: RW-I
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCD / IntraHealth

Planned Funds:

Activity Narrative:

Consistent with national PMTCT strategy, this USG partner will scale up MOH-supported PMTCT service outlets to 21 in 5 provinces (5 new PMTCT sites) which will be determined with USG and MOH during this funding cycle.

Activities:

- (1) Together with TRAC and the DSS, USG will scale up MOH-supported PMTCT service outlets to 21 by adding another 5 service outlets;
- (2) Together with health districts, renovate and equip health centers for PMTCT services;
- (3) With TRAC, carry out 2 week PMTCT counseling course and follow-up for providers;
- (4) With the DSS, develop standardized safe motherhood tools for health centers that will be integrated into PMTCT services for HIV+ mothers;
- (5) Accelerate community prevention interventions to follow-up mothers and their infants who have tested positive but have not returned for their results;
- (6) Work with Community Services Coordinator funded through Community Services procurement to provide outreach services to patients.
- (7) Support the graduation of mature PMTCT sites to PMTCT performance-based financing and local management in pilot implementation during 2005.

Anticipated Results:

- 21 PMTCT service outlets are operational providing quality services (5 new sites)
- Increased access to quality PMTCT services
- Quality PMTCT services integrated into routine MCH services

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	27%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	93	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	526	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	16,700	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	21	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Family planning clients
- Health Care Workers
 - Medical/health service providers
- HIV+ pregnant women
- Infants
- Pregnant women
- Sex partners
- Trainers
- Women of reproductive age

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Byumba	ISO Code: RW-I
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Umutara (Mutara)	ISO Code: RW-M

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP / University Research Corporation, LLC

Planned Funds:

Activity Narrative:

URC/QAP Rwanda will emphasize transfer of Continuous Quality Improvement capacity to the Department of Health Services as URC/QAP finalizes the multi-year effort through Collaborative Approach to PMTCT service delivery. The activity will support a PMTCT collaborative that includes 18 sites in 12 provinces. With monthly coaching visits and learning sessions every three months, sites have measurably increased their use of best practices and evidence-based approaches. After 12 months of activity, the percentage of women receiving NVP was significantly increased (from 38% to 100% in 2/3 of QAP sites) as was the percentage of partners tested. QAP has been in Rwanda for over 6 years and plans to transfer all technical capacity and management to the Department of Quality Services at the end of FY05. Site improvements are usually changes in standard procedures that result in improved outcomes.

DSS will use CQI capacity in monitoring of quality of care in sites that receive PMTCT performance-based financing.

During COP05, QAP will assist the Department of Health Services in training district supervisors coach quality assurance teams at each participating health facility, to initiate and host collaboratives at the district level, and to develop communication systems so that communication can continue to occur among sites in between learning sessions. "The Collaborative Approach in Rwanda PMTCT" will be evaluated. If evaluation recommends, QAP will develop a manual to assist with transfer of capacity, including lessons learned.

Note: QAP's contribution to PMTCT targets - "number of pregnant women provided with PMTCT services" and "number of pregnant women provided with a complete course of antiretroviral prophylaxis" - is reflected in those PMTCT targets of other PMTCT implementing agencies (FHI, HCD and EGPAF).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	150	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Family planning clients
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Discordant couples
- HIV+ pregnant women
- Ministry of Health staff
- Pregnant women
- Sex partners

Key Legislative Issues:

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

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Byumba	ISO Code: RW-I
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L
State Province: Ruhengeri	ISO Code: RW-H
State Province: Umutara (Mutara)	ISO Code: RW-M

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ORISE / Oak Ridge Institute of Science and Education

Planned Funds:

Activity Narrative: USG will place an ORISE fellow at TRAC as a technical advisor to the PMTCT/VCT unit. The advisor will:

- Provide technical assistance to facilitate PMTCT/VCT technical committee;
- Improve TRAC's technical capacity in integrated PMTCT/VCT supervision, training, and program management;
- Provide follow-up training for health care providers on new guidelines for PMTCT service delivery;
- Assist with the revision and dissemination of PMTCT norms/guidelines, training and supervision materials;
- Support TRAC and DSS in the development of a national PMTCT/VCT implementation plan;
- Support TRAC for the analysis of PMTCT service delivery data;
- Participate, in collaboration with Columbia University and the National Reference Laboratory, in the development of an early detection system for HIV infection in infants and follow-up plan at existing PMTCT sites.

(NOTE: The cost for this activity is distributed between ORISE PMTCT and ORISE CT program areas to reflect the advisor's support to the integrated PMTCT/CT unit at TRAC.)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	116	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
- Medical/health service providers*
- Host country national counterparts*
- Ministry of Health staff*
- Trainers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative: These funds will be used to hire a Community Services Coordinator at all USG sites providing HIV/AIDS services (including PMTCT) to work with local community organization(s), including EPOs, to provide community support of HIV/AIDS care, specifically:

1. Follow-up of babies born to HIV+ mothers to assure timely diagnosis of baby's HIV status,
2. Assure baby's well child care record includes mother's HIV status
3. Appropriate prophylactic treatment and linking to nutritional support under basic health care (as appropriate and available).

The Community Services Coordinator will work with existing Animateurs de Santé and assist the community organization(s) to apply for grants via the community services procurement. Funding for the Community Services Coordinator will be shared with C&T and ART services components of the Community Services Procurement. These funds also include funds for training, overhead, reporting and communication. This procurement for community services will build on the strengths of 1,300 elected local community Animateurs de Santé in all cellules of country.

NOTE: this activity will contribute to PMTCT targets identified by other PMTCT implementing agencies (ie. number of women provided with services, number of women receiving full course of prophylaxis).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	46%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	110	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Students
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Procurement/ HIV/AIDS Performance Based Financing / To Be Determined

Planned Funds: []

Activity Narrative: HIV/AIDS Services Financing Procurement

Productivity and quality in PMTCT service provision will be enhanced through a procurement that targets financial support to health sites/district health teams proportionate to productivity and quality of PMTCT service delivery. [] of the [] planned in FY05 for performance-based financing procurement will directly reimburse providers of PMTCT services for productivity and quality performance, as developed by resident health financing technical expert and PMTCT DSS/TRAC experts. Reimbursement will be linked to Emergency Plan and Rwandan targets for PMTCT, such as the number of women treated according to national standard. Reimbursement will be made to the health team/site that has budget responsibility/authority to manage their performance, including appropriate direct and indirect costs. Direct reimbursement for outputs and quality provides financial incentives to providers to provide the service efficiently and perform to standards.

A clinical and financial audit system will be developed to verify performance. Support from USG in quality improvement capacity to DSS has occurred. This financing system will be piloted in several health districts as a first phase of a long term plan to transfer full capacity and responsibility for PMTCT service delivery to Rwandan health systems.

The HIV/AIDS Financing Procurement will also review community-based financing to determine how to assist PLWHA to access basic health services, including hospital and/or attended delivery.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Health Care Financing	25%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Nurses
 - Discordant couples
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Pregnant women

Key Legislative Issues:

- Gender

Coverage Area: National

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IntraH-deferred / IntraHealth

Planned Funds:

Activity Narrative: This funding continues PMTCT activities (support of 16 PMTCT sites) approved in COP04, some funding for which was deferred.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	9%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	28%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> HIV+ pregnant women | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Infants | |

Key Legislative Issues:

Coverage Area:

State Province: Byumba
State Province: Gitarama
State Province: Kibungo
State Province: Kibuye
State Province: Umutara (Mutara)

ISO Code: RW-I
ISO Code: RW-B
ISO Code: RW-J
ISO Code: RW-F
ISO Code: RW-M

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **ORISE - deferred / Oak Ridge Institute of Science and Education**

Planned Funds:

Activity Narrative: This deferred funding from FY 2004 will complete support for a long-term technical advisor to the PMTCT/VCT Unit at TRAC for FY 2005. Specific PMTCT activities associated with this technical advisor are detailed under ORISE PMTCT activity narrative.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- Host country national counterparts
- Ministry of Health staff
- Trainers

Key Legislative Issues:

Coverage Area: **National**

State Province: _____ ISO Code: _____

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

Result 1: Changed social and community norms to reduce high risk behaviors

Result 2: HIV preventive behaviors (AB) among youth improved

Result 3: HIV/AIDS stigma and discrimination reduced

Result 4: Changed social and community norms to reduce high risk behaviors, including excessive alcohol use

Total Funding for Program Area (\$): **Current Program Context:**

USG Emergency Plan ABY activities will continue to increase the role of faith-based organizations on both a national and community scale. Rwanda has an extremely strong and active religious community, in particular, Anglican, Catholic parishes and Muslim organizations which have played a key leadership role in the country's recovery. These religious networks are vital partners in Rwanda's fight against HIV/AIDS. ABY activities will build on conservative, faith-based traditions. Abstinence and fidelity behaviors among youth are relatively strong in Rwanda. The average age of sexual debut for youth is late: nearly 21 years. Likewise, the interval between average age at first sex and average age at first marriage is short, limiting the number of partners that young people typically have before marriage. USG and GOR will effectively engage the religious communities in promoting abstinence and fidelity, in a national campaign using media, and via direct procurements ("Community Services") of activities developed by local and national church groups, using the implementing organization and the National Prevention Plan to guide awards. Activities will include the development and implementation of a national radio and audio media campaign using dramas of real life challenges to abstinence and fidelity. These audio dramas will be used in faith networks and communities. USG will also continue other field-supported national religious activities and develop new community-level activities to be determined in a Community Services procurement. The USG will also develop a program with the Ministry of Education to promote abstinence and fidelity among secondary school students. USG will also provide financial and technical assistance to Ministry of Education and other Government Ministries to ensure effective implementation of AB prevention programs and to improve parent-child communication. Abstinence and Be Faithful activities will: 1. Support focused radio and audio media campaign targeted at youth and at married men, using "real life" dramas and phone call-in shows. 2. Develop audio media IEC to be used widely in community and Faith-based activities 3. Expand support of faith-based activities through continued field support of national faith networks and expanded funding of local faith-based community activities. 4. Continued and expanded support of CBOs that support Abstinence and Faithfulness 5. Support of Ministry of Education for a school based Abstinence program. 6. Address "alcohol" in Abstinence and Fidelity as a significant risk factor in local and national activities.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV/AIDS School Based Program-MOE / Ministry of Education of Rwanda

Planned Funds:

Activity Narrative:

The Ministry of Education (MINEDUC) is an important new partner for USG for the expansion of prevention programs for high school students. Data from the BSS 2000 suggests that in-school youth are more likely to have an early sexual debut than out-of-school youth. Therefore, high school students are an important target group for abstinence messages. In FY05, MINEDUC and USG will initiate a new Healthy Schools project. With assistance from a TA partner to be determined through a competitive award, MINEDUC will:

Adapt an existing parent-child HIV/AIDS communication program (Kenya model) for Rwanda and implement the adapted program in 30 schools;

Expand prevention activities through small-grants support to youth-developed innovative programs related to prevention in 30 schools;

Adapt and implement the existing national prevention curriculum for secondary schools (focusing on abstinence messages) in 30 schools; and

Strengthen institutional capacity by supporting additional term-limited personnel including a monitoring and evaluation specialist, a trainer and an administrative assistant within MINEDUC's HIV/AIDS unit and 12 focal points for HIV/AIDS at the decentralized (provincial) level.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	28%
<input checked="" type="checkbox"/> Information, Education and Communication	39%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	20,250	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	1,150	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Students
 - Secondary school
- Teachers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USG will fund these activities through this financing mechanism for 6 months until the Community Services Procurement is awarded midyear FY05. The new procurement will include a grants mechanism to support FBOs to provide Abstinence and Faithfulness to Youth. This mechanism has three principal components in ABY:

(1) USG supports the Kigali Archdiocese and four regional Dioceses: Byumba, Kabgayi (covering Gitarama), Kibungo and Nyundo (covering Kibuye) to promote abstinence and fidelity among youth and young adults, using peer education. Until the new Community Services implementer begins work, IMPACT will continue support of the Dioceses for peer education work under FY05 funding and further assist, formalize, systematize and expand these partners' initiatives in social support by integrating it into a training package for new peer educators.

(2) USG will continue funding of CARITAS, a national charitable organization for the Catholic Church, to introduce HIV prevention education into its premarital couple counseling services nationwide and will continue with this activity in FY05.

(3) USG will continue to support the work with PROFEMME, a network of women's organizations. PROFEMME is a Rwandan network that builds capacity of local organizations in HIV programming, conceptualizing and carrying out HIV campaigns and has focused on interventions targeting women and girls. The first ProfEMME campaign targeted women and focused on stigma reduction; the second campaign (Partnaires de confiances), currently underway, targets adolescent girls and focuses on the theme of promoting abstinence, avoiding sexually risky situations and risky relationships. As a follow on to the Partnaires de confiances campaign targeting girls, FHI will introduce a more intensive peer education program targeting girls in and out of school.

Costs for print materials and other media (especially radio) to support these activities are included in these subagreements.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Health Care Financing	2%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Information, Education and Communication	36%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Local Organization Capacity Development	2%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,250,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	7	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	240,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

Coverage Area: National

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

USG will develop, in conjunction with Catholic, Anglican, Protestant and Muslim FBOs, targeted mass media and interpersonal communication interventions. The expected results of the campaign are increased abstinence (or delayed debut) from youth, partner reduction and decrease of high-risk behaviors and infidelity contributed to alcohol consumption on the part of married men and women. This USG partner will subcontract with Catholic Church network and Muslim religious network for each and separate funds will go to World Relief to use these developed materials within their faith communities.

1. Youth Abstinence Mass Media Campaign

The mass media component will include the expansion and diffusion of a youth radio call-in program started under Emergency Plan Track 2.0, and the continued distribution of youth-oriented magazine/newspapers that are abstinence based. The radio call-in program will include HIV/AIDS education and prevention themes developed by PSI staff in conjunction with youth and faith based Partners. It will address topics such as the importance of delaying sex, reducing partners, getting tested for HIV if exposed, cross-generational sex, and will allow youth to call-in with questions and concerns and have them answered by qualified radio staff and guests in a frank and open manner. The magazine/newspaper will mix HIV/AIDS educational articles with popular topics for youth, such as sports, music, and hobbies in a dynamic and interactive manner. Question & Answer columns will allow youth to anonymously ask questions and receive answers, and magazine-based competitions with prizes will encourage youth to read and contribute to the magazine. The proposed mass media interventions will reach 50% of the target audience (youth) and will result in increased numbers of youth reporting abstinence, delayed sex debut, reduced partners, and going for CT services if at risk.

2. Fidelity for Married couples/Men Campaign: Materials for mass media and interpersonal communication, targeting alcohol and infidelity, will be developed for wide-use through FBOs, CBOs similarly to above youth campaign.

Main activities: Baseline research; Radio show produced; Newspaper printed monthly; Promotion of radio show via alternate channels (billboards, flyers); Promotion of newspaper via alternate channels (radio, schools); Ongoing monitoring and evaluation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	81%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	132	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: WR Track 1.0 / World Relief Corporation

Planned Funds:

Activity Narrative: This Track 1.0 grant for ABY (awarded in March 2003) will reach more than 400,000 youth ages 10-24 and more than 100,000 adults who can influence youth with AB messages. It will create a sustainable environment to support youth behavior change in 5 target provinces. This is accomplished primarily through peer education in schools and churches, formation of youth support clubs, outreach events, and mass media spots on radio. Adults who have influence over the behavior of youth (including parents, teachers, pastors, etc.) are encouraged to speak with youth about issues of health and sexuality.

In FY05 USG will undertake the following complementary activities to enhance overall AB prevention messages for all age groups, providing positive role models for unmarried youth:

Activity 1:

Pre-marital counseling for church committees and church congregation leaders: USG will work with the national umbrellas of the Protestant churches and the Interfaith Umbrella to provide pre-marital counseling training for pastors. Fifty church leaders per province will be trained in pre-marital counseling. They will be responsible during the first year to counsel at least three couples making a total of 150 couples per province.

Activity 2: Marriage counseling seminars

USG will assist an initial 12 churches with a one-day marriage counseling seminar, to include a minimum number of 20 couples per session.

Activity 3: Pre-marital and marital counseling curriculum

The Pre-marital and marital counseling curriculum training curriculum (and the HIV/AIDS Pastoral Curriculum) will be developed, field-tested and printed for national distribution for 1200 parishes.

Activity 4: Family Counseling

USG will build capacity of pastors and other church and community leaders to communicate and reinforce "B" messages for prevention of HIV transmission among married adults ages 20-55. USG will train church and community leaders in "HIV/AIDS and family counseling" approaches using curriculum developed in under 1.0. Key messages include preparation for marriage, communication with partner, understanding risks of HIV transmission, counseling of discordant couples, gender-based violence, promotion of VCT, caring for family affected by AIDS, and stigma reduction.

Activity Category

<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	10%

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Training

40%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	100,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	150,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	3	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	47,500	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	47,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	275	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	275	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Discordant couples
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers

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Coverage Area:

State Province: Gikongoro	ISO Code: RW-D
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L
State Province: Ruhengeri	ISO Code: RW-H
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAPITA / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will provide short-term technical assistance to the Ministry of Education for the adaption of a parent-child HIV/AIDS communication program (based on the Kenya model) for the expansion of Rwanda's school-based HIV prevention program. This program will be implemented in 30 schools in the FY05 period.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	49%
<input checked="" type="checkbox"/> Local Organization Capacity Development	49%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Students
- Secondary school

UNCLASSIFIED

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV/AIDS School Based Program Procurement / To Be Determined

Planned Funds:

Activity Narrative: In FY2005, USG will award a competitive contract to a new TA partner to assist the Rwandan Ministry of Education (MINEDUC) in implementing the Healthy Schools prevention program for students and parents.

The USG partner will assist the HIV/AIDS unit of MINEDUC with:

Adaptation of an existing HIV parent-child communication program (Kenya model) for Rwanda and implementation of the adapted program in 30 schools in collaboration with CDC;

Expansion of prevention activities through small-grants support to youth-developed innovative programs related to prevention in 30 schools; and

Adaptation and implementation of existing national prevention curriculum in 30 secondary schools.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	35%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative:

The Community Services procurement would complement the national media campaign and national funding to religious networks by providing flexibility to support existing and new local/community/FBOs that are very active locally in Abstinence and Fidelity promotion. The Community Services Procurement, using the Rwanda National Prevention Plan (whose development USG supported in 2004) as a guide, will fund activities on a community (as well as national basis if appropriate) to support abstinence and fidelity. Through development of a board to evaluate grant applications, USG will award grants to local organizations, including FBOs, for abstinence and fidelity activities. This procurement recognizes and seeks to reinforce the extensive activity by local FBOs and CBOs going on unsupported currently. It does not replace national level media campaigns or activities that can be organized nationally through central coordination mechanisms.

National level coordination of church networks is rapidly developing with the creation of an umbrella group for Religious Organizations within the CNLS, the national coordinating HIV/AIDS body. In COP04, USG contracted with a number of international religious organizations who provided ABY services; however, equitable geographic deployment and minimizing duplication was difficult to achieve. The *PEPFAR Steering Committee has endorsed USG procurement of Abstinence and Faithfulness activities through more direct support of Rwandan religious and community organizations, including Christian and Muslim organizations.* This procurement would continue many successful activities initiated in COP2004 which include direct support of multiple parishes that have been extremely active in promoting abstinence and fidelity through youth groups, premarital and marital counseling, and community outreach. Additionally, this procurement would develop coordinating mechanisms through the national coordinating religious group to assure that geographic regions were equitably addressed within the USG assigned provinces and that national curriculum and training support was available to all regions. This procurement would fund local community organizations that applied for funding to provide strictly abstinence and fidelity promoting activities. Through this procurement, many FBOs that have not had adequate resources to effectively promote Abstinence and Fidelity will be able to establish youth groups, develop IEC, and provide faith based leadership to its youth and older community. Curriculum developed through other ABY activities (See PSI) would be made available to all groups interested in using it. USG will have a presence in many communities through the Community Services Coordinator, based at all USG health facilities, who will assist local organizations to apply for grants.

Targets are determined based upon 110 Community Service Coordinators hired in 100 sites.

Activity Category
 Community Mobilization/Participation

% of Funds
25%

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- Human Resources 10%
- Information, Education and Communication 25%
- Local Organization Capacity Development 25%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	110	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	110	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	2,750	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	5,500	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	330	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
 - Discordant couples
 - Refugees/Internally displaced persons
- People living with HIV/AIDS
- Religious/traditional leaders
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: WR Supplement / World Relief Corporation

Planned Funds:

Activity Narrative: With supplemental funding to Track 1.0 award, this USG partner will expand the Track 1.0 activities, to three additional provinces (Gikorongo, Gitarama and Kibuye) with a combined population of 1.8 million people. See previous activity.

In addition, this USG partner will work with faith-based networks including Muslims and Catholics to launch new AB activities on the national scale including a faith-based radio drama for youth (implemented in conjunction with PSI), peer education, youth social clubs and abstinence and faithfulness church curriculum development. Programs will be designed and implemented in collaboration with faith based organizations to reach-out to and engage parents, teachers, pastors, congregation youth leaders and other adults to encourage the open discussion with youth about issues of health and sexuality. All together, these efforts will result in more than 1.5 million youth reached with AB messages through the mass media, and more than 200,000 reached through community outreach.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	23%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	32%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	222,950	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	6,750	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Discordant couples
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers

UNCLASSIFIED

Coverage Area:

State Province: Gikongoro	ISO Code: RW-D
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L
State Province: Ruhengeri	ISO Code: RW-H
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative: With funding deferred from FY04, this is additional funds for a sub-agreement with World Relief for Abstinence and Faithfulness activities as described under WR narrative.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations*
- Students*
- Youth*

Key Legislative Issues:

Coverage Area:

State Province: Gikongoro	ISO Code: RW-D
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L
State Province: Ruhengeri	ISO Code: RW-H
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: Improved quality of national blood transfusion service
- Result 2: Management of blood transfusion services strengthened
- Result 3: Standard blood safety precautions in public and private hospitals strengthened
- Result 4: Infrastructure for the collection, testing, storage and distribution of safe blood and blood products built and expanded
- Result 5: Full supply of related medical equipment and supply achieved

Total Funding for Program Area **Current Program Context:**

The Rwandan National Program for Blood Transfusion (CNTS) was established with the support of the Belgian Red Cross in 1976. The Program's mission is to collect, screen 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, such as family donations. The Red Cross ended support for the program in 1999. Rwanda has three regional Blood Transfusion Centers. The main facility is in the capital of Kigali, serving 4.2 million people. Two additional facilities are in Butare, for the Southern region and Ruhengeri, for the Northern region, each serving approximately 1.8 million people. The regional centers deliver blood to three 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. The posts 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). Emergency Plan activities will support the National Program for Blood Transfusion (CNTS) through direct funding and through technical assistance provided by Sanquin Diagnostic Services to rapidly strengthen blood transfusion services by improving blood transfusion safety and simultaneously increasing donations, coverage, and quality assurance. Activities 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.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Strengthening Blood Transfusion Services / National Program for Blood Transfusion, Rwanda

Planned Funds:

Activity Narrative:

The National Program for Blood Transfusion (CNTS) will continue FY 05 activities to strengthen blood transfusion services by equipping additional blood transfusion centers, installing a computer network to improve management and provide improved blood transfusion and blood donor information. The donor recruitment program will be further improved by creating new collection sites, and by strengthening the existing sites, both in the capital city and in the countryside. Volunteers involved in coordinating blood donor recruitment will be increased, and 40,000 blood units will be collected. National Blood Donor Days will be organized. Appropriate procurement of critically needed supplies will assure continued blood screening. Blood distribution and utilization will be improved in the district hospitals by maintaining a cold chain; through transfusion posts that are well equipped and well supplied by blood transfusion centers, and through an organized monitoring and supervision program. The capacity of Rwandan health professionals involved in blood transfusion activities will be strengthened by local and international training for CNTS and hospital staff. The quality of the blood supply will be maintained by a quality assurance program implemented with the support of technical assistance and an enhanced record keeping system.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	156	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
- M&E specialist/staff
- Ministry of Health staff
- Volunteers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Blood Safety Technical Assistance / Sanquin Diagnostic Services

Planned Funds:

Activity Narrative: Sanquin is providing technical assistance to support the rapid strengthening of blood transfusion services in Rwanda. In FY 2005, Sanquin will assist CNTS in conducting an initial situation assessment, and will provide technical support for work in the following areas necessary to assure a safe blood supply in Rwanda:

1. Operations and Infrastructure: including financial and management structure, upgrading facilities and equipment, waste policy, human resource development, cold chain logistics
2. Blood Collection: promotion of low risk donor groups, information campaigns promoting donation, donor identification and registration system, and donor retention program
3. Blood Processing: review and revise protocols and product specifications, in process control and documentation, calibration and validation of equipment
4. Screening: introduction of cGLP, confirmatory testing, organization of reference functions including validity testing of potential reagents
5. Transfusion and Blood Utilization: consensus meetings with clinicians, review and revise national clinical guidelines
6. Training and Capacity Development: organization of training courses (workshops, seminars, apprenticeships for all levels of staff and volunteers involved in blood transfusion.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Needs Assessment	30%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Notes
Number of individuals trained in blood safety	156	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
 - Ministry of Health staff
 - Trainers
 - Volunteers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

Result 1: Improved policy support and demand for safe injection practices

Result 2: Universal safety precautions implemented and safe medical injections ensured

Total Funding for Program Area **Current Program Context:**

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 is implementing a three-step strategy recommended by the World Health Organization and the Safe Injection Global Network. The USG works closely with the MOH Department of Epidemiology and Department of Health Care Services to promote medical injection safety through establishing and revising national policies and guidelines, and through procurement of materials for and implementation of improved medical practices throughout the Rwandan health care system. FY 2004 injection safety activities included a national assessment of current injection practices, the development of the National Injection Safety and Infection Control Policy, and the National Strategic Plan on Injection Safety. Also in FY 2004, a comprehensive assistance package for improving medical injection safety and medical waste management was piloted in two health districts. The package includes procurement of safe injection equipment, as well as a comprehensive training component for all levels of medical providers. FY 2005 activities will include further national policy development and revision (including National Drug Policy), as well as the expansion of provider training and procurement of injection safety supplies in ten new districts, in order to continue working toward full national coverage of injection safety activities.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Safe Injection / John Snow Inc

Planned Funds:

Activity Narrative: In FY 2005, the USG will build upon ongoing activities by developing guidelines and training modules and didactic materials on universal precautions and infection control, expanding the training of health care workers and other personnel, assisting the GOR to develop and implement a strategy to achieve commodity security, implementing behavior change to reduce unnecessary injections, developing a sustainable waste management system, and improving health worker safety. Within these areas, health care workers' safety will be the primary focus through specific activities such as promotion of Hepatitis B vaccination for health workers, the observance of universal precautions, the use of protective gear for waste handlers and post-exposure prophylaxis.

The project will undertake training of health workers in injection safety, capacity building in procurement and supply management, and training in medical waste management in 10 new districts during FY05. In addition to training staff, the project will work to develop cadres of trainers at the national, provincial and district levels

Expected results:

- National Hospital Infection Control Plans developed and implemented, based on National Injection Safety Policy
- IEC and training materials on hospital infection control and injection safety produced/updated
- National Drug Policy revised, specifically the essential drug list and common treatment algorithms, with the aim of reducing use of injectable medications whenever possible.
- Promote appropriate injection safety techniques, including testing of injection devices equipped with reuse and needle-stick prevention features, implemented in the districts of Nyagatare and Rwamagana as well as in ten new districts.
- Implement behavior change strategy
- Develop medical waste management curriculum
- Train 30 district level trainers in injection safety and waste management
- Train and supervise 400 health care workers, including waste handlers, in selected provinces

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	Targets
		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	430	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area:

- | | |
|----------------------------------|----------------|
| State Province: Butare | ISO Code: RW-C |
| State Province: Cyangugu | ISO Code: RW-E |
| State Province: Kibungo | ISO Code: RW-J |
| State Province: Umutara (Mutara) | ISO Code: RW-M |

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

Result 1:	HIV infection risk in vulnerable and hidden populations reduced
Result 2:	Quality of and access to STI services improved for high risk population.
Result 3:	Increased access to HIV/AIDS prevention services for high risk populations
Result 4:	Awareness and knowledge about HIV/AIDS preventive practices increased
Result 5:	Full supply of related drugs, condoms, medical equipment and supplies achieved

Percent of Total Funding Planned for Condom Procurements

3%

Total Funding for Program Area (\$):

Current Program Context:

The USG will support GOR's implementation of their National Prevention Plan and the President's national call to action through: \n1) Promotion of abstinence and fidelity in active partnership with Catholic, Anglican, Protestant and Islam faith networks, community churches and mosques and nationally with the Interfaith Umbrella group. USG will reinforce Rwanda's delayed sexual debut and promotion of marital fidelity, especially to men, through active partnership with national church/mosque networks.\n2) Education and behavior change campaigns to promote abstinence for youth, fidelity for adults and alcohol as a risk factor. USG will support the development of mass media, including audio/radio dramas portraying real-life choices and call-in shows. These audio dramas will be shared with church networks for their use. \n3) Targeted interventions to high risk groups: USG will focus interventions to reach high risk groups: Discordant Couples: At CT and PMTCT settings, there will be active partner outreach and education, already improved through best practices. Couples will receive information and education. USG will reach out to CSWs through a group of former, faith-based sex workers, through focus-group developed educational material and through Rwandan Defense Force hospitals and clinics. STI treatment services will be provided in Kigali. USG will support the Ministry of Education to implement school-based CT at 30 secondary schools in 2005 and 50% of the country's schools by end FY 2008. Rwanda will participate in the regional transport corridor project that provides information and education along transport corridors in the Great Lakes region. Given the regional conflict, this is a high national priority. Mobile testing units will focus on reaching refugees and prisoners, with appropriate materials development. Thousands of prisoners from the genocide, scheduled for release in the next few years will be targeted for CT and education. Special material and outreach to Rwandan police. The CS Procurement will fund additional programs focused at local high risk groups.\n4) Continued roll-out and implementation of integrated clinical prevention services. The quality of clinical prevention activities, including PMTCT, Injection Safety, and Safe Blood Practices will continue to be strengthened through sharing of best practices and 16 new sites will steadily be added to over six provinces to achieve national scale.\n5) 53% of "Other Prevention" activities will be implemented through a Community Services Procurement to support Rwandan organizations, at community and regional levels, including faith-based networks. Local organizations will apply for grants to provide prevention services. To date, community groups have been extremely active in education, outreach and mobilizing communities against HIV/AIDS.\n

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Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

Safe T Stop concept and northern Transport Corridor: Rwanda will participate with other regional countries in a project to provide intensive information and education campaign along regional transport corridors. This program will target high-risk mobile populations with prevention activities and services while identifying vulnerable PLWHA and PABA for community-based support in key corridor sites. A dual approach to reaching target populations includes: men reached in worksites and stop-over towns and women reached in stop-over border towns. Peer education is a core strategy. STD services will be promoted and referrals to other HIV services. These activities will include food/nutrition support, policy change, education, etc. This program is coordinated with other countries along the transport corridor.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Workplace Programs	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
- High-risk population
 - Partners of sex workers
- Mobile populations
 - Migrants
 - Migrant workers
 - Truckers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

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Activity Narrative:

There are two distinct target populations that fall under this program area; Rwandan Local Defense Forces (LDF) and the National Police and Commercial Sex workers.

The objective of this program is to increase awareness and knowledge about HIV/AIDS prevention practices among high risk groups, primarily law enforcement and secondarily, the high risk groups that law enforcement officers have frequent contact with, namely CSWs. Law enforcement and CSWs are both high risk groups that interact frequently. Law enforcement officers and CSWs can be key allies in reducing high risk sexual behavior if groups receive appropriate education and useful information about effective means of reducing infection. The program aims to achieve this objective through several different activities, specifically: peer education training using law enforcement and CSWs. Law enforcement can be critical means of providing information to CSWs. Materials will be tested through target audience focus groups. PSI proposes to work in close collaboration with the CNLS and the Message Approval Committee (CAM).

In FY05, working with the Rwandan Local Defense Forces (LDF) and the National Police, the program will increase awareness of and knowledge about HIV/AIDS prevention practices, and to increase access to HIV/AIDS prevention services, such as counseling and testing and condom use, among active members. To assist with program coordination, USG will design and implement all activities in partnership with: the National AIDS Commission (CNLS), Ministry of Defense (Directorate of Medical Services—DMS), Ministry of Internal Security, Ministry of Internal Affairs, and Ministry of Local Administration. Initial discussions have already taken place with the CNLS and the National Police, resulting in their input in suggested activities.

To ensure the sustainability of HIV/AIDS prevention programs among the LDF and the national police, trained peer education trainers will train 3000 LDF (2 per sector) and 500 police peer educators to conduct outreach sessions among their peers. Peer educators will be provided with training in communication techniques, HIV and STD prevention and treatment information, and key behavioral themes among the target groups. USG will furnish IEC materials for use during peer education activities. Sessions will be monitored for quality assurance by participant pre/post-evaluations, supervisory visits, regular refresher courses; and monthly/quarterly reporting. This initiative will serve to reach 75% of the total of both active LDF and police.

To facilitate peer educators, interpersonal communications materials will be designed and produced. Key themes will be personal risk perception and HIV/AIDS prevention awareness, with an emphasis on CT and the availability of care and support options. Specific risk taking behaviors such as alcohol use and paying for sex with prostitutes will also be included. Specifically, the IEC materials will be a flipchart, picture codes, and role plays for use during outreach sessions conducted by peer educators. Mobile video units will show spots produced displaying short-films targeting the two audiences, which will be produced by PSI and the collaborating partners to be shown during outreach sessions. Posters will be produced for distribution among units, and targeted radio spots will be produced and aired on national radio stations. IPC and mid level media materials will reach 90% of the target populations.

Peer educators will also be trained as condom community-based distribution agents to increase condom accessibility in and around LDF and police deployment areas and in areas of sex trade. They will be trained in sales communications techniques, stock management, and financial reporting. A condom stock management system will be put in place to regularly monitor condom availability among the LDF and police organizations, to avoid stock-outs or non-availability among certain units/areas. A total of 500,000 condoms will be distributed through the peer educators and the national organizations during the project period.

CSWs will be referred to STI clinic for CT and STI treatment. IEC will be distributed in collaboration with the STI clinic.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Information, Education and Communication	55%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	24%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	42,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,183	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Military
- Police

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PSI-DOD / Population Services International

Planned Funds:

Activity Narrative:

The program objective is to continue to increase awareness of and knowledge about HIV/AIDS prevention practices, and to increase access to HIV/AIDS prevention services, such as counseling and testing and condom use, among active members of the Rwandan military.

In order to meet the high demand for counseling and testing services among the military, USG will support a third mobile Counseling and Testing Unit (2 to be launched in 2004-5), to conduct HIV CT and STI diagnosis and treatment in remote deployment areas. The services team will spend one week in each location, allowing them to also refer patients to follow-up HIV care and support services, such as PMTCT for married men, offered in military and public health clinics. All CT activities will be monitored and evaluated for quality, as per national protocol.

To ensure the sustainability of HIV/AIDS prevention programs among the military, peer education trainers will train 600 military peer educators (50 per brigade) to conduct outreach sessions among their peers. Peer educators will be provided with training in communication techniques, HIV and STD prevention and treatment information, and key behavioral themes among the target groups. USG will furnish IEC materials for use during peer education activities, such as a military peer education manual already in existence. Each peer educator will then be expected have regular contact with a minimum of 25 peers during the project duration, reaching a total of 15,000 soldiers, at all ranks. Sessions will be monitored for quality assurance by participant pre/post-evaluations, supervisory visits, regular refresher courses, and monthly/quarterly reporting.

To facilitate peer educators, interpersonal, and mid and mass media communications materials will be designed and produced. Key themes will be personal risk perception and HIV/AIDS prevention awareness, with an emphasis on CT and the availability of care and support options. Specific risk taking behaviors such as alcohol use and paying for sex with prostitutes will also be included.

Interested peer educators will also be trained as condom community-based distribution agents to increase condom accessibility in and around deployment areas through targeted distribution. They will be trained in sales communications techniques, stock management, and financial reporting. Additionally, USG will offer technical assistance to DMS to create a condom stock management system will regularly monitor condom availability, to avoid stock-outs or non-availability among certain units/areas.

Activity Category
 Commodity Procurement

% of Funds
15%

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- Development of Network/Linkages/Referral Systems 2%
- Information, Education and Communication 51%
- Logistics 2%
- Quality Assurance and Supportive Supervision 3%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 22%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	24,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	600	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Military
- Police

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative:

The "Community Services" procurement will provide 53% of "other prevention" activities and will include for national and community based prevention activities in FY05. One purpose of this procurement is to fund Rwandan organizations, capitalizing on Rwandan expertise of and access to interpersonal and social communication networks. This procurement will be developed aggressively with the goal of an award within 6 months. These prevention activities will be consistent with the Emergency Plan and GOR National Prevention Plan priorities and national messages. The awardee will develop sub-contracts and grants award mechanisms, with GOR and community input, to provide funding to locally designed, managed and implemented projects. A Board will make awards based upon criteria in National Prevention Plan. board members will include CNLS, PEPFAR Steering Committee, national umbrella groups and USG.

The procurement will target community populations as well as high risk groups, including transportation corridor populations, urban populations, refugees, prisoners, military communities, childheaded households, mobile working men at coffee/tea plantations, CSWs, clients of CSWs, discordant couples and other groups. Other activities will include: 1. Mobilization of communities for prevention education, such as community discussions on alcohol and high risk sex, fidelity, transactional sex, vulnerability of young women, etc. 2. Support of PLWHA individuals and organizations to support behavior change, partner/family testing and prevention for positives. 3. Capacity-Building, development of "National Umbrella Organizations" and CSOs engaged in Community-Based Prevention activities to bring prevention information to all communities. 4. Formation of community-based groups to integrate treatment, prevention and care activities, involving patients at USG health facilities to assure that all PLWHAs are supported in personal prevention efforts.

Prevention activities will employ and strengthen community, regional and national organizations, such as Umbrellas, Reseau, Dioceses, SWAA, etc. Criteria for award(s) will be developed jointly with GOR and USG, consistent with USG requirements.

Development and approval of work plans will occur jointly with USG and GOR designated team.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	110	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,500	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	110	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- Discordant couples
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

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

Coverage Area: National

State/Province:

ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDSMark -deferred / Population Services International

Planned Funds:

Activity Narrative:

This activity was approved in COP04, some funds of which were deferred to FY05.

The objective of the youth program is to increase awareness and knowledge about HIV/AIDS prevention practices among Rwandan youth, ages 10 – 24. The program aims to achieve this objective through several different activities to build upon those started in FY04 with Emergency Plan funds, specifically: peer education training, and the continuation of youth-friendly CT services targeting youth at high risk of contracting HIV/AIDS such as out of school youth, demobilized soldiers and child headed households. All activities will be done in coordination with the CNLS and TRAC and executed with local partners working with CHH and high-risk youth.

Based on the successful Centre Dushishoze youth center in Butare, services at the center in Butare and three additional CT sites will be continued. Centre Dushishoze provides voluntary counseling and testing for HIV/AIDS to adolescents aged 15 -24, including treatment of STIs. In 2005, Centre Dushishoze will test 4,500 high-risk youth. In addition to its counseling services, Centre Dushishoze serves as a recreational and educational youth center, with skills classes and leisure activities targeting out of school youth and street children.

Main activities:

- 4,500 youth provided with CT
- 45,000 youth visit Centre Dushishoze and other CT sites
- Facilitation sessions with youth in outlying areas
- Parent/Community advocacy program
- Promotion of services

Peer education is a cornerstone of Centre Dushishoze activities, and has been a key element to its success among youth in Butare, both within the Center and through rural facilitations in outlying areas. Centre Dushishoze peer educators serve as trainers of trainers in HIV/AIDS prevention for other peer educators in Rwanda. USG will train 1600 peer educators in 4 target provinces, reaching at least 60,000 youth at high risk of contracting HIV/AIDS. PSI will train peer educators to use interactive, interpersonal communications to address key HIV behavior change themes, and will provide IEC materials for distribution. Trained peer educators will be regularly monitored by trained supervisors, and will be required to submit monthly reports. The selection of sites for the peer education training is based on extensive collaboration with the other USG partners working on similar interventions.

Main activities:

- Train 1,600 peer educators trainers in 4 target provinces
- 60,000 youth trained
- Develop interactive interpersonal communications
- Develop peer education training manual

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	4%
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Human Resources	24%
<input checked="" type="checkbox"/> Information, Education and Communication	38%
<input checked="" type="checkbox"/> Local Organization Capacity Development	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	122,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,350	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- National AIDS control program staff
- Students
 - Primary school
 - Secondary school
 - University
- Teachers
- Trainers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

Funds for this activity were approved in COP04 and deferred to FY05. This activity will provide STI services targeting CSWs in Kigali. An "enhanced syndromic management" approach will be utilized, which combines etiologic and clinical diagnosis. (Rwanda MOH national treatment guidelines use syndromic management.) At a current CT/PMTCT site, STI evaluation and treatment services will be offered. A faith-based organization of former CSWs will provide outreach to current CSWs to refer patients to these STI services. Information and outreach material for clients of CSWs will be available. CT will be performed routinely on all CSWs. This clinic will serve as a model for additional STI services in other cities and along transportation corridors in future funding cycles.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	26%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex industry
- Health Care Workers
- Police
- Ministry of Health staff
- National AIDS control program staff
- Policy makers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Butare
State Province: Kigali-Ville
State Province: Ruhengeri

ISO Code: RW-C
ISO Code: RW-L
ISO Code: RW-H

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

- Result 1: Improved availability of and access to of HIV Testing and Counseling services\n
- Result 2: Increased use of HIV Counseling and Testing by high risk groups
- Result 3: Improved coordination of C&T programs to achieve improved quality and consistency
- Result 4: Public information and understanding of HIV Counseling and Testing increased
- Result 5: Expanded linkages between CT services and care and treatment facilities
- Result 6: Full supply of related diagnostics and medical supplies achieved

Total Funding for Program Area (\$): **Current Program Context:**

The Rwanda national CT program currently has 88 CT sites throughout the country. The GOR service delivery model is to integrate PMTCT, CT and palliative/basic care services at the site level (called VCT Intégré). PMTCT/CT programs also are managed jointly at the central level by TRAC with a PMTCT/CT technical working group. Since program initiation, demand for CT services has exceeded capacity at all sites. In addition to VCT Intégré, there are 6 CT sites which are not attached to health centers and specifically focus youth, which USG supports. USG currently directly supports 67 integrated PMTCT/CT sites in-country (FBO and MOH sites) and provides support to the MOH national PMTCT/VCT technical unit at TRAC. The Global Fund is providing support for VCT Intégré expansion to provide CT services at 3 sites per district (for a total of 117 sites) by 2006. USG support to date includes:

- Support of PMTCT/VCT Technical Committee. This committee currently is reviewing curricula and guidelines, sharing lessons learned, and advising TRAC on other technical issues.
- Promotion of couples' counseling and referral to care and treatment services at all USG sites
- Stigma reduction and increasing demand for CT services through national media campaign and community-based prevention.
- Formal Quality Improvement through an "Collaborative" of 18 sites providing VCT Intégré services. At sites participating in this collaborative, the rate of partner testing has increased from 40% to 100% at most sites, simply by expanding hours, writing letter to invite partner for testing and other low tech, low cost interventions. The Continuing Quality Improvement activities are based in the Department of Health Services and TA to DSS is developing their capacity to manage CQI activities themselves by the end of 2005.
- Training and development of critical CT tools, such as national curriculum, supervision guidelines, and revision of CT data forms and formats.
- USG will continue to provide technical support with six key positions including an international technical advisor. The technical assistance to TRAC includes revision of national protocol and training materials, supervision training, annual workshop for quality improvement, procurement for select sites.

Proposed New 2005 activities:

- Support 3 mobile CT units.
- Expand CT services at military bases to include the civilian population around brigades, which includes a large number of CSWs.
- CT of prisoners will be initiated using mobile units.
- In 2005, USG will support the GOR/DSS to develop a performance-based contracting for PMTCT/CT service delivery as pilot in 3 health districts. USG implementing partners will be used to initiate CT services at new health centers. Once services are functioning, budget authority and management of sites will revert to local governance, but USG financing will continue using performance-based financing as described in HIV/AIDS Financing Procurement.
- Support the elaboration of the different roles of DSS, health district teams and TRAC in the management of the large number of C&T sites as national scale-up continues.
- USG is developing mechanisms to routinely test all hospital and TB patients.
- 11 new CT sites. Sites are located in six provinces and in referral areas for ART services
- Testing of family members of HIV+s in their homes using mobile CT services.
- CT campaign for Ministry of Education with focus on teacher and secondary school students.
- Technical assistance to the MINEDUC HIV/AIDS Unit to develop a teacher workplace CT prevention and testing program

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative: Columbia University, in collaboration with CDC, will pilot an innovative counseling and testing strategy to move HIV counseling and testing beyond health facilities. The pilot will begin in one province and will make testing more readily available to family members of PLWHAs enrolled in treatment programs. Counseling and testing services will be offered to these family members through a combination of referral and home-based CT. This strategy will identify additional family members who require care and treatment and will provide counseling support to HIV-negative family members. The pilot will be evaluated and, if successful, rapidly expanded to other provinces. Home-based CT is one of several new innovative approaches in the USG plan to enhance Rwanda's ability to rapidly identify HIV+ individuals and link them to services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	4	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	50	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

HIV/AIDS-affected families

Key Legislative Issues:

Coverage Area: National

State Province: **ISO Code:**

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative: In FY2005, USG will continue its support to the Treatment and Research AIDS Center (TRAC) through a cooperative agreement. TRAC will carry out the following counseling and testing activities in FY2005:

- Direct support of 3 integrated VCT/PMTCT sites in Cyangugu province
- Direct support of 2 VCT sites in Kigali;
- Reinforcement of human resource capacity through assistance with the payment of salaries and provision of training of six key positions. This includes training on planning and adult education;
- Revision of national protocol and training materials through quarterly meetings of the VCT/PMTCT technical group and duplication and dissemination of these documents;
- Training of 2 individuals per district (26 districts) and 14 others in supervision. This supervision will be carried out on a quarterly basis and a conference for result dissemination will follow each supervision activity;
- Quarterly supervision at the district level by TRAC's PMTCT/VCT unit;
- An annual workshop of service providers at health centers to provide information exchange and discussion on the improvement of service provision;
- Organization of a workshop for private medical facilities providing VCT services;
- Provision of test kits, commodities and supervision for VCT service delivery at the CRIS (Kigali HIV Information Center) and the Kicukiro Health Center.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	28%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	29%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	66	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,750	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Private health care providers |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> National AIDS control program staff |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV/AIDS School Based Program-MOE / Ministry of Education of Rwanda

Planned Funds:

Activity Narrative:

At present, there are no links between high schools and CT services in Rwanda, despite BSS data suggesting that high school students have an earlier sexual debut than out-of-school youth of the same age. In FY2005, USG will support the Rwandan Ministry of Education (MINEDUC), a new partner, in piloting the testing components of the Healthy Schools project targeting teachers, secondary school students and local community members. The HIV/AIDS unit of MINEDUC will work with a USG TA partner (to be determined through competition) to:

Design testing promotion materials targeted to high school students and teachers;

Recruit and train health educators to implement school-based CT in 10 schools;

Initiate a pilot CT campaign for Ministry of Health staff, teachers, students and community members at 10 secondary schools.

The Minister of Education and his staff will lead the campaign with public HIV tests, making him the first politically prominent Rwandan to do so. The CT campaign will be launched via a mobile CT unit that travels from school to school providing free VCT services to teachers, students and community members. Initial preparatory activities will include the design of the C&T campaign, development of CT consent materials for youth, and recruitment, hiring and training of health educators to manage the campaign. The program will be rolled out initially in 10 schools in FY2005.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	60%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	5	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	2,750	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults*
- Men*
- Women*
- Government workers*
- Students*
- Farmers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Call to Action/EGPAF / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

The GOR has embraced integrated CT, PMTCT and OI/palliative care (called VCT Intégré). This activity is adding CT for men and families to its PMTCT sites. The current demand for CT services significantly exceeds the capacity of existing CT sites.

By the end of March 2005, USG will be supporting 17 sites, 6 of which will be graduated to the MOH management (with USG funding through TRAC). After graduation of these sites, USG will support CT testing at 5 additional VCT Intégré sites in six provinces (total of 16 sites). USG scale-up process is to have USG partners do the initial investment in sites to add CT and PMTCT services. Once these services are stable and functioning; usually after one year, USG will return management of sites back to local governance and to provide site financing through performance-based financing as described in the Health Financing Procurement. To date, TRAC has been managing VCT Intégré sites. However, as national scale-up continues, the role of Department of Health Services, through its district sites, in managing health facilities generally, needs to be strengthened and developed. See Health Financing Procurement.

These funds do not include test kits, which will be provided by another USAID partner.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	16%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Infrastructure	8%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	106	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	17,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	16	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

This USG activity is presently supporting CT services in 28 health facilities and in six community-based centers. In order to facilitate the effective and efficient transfer of authority of the most well-established and functioning sites to the MOH and local Rwandan organizations by mid-year, this activity will increase capacity of these organizations for management. In addition, USG will assist the MOH with scale-up by opening 5 new CT centers around new sites designated for ARV roll-out.

Specific activities include:

1. Work with Rwandan partners to transfer management for existing community-based CT sites. This includes assisting AFRICARE in Gikongoro transfer CT services to a close by health center to be managed by the Ministry of Health.
2. Continue to build capacity at the Department of Health Services and TRAC in order to hand over CT services at Kibungo Hospital and Kicukiro Health Center to the Ministry of Health and local authority;
3. Work with hospital staff to promote and extend CT services to hospital in-patients, especially to individuals at high risk for HIV;
4. In preparation for expanding ARV services in Byumba, Gikongoro and Gitarama Provinces in FY06, initiate CT services at 5 additional clinic-based sites in these three provinces; and
5. Work with hospital staff to promote and extend CT services to hospital in-patients, especially to individuals at high risk for HIV.

Print materials to support CT services will be developed in collaboration with TRAC and are budgeted separately from CT service budgets. Additionally, this USG partner is procuring test kits for other USG VCT sites, including those run by EGPAF and IntraHealth.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Health Care Financing	4%
<input checked="" type="checkbox"/> Human Resources	15%

UNCLASSIFIED

<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	50	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	122,400	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	39	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- High-risk population
- HIV+ pregnant women
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Gikongoro	ISO Code: RW-D
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kigali (Rurale)	ISO Code: RW-K

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCD / IntraHealth

Planned Funds:

Activity Narrative:

USG will increase access to quality CT services by adding 5 new sites and continue support to 12. USG will scale up CT at 5 new FY 05 PMTCT services sites to be identified jointly with TRAC/DSS. Another USG partner (FHI) will be procuring all the related test kits for this activity.

Activities include: 1). Train service providers in HIV pre-and post-test counseling. 2). Train counselors already trained in PMTCT in counseling for concordant and discordant couples. 3). Implement an "invitation" system to partners to encourage partner involvement 4). Provide support to women to mitigate potential violence or other negative outcomes of disclosing HIV+ status to male partners. 5). Carry out supportive supervision of services and link services with community mobilization efforts in the 17 service outlets and surrounding communities. 6). Develop and initiate a referral system for linking CT with prevention, care and support and treatment services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	106	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	9,744	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	17	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Health Care Workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Sex partners
- Trainers
- Volunteers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Reducing violence and coercion
- Volunteers

Coverage Area:

- | | |
|----------------------------------|-----------------|
| State Province: Byumba | ISO Code: RW-I |
| State Province: Gitarama | ISO Code: RW-B |
| State Province: Kibungo | ISO Code: RW-J |
| State Province: Umutara (Mutara) | ISO Code: RW-M- |

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAP/TA / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will provide short-term technical assistance for the development of two innovative C&T programs:
 - A C&T component for the Healthy Schools project, to be developed in collaboration with a USG partner TBD through competition
 - A pilot home-based HIV C&T program to be developed in collaboration with Columbia/UTAP.
 CDC will also assist TRAC to revise national HIV C&T guidelines to incorporate innovative approaches to reach newer high-yield populations.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	37%
<input checked="" type="checkbox"/> Policy and Guidelines	40%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- implementing organization project staff
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ORISE / Oak Ridge Institute of Science and Education

Planned Funds:

Activity Narrative: USG will place an ORISE fellow at TRAC as a technical advisor to the PMTCT/VCT unit. The advisor will:

- Provide technical assistance to facilitate PMTCT/VCT technical committee;
- Improve TRAC's technical capacity in integrated PMTCT/VCT supervision, training, and program management;
- Assist with the revision and dissemination of CT norms/guidelines, training and supervision materials to incorporate new testing modalities;
- Provide follow-up training for health care providers on new guidelines for CT service delivery;
- Support TRAC and DSS in the development of a national PMTCT/VCT implementation plan;
- Support TRAC for the analysis of CT service delivery data;

(NOTE: The cost for this activity is distributed between ORISE PMTCT and ORISE CT program areas to reflect the advisor's support to the integrated PMTCT/CT unit at TRAC.)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	116	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Host country national counterparts
- Trainers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV/AIDS School Based Program-Procurement / To Be Determined

Planned Funds:

Activity Narrative:

In FY2005, USG will award a competitive contract to a TA provider to assist the Rwandan Ministry of Education (MINEDUC), a new USG partner, in implementing the testing component of the Healthy Schools project targeting teachers, students and community members.

The TA provider will provide a long-term technical advisor to assist the MINEDUC HIV/AIDS unit with:

The development of a CT program for students and teachers at secondary schools;

The initiation of a pilot CT campaign for teachers and students at secondary schools in three provinces, starting with MINEDUC staff;

School selection and recruitment and training of health educators to implement CT program, logistics; and

Organization and execution of publicity/advocacy events about the campaign.

The Minister of Education and his staff will introduce the pilot campaign with public HIV tests. The pilot CT campaign will be carried out using a mobile CT unit that travels from school to school providing free CT services to teachers, students and community members. Initial preparatory activities will include TA for design of a pilot VCT campaign, development of consent materials for youth, and recruitment, hiring and training of health educators to manage the campaign. The program will be piloted at 10 schools in FY2005.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	35%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	5	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	2,750	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Government workers
- Students
- Teachers
- Trainers

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative:

The Community Services Procurement will support CT by funding a "Community Services" Coordinator at all USG facilities, including CT facilities. This position will develop community resources to provide support to patients/clients. In particular, this position will assure that clients who test positive are offered timely support, referral to care, and follow-up until they are transitioned into care. This position will also reach out to families/partners of positives to offer CT. This position would liaise with TRAC, DSS, local government to assure that CT programs are coordinated, as well as advise local community groups how to apply for financing from the Community Services Procurement to provide local outreach and support to positives and to promote CT to high risk groups. This Community Services Coordinator will offer similar support to patients/clients of PMTCT, palliative/basic care and ART services.

Targets for CT are included in other implementing partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	16%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults*
 - Men*
 - Women*
- Business community*
- Community leader*
- Community members*
- Community-based organizations*
- Disabled populations*
- Factory workers*
- Faith-based organizations*
- HIV/AIDS-affected families*
- HIV+ pregnant women*
- Implementing organization project staff*
- Infants*
- Military*
- Mobile populations*
 - Migrants*
 - Migrant workers*
 - Refugees/internally displaced persons*
 - Truckers*
- Nongovernmental organizations/private voluntary organizations*
- Orphans and other vulnerable children*
- People living with HIV/AIDS*
- Pregnant women*
- Prisoners*
- Students*
- Sex partners*
- Teachers*
- Volunteers*
- Widows*
- Women of reproductive age*
- Youth*
 - Girls*
 - Boys*

Key Legislative Issues:

- Volunteers*

Coverage Area:

State Province: Byumba	ISO Code: RW-I
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Procurement/ HIV/AIDS Performance Based Financing / To Be Determined

Planned Funds:

Activity Narrative:

The HIV/AIDS Financing procurement will reimburse health centers and/or other sites performing VCT according to formula(s) developed by health financing technical advisor supported at DSS. Reimbursement will reflect appropriate direct and indirect costs and indicators of quality. Illustrative examples of potential quality indicators include percent of partners tested and successful referral to health care to be determined by Rwandan and international finance and clinical experts.

As VCT Integre sites are launched, USG will transfer its management responsibilities back to MOH/local management, with continued funding based on these formulas of productivity and quality of CT services. Sites would have authority to manage their budgets, but will be required to meet external review of quality with audit verification. During FY2005, this HIV/AIDS performance based financing model will be piloted in several health districts at approximately 9 facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Health Care Financing	25%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	9	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Medical/health service providers
- M&E specialist/staff
- Ministry of Health staff
- Trainers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

This activity will support procurement of HIV test kits for new CT sites initiated by another USG partner (EGPAF). Emergency Plan direct targets are thus reflected under the Partner activities for Counseling and Testing.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Nurses
- HIV+ pregnant women
- Pregnant women

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Butare

ISO Code: RW-C

State Province: Kigali (Rurale)

ISO Code: RW-K

State Province: Kigali-Ville

ISO Code: RW-L

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **ORISE - deferred / Oak Ridge Institute of Science and Education**

Planned Funds:

Activity Narrative: This deferred funding from FY 2004 will complete support for a long-term technical advisor to the PMTCT/VCT Unit at TRAC for FY 2005. Specific CT activities associated with this technical advisor are detailed under ORISE CT activity narrative.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- Host country national counterparts
- Ministry of Health staff
- Trainers

Key Legislative Issues:

Coverage Area: **National**

State Province: _____ ISO Code: _____

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

Result 1:	Strengthened delivery of integrated HIV and TB services
Result 2:	Improved diagnostics and treatment of TB among HIV+ individuals
Result 3:	Strengthened capacity of health professionals to care for HIV infected TB patients
Result 4:	Strengthened institutional capacity of local organizations caring for HIV+ TB patients

Total Funding for Program Area (\$): **Current Program Context:**

Rwanda's National TB Control Program (PNILT) was created in 1990 and currently has 177 TB DOTS detection and treatment centers throughout the country. TB service delivery is also integrated into existing health facilities at the district and national levels. To date, there has been no large-scale study conducted on TB and HIV co-infection in Rwanda. A USG study in two provincial hospitals between 2001 and 2003 showed that 31% and 33% of the TB patients agreeing to HIV tests were HIV positive, respectively. In 2002, the university hospital of Butare reported that more than half of its hospitalized TB patients who were tested for HIV were HIV positive. It is widely acknowledged that TB is the most common opportunistic infection affecting HIV+ people and a major cause of mortality among AIDS patients in developing countries. However, the links between TB and HIV services in Rwanda range from weak to non-existent, and little has been done at the national level to strengthen these links through policy development, training, etc. The USG Strategy to integrate TB and HIV services includes support both at the central level for national coordination, norms and guidelines and at the facility-level for service delivery. At the central level, the Emergency Plan will provide support for the placement of a long-term TB/HIV technical advisor at the National Tuberculosis Program (PNILT), a local hire TB/HIV officer at TRAC, and for short-term technical assistance and funding for TB/HIV service integration, including national training and supervision. In FY05 the Emergency Plan assistance will revise national policies and program guidelines for the treatment and care of HIV/TB co-infected individuals. From these guidelines, specific training materials will be developed and used for training of healthcare providers at select sites. The USG will also support the development of two model TB/HIV outpatient centers where the rate of co-infection will be documented and evaluated. The model sites will also serve as centers of excellence for the integration of TB/HIV services which will inform integration of these services throughout the national program. For example, these model sites pilot routine HIV testing for TB patients and active follow-up of co-infected patients for other care and treatment. In addition to these new TB/HIV integration efforts, in FY 2005 USG will continue to incorporate TB management of PLWHA into Emergency Plan treatment activities. The Emergency Plan supports training for all ART providers in the country on TB management of HIV-infected patients. Completion of this training is a prerequisite for certification of any new ART site operating in Rwanda. USG-supported ART sites will provide TB treatment and/or referral. Additionally, USG-supported ARV sites and VCT sites at or near TB services will actively promote and/or provide VCT to TB patients, and link HIV-positives to care and treatment. These activities will be executed in collaboration with PNILT, TRAC and the Global Fund, which recently approved a Round-Four proposal in Rwanda to improve TB control. The Global Fund 4 grant will improve treatment and detection of TB, especially of women, improve detection and treatment of MDR TB, and upgrade TB management systems. Areas of collaboration will include the referral of all TB patients for VCT, and active TB case-finding among HIV-infected individuals.

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Columbia University will continue to support the National Tuberculosis Program (PNILT). A TB/HIV Technical Advisor within PNILT will assist the Director and other key staff with policy development, program design and coordination with TRAC and international donor partners. TA will transfer the skills, knowledge and capacity needed to manage quality integrated programs. Short-term technical advisors will support PNILT and TRAC projects related to TB/HIV integration. Long- and short-term advisors will:

1. Revision of national policies and program guidelines related to the treatment and care of HIV/TB co-infected individuals
2. Development of training materials on treatment and care for HIV/TB co-infected individuals and provision of financial, logistical and technical support for the training of 25 health care workers at the health center level.
3. Development and support of the implementation of monitoring and evaluation procedures for TB/HIV co-infection and integrated services
4. Development and support of two model TB/HIV outpatient centers that will serve as centers of excellence for integrated HIV and TB services including antiretroviral therapy
5. Evaluate and document the rate of HIV/TB co infection in patients at the model centers
6. Support and strengthen TB service provision to improve management of HIV-positive TB patients at MCAP-supported sites

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	22%
<input checked="" type="checkbox"/> Training	23%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	650	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
- National AIDS control program staff*
- People living with HIV/AIDS*
- Policy makers*
- Program managers*

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative: In the area of tuberculosis, TRAC collaborates with the National Integrated Program for the Fight Against Leprosy and Tuberculosis (PNILT) in issues concerning HIV/AIDS. In this role, TRAC will support the establishment of national norms for TB in HIV/AIDS patients, the creation of training programs and materials and any other assistance required by PNILT in this area. Six one-day training sessions on TB/HIV management will be organized. Funds from this program will be utilized to recruit, train and place one individual to provide technical assistance to the PNILT on national protocol and training materials concerning TB as an opportunistic infection of HIV/AIDS and to organize and conduct the training.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	67%
<input checked="" type="checkbox"/> Training	33%

Targets:

Target Description	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	208	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

At ARV sites and at VCT sites that offer TB care or have it located close physically, USG will actively promote TB patients to avail themselves of VCT services and/or support bringing CT to TB patients. The first objective at these sites would be to encourage 70% of TB patients to go for or to receive HIV testing. The second objective is to develop procedures to link HIV CT, ART and TB services. The third objective is to determine HIV prevalence and yield rate of patients for ART initiation from TB patients at these sites. These TB/HIV patients will be treated according to WHO and national treatment guidelines for HIV and TB

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%
<input checked="" type="checkbox"/> Health Care Financing	
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

Target	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	230	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	23	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Nurses
- Implementing organization project staff

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

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

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAP/TA / US Centers for Disease Control and Prevention
 Planned Funds:

Activity Narrative: In collaboration with Columbia University, CDC will provide short-term technical assistance to the National Tuberculosis Program (PNILT) and the TRAC for the revision of national policies and program guidelines and the development of training materials for the treatment and care of HIV/TB co-infected individuals and for the development of two model TB/HIV outpatient centers which will serve as centers of excellence for integrated HIV and TB services including antiretroviral therapy.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Policy and Guidelines	40%
<input checked="" type="checkbox"/> Training	30%

Targets:

Target	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National
 State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Improved access to and quality of basic health care clinical services for HIV+ patients
- Result 2: Improved Quality of life for PLWHA.
- Result 3: Improved access to and quality of palliative clinical and home-based services for HIV+ patients
- Result 4: Improved access to and quality of treatment of opportunistic infections.

Total Funding for Program Area (\$): **Current Program Context:**

Palliative Care includes a range of diverse program activities: (1) Health facility based clinical care for OIs, basic primary care and clinical palliative care for PLWHAs (2) Community provided services including home-based care (HBC) for PLWHAs, psychological support, provision of commodities and/or other goods and services to support basic health of PLWHAs in six provinces. In 2005, USG will transition to a Community Services Procurement to provide over time all of its community-provided palliative care services. USG is making this transition to improve coordination, responsiveness and equitable distribution of community services across six provinces. To assure smooth transition, in 2005, 6 months of financing will continue to existing partners for palliative care. In 2005, 40% of palliative care will be financed through the Community Services Procurement to cover 6 months of community provided palliative care. When all community palliative care funds are transitioned to the procurement, 70% of all palliative care funds will go for community provided services. In 2005, USG will try to improve access to palliative care by developing and implementing cost-effective package of palliative care services in all communities served by USG supported HIV/AIDS services. More cost-effective service provision will result from expanded responsibilities of nurses and community providers, and through improved training and supervision. Define and finance a common standard of care of palliative care services for USG using most cost-effective OI treatments, treatment of common health conditions affecting PLWHA to improve their quality of life and prevent future health problems. Support development and implementation of clinical guidelines in both clinical palliative care and home-based care. Support improved, scaled-up training of nurses, including practical skill attainment in palliative care. Strengthen home-base care as a cost-effective, quality complement to clinical care. Coordinate clinical care delivery with community supported, home-based care through Community Services Coordinator, located at all USG supported sites. Church and community providers will be formally trained and supervised in HBC and will provide HBC kits, cost-effective commodities (ITN, water purification, etc) food. Income generating activities and/or micro-credit to PLWHAs; community support groups, psychological support and other activities improving the quality of life of PLWHA can be funded through the CS Procurement. Provincial boards will provide grants to faith-based and/or community organizations providing these services.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative: In FY2005, USG will continue its support to the Treatment and Research AIDS Center (TRAC) through a cooperative agreement.

Currently, TRAC and Global Fund share responsibility in the medium-term for national clinical care activities under major project funding. In the long term, DSS will assume this responsibility. In FY2005, TRAC's Care and Treatment Unit will work with DSS and Global Fund to begin rationalizing national HIV clinical care efforts and advance the decentralization of these activities. Activities include:

- Monitoring and evaluating OI service delivery sites to determine the sustainability of activities.
- Creating a forum for information exchange between OI care service providers to identify weaknesses and constraints as well as methods for program improvement (this will include quarterly workshops for health center staff, district supervisors, TRAC and DSS).
- Defining the roles of different types of health facilities in OI service delivery in accordance with the network model (i.e. health center versus hospital)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	35%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> M&E specialist/staff |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Private health care providers | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV Support to RDF / Drew University

Planned Funds:

Activity Narrative:

Drew University will work with the Rwandan Defense Force to improve HIV care for military personnel, their partners and families of military personnel, and community members who live in the surrounding areas.

Approximately 60% of the people who receive VCT services within the military setting are civilians. Specifically, the project will improve treatment of OIs, STI and TB among people living with HIV by military providers, improve treatment adherence, psychosocial support services and diagnosis and treatment of mental health problems at Kanombe, Ngarama and Kaduha Hospitals, 4 fixed VCT sites and 2 mobile VCT sites. In addition, Drew University will strengthen the capacity of the RDF to link people with HIV diagnosed at military VCT sites to treatment, prevention and care services as well as link people seen at hospital sites to community services.

Activities and Expected Accomplishments

- Provide on site training and supervision to 21 providers in diagnosis and treatment of OI, STI and TB
- Provide technical assistance for the development of training manual for treatment adherence
- Develop guidelines on mental disorder diagnosis and treatment.
- Train 18 providers in treatment adherence and mental health diagnosis and treatment (6 each hospital).
- Train and support 15 HIV positive peers in treatment adherence and psychosocial support
- Enroll all soldiers and civilians with HIV receiving staging evaluation and care at one of the military medical centers in 5 day intensive program in treatment adherence, prevention of OIs and HIV education, healthy living with HIV and HIV transmission risk reduction
- Provide care to 1,100

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	23%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	42%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	36	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	9	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	9	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- Military
- People living with HIV/AIDS
- Sex partners

Key Legislative Issues:

- Addressing male norms and behaviors
- Twinning
- Stigma and discrimination

Coverage Area:

State Province: Byumba
 State Province: Gikongoro
 State Province: Kigali-Ville

ISO Code: RW-I
 ISO Code: RW-D
 ISO Code: RW-L

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USG will finance these activities for six months through this financing mechanism until basic health care and support activities are picked up in the "Community Services" procurement. The procurement will continue and expand these effective 3 activities.

1. RRP+, a network of Association of People Living With HIV/AIDS, currently works with 20 RRP+ Associations to deliver home-based care to HIV patients. RRP+ will continue supporting these 20 associations through the national network.

2. SWAA/Rwanda; SWAA has developed a strong and innovative portfolio of activities for supporting the HIV infected and affected. They conduct thematic media campaigns (nationwide) and manage three HIV centers (in Kigali, Gitarama, and Kibungo). These centers operate as information centers and points of referral and support for people in need of HIV services (including OVC). Their approach to micro-financing for HIV-infected and affected persons (with technical assistance from AMIZERO) is very effective. USG proposes to continue supporting SWAA's three HIV centers during the six month transitional period.

3. AFRICARE. In Gikongoro Province, AFRICARE provides home-based care, operates a CT center in Gikongoro Ville, implements youth peer education and OVC activities in select districts. AFRICARE recently received alternative funding - in the field of food security and agriculture extension. The peer education work will now be covered under their new food security grant. For the duration of the six month transitional period, USG will continue supporting AFRICARE's home-based care and CT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Health Care Financing	25%
<input checked="" type="checkbox"/> Human Resources	13%
<input checked="" type="checkbox"/> Infrastructure	14%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	28%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,024	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	27	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area:

State Province: Gikongoro	ISO Code: RW-D
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kigali-Ville	ISO Code: RW-L

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia/MCAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Columbia University, in collaboration with TRAC, will provide basic care for a total of 8,389 patients, including 2389 on ART and 6000 patients not eligible for ART enrolled at the 24 sites in Kigali-Ville and Gisenyi and Kibuye provinces. Columbia will procure the necessary OI medications from CAMERWA, the Rwandan para-statal drug procurement organization. Pharmacists at each site will be trained and supported in storing and managing the supply of OI drugs. (See ARV services section for Columbia MCAP program description).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	28%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	7%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	8,389	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	80	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	24	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	24	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Pharmacists |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Host country national counterparts |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Implementing organization project staff |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> People living with HIV/AIDS |

Key Legislative Issues:

Coverage Area:

State Province: Gisenyi

ISO Code: RW-G

State Province: Kibuye

ISO Code: RW-F

State Province: Kigali-Ville

ISO Code: RW-L

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia MCAP Supplement / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

This activity is a supplement to Columbia University MCAP Track 1.0 mechanism. Columbia University will procure OI medications for 1,200 patients (including the 400 patients on ART and 800 patients not eligible for ART) enrolled at the 6 health centers in Butare and Cyangugu. The pharmacists at each site will be trained and supported in storing and managing supply of OI drugs.

This activity will expand ART and basic care services to the health center level in two provinces, Butare and Cyangugu. In FY2003 and 2004, USG provided technical assistance to the TRAC (MAP) for ART service delivery at the hospital level in these two provinces. With this additional support, USG will complete the network by linking health center, district hospital and provincial hospital sites. (Note: ARV activities for these 6 sites are located under the ART Services section; ARV drugs for this activity are located under ARV drugs; Lab equipment procurement for these sites is located under APHL under ART Services).

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	33%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	7%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	45	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Community health workers*
- Doctors*
- Medical/health service providers*
- Nurses*
- Pharmacists*
- Host country national counterparts*
- Implementing organization project staff*
- People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area:

State Province: Butare

State Province: Cyangugu

ISO Code: RW-C

ISO Code: RW-E

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative:

Through the Community Services Procurement, USG will provide direct grants to faith-based or community organizations, and/or APLWHAs that provide palliative, basic care and/or home-based care to PLWHAs. Awards and award criteria will be made by a review board, composed of Rwandans and USG representatives, approved by the Emergency Plan Steering Committee.

Palliative/Basic Health Care services will include outreach to homes/families of HIV/AIDS patients at USG supported health sites for care and support of medical treatment, symptom alleviation, emotional and physical support, pain relief, assistance with personal hygiene and eating, personal care commodities, food, clean water, mosquito nets or other activities linked to palliative care and/or health maintenance of PLWHA

At provincial and national levels, the Community Services Procurement will strengthen national coordinating bodies for basic/palliative care. Policy development to define better coordination mechanisms and a minimum package of basic care for PLWHA will be supported.

The USG will hire Community Services Coordinators (community residents, preferably with health backgrounds) at all USG sites to work with community organizations to coordinate care and support of patients/PLWHAs. These coordinators will assist community groups to apply for grants from this procurement to provide palliative/basic health care services.

Coordination of community groups will support consistency and quality of services, provision of a common minimum care package, development and utilization of patient education material, training in care provision protocols, and leveraging/coordination of food donations. Linkages will be developed between national and district areas of Rwanda to assure that community organizations have access to nationally developed tools to assist in home-based care, such as protocols for lay health workers, commodities, patient care materials.

The implementer will build capacity and/or develop a "National Umbrella Organizations" for CSOs Engaged in Palliative care/support activities to manage sub-grants and agreements with community organizations and assure coordination of services.

This procurement will be developed quickly to minimize gaps between current activities and new activities under the procurement. Criteria for awards will be developed jointly with GOR and USG, consistent with USG regulations. Development and approval of work plans will occur jointly with USG and GOR designated team.

Providing food as a part of the package of palliative care will be done through this procurement.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Logistics	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	11,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	220	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	110	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	110	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Widows

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Increasing women's access to income and productive resources
 - Increasing women's legal protection
- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Procurement/ HIV/AIDS Performance Based Financing / To Be Determined

Planned Funds:

Activity Narrative:

In Rwanda, financial barriers are the major barrier to basic and palliative care for most PLWHAs. Increasing access to basic/palliative care has not been a high donor priority for HIV/AIDS. Yet, opportunistic infections and common treatable illnesses are the major causes of mortality for people on ARTs as well as other PLWHAs. USG will expand funding of OI, basic and palliative care to USG sites that provide CT, PMTCT services. The HIV/AIDS financing procurement will address financial barriers to palliative and basic health care using two mechanisms.

The first mechanism, community-based financing to cover drugs, outpatient visit costs and lab, will increase access to primary health care for PLWHA. To minimize financial risk to community-based financing programs, premiums for PLWHA would need to be adjusted or re-insurance considered. The advantages of community-based insurance, such as increased access for PLWHAs to primary care (thus reducing hospitalizations) and involvement of local communities in the management of their health center, will be coordinated with the performance-based component of this procurement. There will be greater community involvement resulting from both the Community Services Procurement and community-based financing of basic care. This financing would only be for PLWHAs for basic/palliative care, including OIs.

Through performance-based reimbursement, health centers will receive funding linked to the provision of basic/palliative care to PLWHAs. Since basic/palliative health care covers a range of conditions, possible indicators likely to be linked to reimbursement are number of unique patients with HIV/AIDS receiving care at the health facility and total number of patient visits for HIV/AIDS patients. Another indicator may be number of patients treated for OIs according to national standards.

Performance-based reimbursement of palliative care will be piloted at 9 sites in 2005.

Community-based financing and/or insurance premium payment for PLWHA and performance-based reimbursement will be piloted in several health districts in 2005. Lessons learned will be incorporated in plans for national scale-up the following year.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Health Care Financing	20%

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- Human Resources 20%
- Policy and Guidelines 10%
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	9	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Nurses
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: WR Supplement / World Relief Corporation

Planned Funds:

Activity Narrative:

This funding will support continuation of this financing mechanism for essential services for six months until the "Communities Services" procurement becomes operational.

In 2004, many church congregations been mobilized in HBC, with 550 active HBC volunteers in eight of the twelve provinces. In FY05, these volunteers receive further training in specific palliative care methods. In addition 200 new volunteers per province will be trained in HBC in Ruhengeri, Kigali-Ville, Butare and Gisenyi. This will lead to a total of 1350 active volunteers by the end of 2005 and 6000 PLWAS cared for in the community.

Nutritional support: WR will support 20 Churches who have established PLWA associations with nutritional support. Under FY05, seeds and tools will be given to the churches to grow food for PLWA for nutritional supplement.

Palliative Care curriculum will be developed focusing specifically on the care of the dying in consultation with the National Network of PLWA and the CNLS. This

Distribution of Palliative/HBC kits will provided through church volunteer structures. An estimated 2400 kits will be distributed and/or replenished. The contents of the Palliative/HBC kit will be developed with the CNLS and other local and international partners, and allow HBC volunteers to adequately care for PLWA in their homes.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	21%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	6,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,350	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1,500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- HIV/AIDS-affected families
- Host country national counterparts
- National AIDS control program staff
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Byumba	ISO Code: RW-I
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L
State Province: Ruhengeri	ISO Code: RW-H
State Province: Umutara (Mutara)	ISO Code: RW-M

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CORE Care / CARE USA

Planned Funds:

Activity Narrative:

USG will finance these basic health care and support services for PLWA for 6 months until the new "Community Services" procurement is awarded. USG will support partnerships with more than 200 PLWA associations to provide basic health care at the community level and strengthen health centers to ensure patient follow-up. Community volunteers and contractual nurses will be trained to improve community-based care. Services will include palliative care, counseling on positive living, and economic support.

Specific activities include: support to USG clinical sites, home based care, economic activities/financing for health services access, malaria prevention among PLWA, support of PLWA associations/networks, ITN distribution, health promotion, 1600 bedridden PLWHAs will receive assistance. Number of people : 72 cases managers and 168 ones trained in palliative care, 800 community volunteers, 10,000 family members/caretakers reached.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Human Resources	28%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	8%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	10,500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Community-based organizations
 - Nurses
- HIV/AIDS-affected families
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Volunteers

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibuye	ISO Code: RW-F
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

Result 1:	Existing orphan support programs strengthened and expanded
Result 2:	Improved ability of OVCs and their caretakers to obtain secure livelihoods
Result 3:	Improved preventive behaviors of OVCs and family members to protect themselves from HIV infection
Result 4:	Policy initiatives necessary to support care for OVCs advanced.
Result 5:	Strengthened capacity of national and provincial government to coordinate OVCs support activities.

Total Funding for Program Area (\$): **Current Program Context:**

Rwanda has an extremely severe problem with OVCs, ranking among the world's highest in percentage (17%) of children under age 18 who are orphans. The total number of orphans is estimated to be 810,000 with 160,000 of these being orphans due to HIV/AIDS. While the majority of Rwandan orphans are currently the result of the 1994 genocide and subsequent years of civil conflict, UNICEF estimates that by 2010, orphans due to AIDS will constitute 52% of all orphans. Since the genocide, Rwandan families, communities, FBOs, and CBOs have responded generously, despite dire poverty, to welcome OVC into homes. However, OVCs compete for already scarce resources. The proposed Rwanda COP05 OVC programs build on the existing strengths of local communities and local organizations to provide for their children. This plan incorporates achievements and addresses lessons learned from COP 2004. Increased coordination among implementing organizations is critical to provide equitable support across the country without major gaps. COP05 will strengthen governmental systems and community structures; reduce fragmented and duplicative operations of USG COP04 projects; apply a unified approach to meet the needs of OVC across all donors and partners (e.g., agreement on "package of services" and its delivery); increase gender equitable service access; and produce data on a common set of core monitoring and outcome indicators across projects for the GOR's National Plan for Action for OVC. For 2005, in six provinces, USG in Rwanda will competitively procure services for OVC's, replacing field support mechanisms and prioritizing Rwandan organizations. While field support did deploy assistance quickly to OVC, there were large geographic gaps, inconsistent approaches and variable benefits. The proposed procurement includes national, regional and community strengthening as well as direct grants to local organizations that support OVC. Current implementers that are providing services to OVC are continued for six months of 2005 to minimize risk of gaps in service. Prioritized services include: access to health care, school fees, food support, income generating activities or micro-credit and psychological support. To fully understand issues facing orphans, a "situation analysis" will be done. A third priority is to develop a single national benefit package (that includes school fees and access to basic health care). A fourth priority is to leverage food aid. This procurement will balance direct support of OVCs with developing national coordinating mechanisms to most advantageously use donor support. With Rwanda's unique country context (strong central government, strong churches, strong community responsibility, 1300 elected local community health animators) and the recent history of genocide, a local procurement will build on Rwanda's strengths of its communities and respond effectively to the needs of its children.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

This is six months of funding, divided proportionately with this partner's Basic care activities, to support activities via a subcontract with SWAA until the community care procurement is active. USG has had an extended partnership with SWAA/Rwanda, the Society for Woman and AIDS in Africa, to provide services for OVCs. In the past couple of years, SWAA has developed a strong and innovative portfolio of activities for supporting the HIV infected and affected, especially through their HIV information, care and support centers in Kigali, Gitarama, and Kibungo. USG will continue supporting SWAA to provide OVCs services and support through these centers.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	66%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	150	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Volunteers

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Gitarama
 State Province: Kibungo
 State Province: Kigali-Ville

ISO Code: RW-B
 ISO Code: RW-J
 ISO Code: RW-L

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative:

COP05 will finance services for OVC through the "Community Services" competitive procurement. Rwandan communities have already demonstrated their capacity and expertise in caring for OVC. In 2004, USG multi-country partners did not coordinate services effectively in Rwanda and there was significant duplication and gaps in coverage. The GOR has developed recently a National Plan for Action for OVC to coordinate donors and in-country organizations. This coordination will include: technical assistance to MIGEPROF, provincial governance assistance of community level services, a "situation analysis" for a better qualitative look at actual circumstances of OVCs.

The "Community Services" procurement will build on the NPA to assure that community organizations are well coordinated. The implementer will provide support to the ministry to define a minimum package of services for OVCs. The procurement will include national, regional and community strengthening as well as direct grants to local organizations that support OVC. Additionally, a "situation analysis" will be funded by the implementer as recommended by National Action Plan, to guide services for OVCs. The implementer, through a national board and close work with provincial, administrative and sector governance, will rapidly provide grants to current organizations providing services to OVCs and their families, provide school fees, cover health care costs and other support for OVCs across six provinces. The implementer will quickly identify existing organizations that can distribute minimal package of services efficiently to OVCs and cover USG-designated geographic areas. Priority geographic areas will start with continuing existing coverage, then extending out from all USG-supported care sites, then addressing gap areas. Numbers of OVCs provided direct support emphasized. The benefits package may be prioritized based upon community input but will include: 1. "pre-payment" health cards to increase access to basic health coverage, especially for children living with HIV/AIDS. 2. Assistance with covering basic/vocational school-related expenses. 3. Improved income generating opportunities among OVC such as vocational apprenticeships, farming skills, etc. 4. Activities to meet psychosocial needs of children such as home-based care, community outreach, peer support, offering of sport and cultural activities, adult mentoring, and individual counseling. 5. Economic assistance for OVC families including linkages with the private sector (esp. coffee and tea plantations) community banking, savings and loan schemes, IGA training for women's groups, etc. Rapid deployment of services in the field and rapid support local, district, provincial and national Rwandan organizations are technical procurement criteria.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Rwanda FY 2005

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<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	39%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	110	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	15,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	400	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- HIV/AIDS-affected families
- Host country national counterparts
- Orphans and other vulnerable children

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: WR Supplement / World Relief Corporation

Planned Funds:

Activity Narrative:

This USG activity supports essential OVC activities until a new community services procurement can be take over. This USG activity's OVC care and support initiatives are based in a national network of congregations mobilized for AIDS programming. Activities include:

1. Raise awareness of OVC issues and recommendations for church response in all participating churches (ON-GOING ACTIVITY). Using existing "Our Children" curriculum designed for church audience, this USG partner will conduct 1-day workshops with 800 new local church leaders and volunteers in six provinces on identification, care and support of OVC in their communities.
2. Support to churches for provision on minimal service package to OVC. Using churches' care programs, USG will subsidize unmet needs to provide a minimum package of benefits to all identified OVC within the criteria framework of the church. This package will include a) school fees, books and uniform for nearest government school, b) annual contribution to each OVC health expenses, c) regular monthly visits by church volunteers to assess needs, physical health and provide psycho-social support; Livelihood development program for select OVC.
4. WR will identify local crafts people (i.e. carpenters, tailors, bakers, bicycle repair) who are receiving small loans from local microfinance institutions, who are willing to serve as mentor/teachers for 30 OVC to learn a livelihood. USG will provide sub grants to at least 3 churches to develop their own sustainable OVC care programs. These structures may include care to OVC in the community, income generation activities for OVC and caregiver groups, etc.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	38%
<input checked="" type="checkbox"/> Human Resources	19%
<input checked="" type="checkbox"/> Local Organization Capacity Development	28%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	2,030	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	800	<input type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Caregivers*
- Community leader*
- Community members*
- Community-based organizations*
- Faith-based organizations*
- Community health workers*
- HIV/AIDS-affected families*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Religious/traditional leaders*
- Volunteers*
- Youth*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CRS Track 1 / Catholic Relief Services

Planned Funds:

Activity Narrative:

This activity will support 5,575 vulnerable children directly and 16,000 indirectly in several underserved rural areas of the country through direct collaboration with Caritas Rwanda through community mobilization, education support and school enrollment, child protection, economic strengthening with income generating activities (IGAs), nutritional support and psycho-social counseling. This activity will emphasize: improving academic enrollment and achievement, reducing HIV/AIDS stigma, increasing awareness of children's protection and rights, improving nutritional status, increasing economic strengthening to become more self-sufficient.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	16%
<input checked="" type="checkbox"/> Local Organization Capacity Development	13%
<input checked="" type="checkbox"/> Needs Assessment	6%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	13%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	12%

Targets:

Target	Value	Notes
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	5,575	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Orphans and other vulnerable children
- Volunteers

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Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Byumba	ISO Code: RW-I
State Province: Gisenyi	ISO Code: RW-G
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Umutara (Mutara)	ISO Code: RW-M

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CORE Care / CARE USA

Planned Funds:

Activity Narrative:

USG will continue 6 months of funding to continue essential services until a new procurement for Community Services is awarded.

Activities:

1. Further selection and training of volunteer mentors (100 per province). Establishment of an advisory committee (local authorities, local partners, volunteer mentors CHH) in each province. Formation of volunteer mentors associations / networks. Distribution of bicycles to volunteer mentors
2. Support essential services: education, food/nutrition, shelter, protection, health care, psycho-social support and income generation of child headed households (CHH) (500 CHH per province; 500 CHH equals approx. 1600 OVC). Facilitate food and basic health care/mutuelle access through gardening, small livestock, savings promotion and micro economic activities (linkage to food aid providers in worst cases). Education (primary, literacy-life skills, business/vocational for older kids). Psychosocial support through volunteer mentors , counseling, community activities, sport and culture. Distribution of essential household items
3. Increased capacity of national, provincial, district, and community government structures of National Plan of Action for OVC.
4. Increased supportive environment for OVC and their families by formation of associations of CHH/OVC. Advocacy for the prevention of abuse and assistance to girls reporting unwanted pregnancies. Reinforcement of child protection systems through training and facilitated access to mediation and legal aid services for OVC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	4%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Human Resources	28%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	3%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	28%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	6	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	9,600	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	600	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Government workers
- HIV/AIDS-affected families
- M&E specialists/staff
- Orphans and other vulnerable children
- Volunteers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibuye	ISO Code: RW-F
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: Pharmaceutical and commodities management strengthened to support expanded access to ART.\n\n
- Result 2: Full supply of related pharmaceuticals and diagnostics achieved.
- Result 3: ARV treatment for qualified HIV positive individuals expanded.
- Result 4: Strengthened national management support systems for HIV/AIDS related pharmaceuticals and commodities\n

Estimated Percentage of Total Planned Funds that will Go Toward ARV
Drugs for PMTCT+

8.3

Total Funding for Program Area (\$):

Current Program Context:

In accordance with the Rwandan Ministerial Instruction on ART, the Emergency Plan will support the procurement of branded drugs required for modified first-line regimens and second line regimens. Although funding will be allocated to USG partners, all Emergency Plan ARV procurement will be processed by CAMERWA, Rwanda's national pharmaceutical procurement agency. The Emergency Plan ARV procurement is part of a joint nationally organized procurement of antiretroviral drugs for the three major ART programs currently in Rwanda: the Emergency Plan, the Global Fund (GF) and the MAP. In the joint procurement, GOR-managed GF and MAP programs will finance all required copy drugs, while the Emergency Plan will finance all required branded drugs for the 34,084 patients estimated to be enrolled in these three programs. The joint procurement will exclude any drugs which are removed from the WHO pre-qualification list. \n\nUSG and GOR have agreed upon a ceiling of [] as the USG contribution for branded drugs to be purchased with FY 2005 funds. Under the leadership of CAMERWA, all USG partners procuring drugs will work closely with the MAP and Global Fund Management Units to execute the joint procurement. A GOR-USG team developed budget estimates for the joint procurement. Key assumptions for these estimates were a phased monthly patient enrollment throughout the year reaching 34,084 by April 1, 2006 and two scenarios (high and low) for proportions of patients requiring first line regimens, modified first line regimens and second line regimens. \n\nA GOR-USG team developed budget estimates for the joint procurement. Key assumptions for these estimates were a phased monthly patient enrollment throughout the year reaching 34,084 by April 1, 2006 and two scenarios (high and low) for proportions of patients requiring first line regimens, modified first line regimens and second line regimens. The low scenario estimates 80% of patients on first line regimens, 17% on modified first line regimens and 3% on second line regimens. This low scenario would result in a USG contribution of []. The high scenario estimates 73% of patients on first line regimens, 20% on modified first line regimens and 7% on second line regimens. This high scenario would result in the maximum USG contribution of [] for branded drugs. \n\nThe FY 2005 Country Operation Plan includes a total direct allocation of [] in the ARV drug budgets of Columbia University MCAP, CRS AIDSRelief, and FHI/IMPACT for the joint procurement. These projected amounts assume full-funding of Track 1.0 Rwanda programs [] for Columbia MCAP and [] for CRS.) \n\nAs CAMERWA is the sole procurement agent for ARVs in Rwanda, USG will provide technical and financial support to CAMERWA to ensure an efficient procurement, storage and distribution system. CAMERWA assistance will include reviewing and adapting operational procedures, training, developing regional depots, and strengthening commodity management information systems.\n

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative: Columbia University will procure ART medications for 400 pediatric patients from CHK and University of Butare Hospital. Columbia will procure the medications from CAMERWA, the Rwandan para-statal drug procurement organization. CAMERWA will also be responsible for supply chain management, with support from TRAC and the Columbia University-Kigali and New York Offices. The pharmacists at each site will be trained and supported in storing and managing supply of ARVs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	84%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	5%

Targets:

Not Applicable

Target Populations:

- Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM+ / Management Sciences for Health

Planned Funds:

UNCLASSIFIED

Activity Narrative:

This activity will provide technical assistance to CAMERWA (the only allowed procurement agent for ARVs in the country) to increase its capacity to support scale up of ART in Rwanda, to integrate processes for drug management throughout the country, and to improve availability of essential drugs for HIV/AIDS treatment.

The success of scaling up comprehensive ART in Rwanda depends, among other factors, upon CAMERWA's capacity to making the drugs available in the country. USG will improve procurement procedures (efficiency and integrity), storage (physical capacity and management), distribution mechanisms, quantification of pharmaceutical needs, and quality assurance / quality control internal systems (QA/QC). USG will develop: adequate internal mechanisms to monitor and evaluate performance (M&E); USG will assist in collection and management of adequate internal and external information (MIS), and USG will build human capacity. USG will also assist with the expansion and rehabilitation of the current stores in Kigali, and the implementation of three regional depots as a new strategy to improve distribution of drugs.

USG will continue to support an international senior expert with broad experience in the pharmaceutical sector (Senior Program Associate/CAMERWA). Other MSH staff members in Kigali and worldwide will provide specific advice or support in order to implement the technical activities described below.

- 1) **Technical advice and Procurement of Equipment:** The expansion of stores and the implementation of regional depots will require an important investment on equipment, such as, but not limited to, furniture (shelves, cabinets and tables), temperature-alarm for cold room, pallets, forklift trucks, refrigerators, generators and an incinerator. USG will contribute with procurement of equipment, prioritizing furniture and forklift trucks for expansion and rehabilitation of central stores.
- 2) **TA for reviewing/developing operating procedures:**
 - a. Development and/or adaptation of SOPs at regional depots
 - b. Revision of SOPs to manage expanded stores and increased number of clients.
 - c. Integration of all new and existing SOPs
- 3) **TA in procurement and distribution of drugs:**
 - a. Development and/or update of national procurement plans which should include quantification of drugs and procurement strategy, and good procurement practices to ensure quality, efficiency and integrity.
 - b. Development of a distribution system of pharmaceuticals to regional depots, and from regional depots to facility sites, according to available resources.
 - c. Training for staff at regional depots will be identified and training conducted to ensure that adequate practices of procurement and distribution of drugs are followed.
- 4) **TA for store management and QA/QC:** CAMERWA has requested USG to provide additional training in QA/QC and technical assistance to improve their internal system according to international regulations (or national when developed), to adapt some elements to ensure quality at regional depots, and to establish a system for M&E.
- 5) **TA for MIS:** Development of MIS plan for the regional depots. This will require assessing the adequacy of implementing the software that CAMERWA uses for drug, financial and administrative management at regional level, and decision making according to analysis of options.
- 6) **TA for other areas:** During the last quarter of COP 04, USG plans to conduct some assessments in the areas of human resources and financing and as such new activities related to these areas might be identified.

Activity Category

- Infrastructure
- Local Organization Capacity Development

% of Funds

- 50%
- 5%

UNCLASSIFIED

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Logistics | 5% |
| <input checked="" type="checkbox"/> Needs Assessment | 10% |
| <input checked="" type="checkbox"/> Policy and Guidelines | 6% |
| <input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting) | 10% |
| <input checked="" type="checkbox"/> Training | 14% |

Targets:

Not Applicable

Target Populations:

- Country coordinating mechanisms
- Medical/health service providers
- Nurses
- Pharmacists
- Implementing organization project staff
- Ministry of Health staff
- Policy makers

Key Legislative Issues:

Coverage Area: National

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

This partner will purchase ARV drugs according to the Rwandan Ministerial Order that requires all ARV-naïve patients receive generic first line drugs and that only those patients with complications, treatment failures or adverse reactions be treated with second-line branded drugs. CAMERWA will purchase all drugs for national ARV treatment programs. The financing that this partner contributes will assure that patients treated with ARVs at USG funded facilities, including those managed by EGPAF and INTRAH, receive medication according to national protocols. The procurement will be made in joint collaboration with the government of Rwanda in accordance to the Rwandan Ministerial Instruction.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

Not Applicable

Target Populations:

Medical/health service providers

Pharmacists

Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Relief / Catholic Relief Services

Planned Funds:

Activity Narrative: CRS will assure that 665 individuals living with HIV are provided with ARVs. The procurement will be made in joint collaboration with the government of Rwanda in accordance to the Rwandan Ministerial Instruction.

Activity Category	% of Funds
El- Commodity Procurement	100%

Targets:

Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

- | | |
|----------------------------------|----------------|
| State Province: Butare | ISO Code: RW-C |
| State Province: Byumba | ISO Code: RW-I |
| State Province: Cyangugu | ISO Code: RW-E |
| State Province: Gikongoro | ISO Code: RW-D |
| State Province: Umutara (Mutara) | ISO Code: RW-M |

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia/MCAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Columbia University will continue to procure medications for 2,389 existing and new patients at 24 sites in Kigali-Ville and Gisenyi and Kibuye Provinces. Adult and pediatric formulas will be supplied. Columbia will procure the medications from CAMERWA, the Rwandan para-statal drug procurement organization. CAMERWA will also be responsible for supply chain management, with support from TRAC and the Columbia University-Kigali and New York Offices. The pharmacists at each site will be trained and supported in storing and managing supply of ARVs.

Activity Category

- Commodity Procurement
- Human Resources
- Logistics
- Training

% of Funds

- 85%
- 5%
- 5%
- 5%

Targets:

Not Applicable

Target Populations:

- Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Gisenyi

ISO Code: RW-G

State Province: Kibuye

ISO Code: RW-F

State Province: Kigali-Ville

ISO Code: RW-L

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia MCAP Supplement / Columbia University Mailman School of Public Health
 Planned Funds:

Activity Narrative: This activity is a supplement to Columbia University MCAP Track 1.0 mechanism. This supplement will expand ART services to the health center level in two provinces, Butare and Cyangugu. In FY2003 and 2004, USG provided technical assistance to the TRAC (MAP) for ART service delivery at the hospital level in these two provinces. With this additional support, USG will complete the network by linking health center, district hospital and provincial hospital sites.

In collaboration with the TRAC, Columbia will procure ARV medications for 400 new patients at 6 health centers in Butare and Cyangugu. The pharmacists at each of the 6 sites will be trained and supported in storing and managing supply of HIV medications.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	84%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	5%

Targets:

Not Applicable

Target Populations:

- Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1: DELETE

Result 2: Strengthened infrastructure of ARV delivery system

Result 3: DELETE

Result 4: Human resource capacity to deliver ARV clinical care services strengthened

Result 5: Strengthened national, regional and facility capacity to deliver ARV services efficiently and effectively.

Result 6: Improved compliance among those on ARV therapy

Result 7: Appropriate supply of related diagnostics, drugs and medical supplies achieved.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

0

Total Funding for Program Area (\$): **Current Program Context:**

Rwanda's national scale-up of ART service delivery is well underway through the Emergency Plan, Global Fund, and the World Bank MAP. As of August 2004, 5,082 people are receiving ARV therapy in Rwanda. Given that only 900 Rwandans were receiving treatment in November 2002, this increase reflects a significant expansion in patients' access to treatment in the last two years. USG is a major contributor to this expansion through support for the first district hospital providing ART and for the design and implementation of a provincial ART service delivery network model implemented by TRAC in partnership with USG and World Bank MAP. USG established critical lessons for ART expansion outside of Kigali in both rural and urban areas. In FY 2004, the USG plan directly supports 42 ART sites. In addition to ART service delivery expansion, the USG effort will continue to provide technical assistance to national institutions at the central level. The assistance is primarily focused on TRAC and CAMERWA, the lead institutions for overseeing treatment implementation and commodities management, respectively. Key areas of assistance are: regular revision of national guidelines and policies, refinement and use of data collection and logistics tools and systems, training and ART service delivery quality improvement. In FY 2005, the USG will provide direct support to a total of 80 sites for treatment services for 12,767 individuals. In accordance with Rwanda's national treatment plan, USG site-support is focused in eight provinces with select sites in Kigali. Clinical service delivery support will be complemented by adherence strategies implemented by health care personnel and community members. USG and GOR have decided to add two additional USG implementing partners to expand ART services. These two partners already have experience working with TRAC, in the areas of PMTCT and C&T, training and performance improvement. Expanding the activities of these partners allows more rapid expansion of ART services to currently underserved provinces as well as provides the opportunity to implement their competitive advantages into the ART program. In future years (not 2005), USG and GOR expect that management of ART services will be mainstreamed into the health care service delivery system, with the continued support of donor funding. The transfer of CT and PMTCT services management through HIV/AIDS performance-based financing will serve as the model for the eventual mainstreaming of ART services. Central level support will include assistance to TRAC for quarterly ART national training and centralized production of all treatment-related forms, guidelines and educational materials. In order to assure treatment-related commodity security, training and supervision of pharmacists will be supported, as well as upgrades to pharmacy sites. USG will continue support for quality improvement approaches including an ART "collaborative", a model for joint learning across sites offering the same services. During FY 2005, this approach will be institutionalized at the Ministry of Health's Department of Health Care Services (DSS). In FY2004, USG began a pediatric HIV treatment and care initiative focusing on national pediatric policy issues, establishing a strong training program and developing centers of excellence for pediatric care, beginning with the Central Hospital of Kigali- USG will expand this initiative to develop other centers of pediatric expertise, namely, the University Hospital in Butare and select health centers. To support this pediatric service delivery expansion, USG will build capacity at the National Reference Lab for early infant diagnostics.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP / Columbia University Mailman School of Public Health
 Planned Funds:

Activity Narrative:

Columbia/UTAP will support the GOR Treatment and Care Program through technical, planning and professional development support to TRAC. A main component of this support is the continuation of a long-term Technical Advisor in the TRAC Care and Treatment Unit. Short-term technical support for HIV clinical care will be provided in the areas of training, policy and treatment norms. Specific activities will include:

1. Establish and update National HIV/AIDS care and treatment policy, norms, and training curricula in the areas of ART; OI and nutrition;
2. Support the National HIV care and treatment trainings;
3. Review, revise and test standard HIV care and treatment clinical forms, reporting tools and supervision tools;
4. Support TRAC to facilitate National ARV Technical Advisory Committee;
5. Improve the technical capacity of TRAC Care and Treatment Unit to implement programs through conferences, study tours, and the purchase of professional materials and publications;
6. Support TRAC to conduct two evaluation studies on HIV care and treatment and to develop an annual report tracking progress of the national ART scale up.
7. Technical support for adult learning techniques to strengthen the cadre of national expert HIV technical trainers (75 expert trainers will be trained)
8. Support TRAC to implement a referral system for women in PMTCT services to HIV care and treatment in 25 sites within 3 districts.

Columbia University/UTAP will also provide support for a Pediatric HIV Treatment and Care Initiative. The initiative will focus on establishing model centers of pediatric HIV care, formalizing national policies and norms, training experienced HIV clinicians from around the country, and improving identification of pediatric cases and access to care. A main component of this activity is the renewal of a sub agreement to TRAC to establish model pediatric HIV treatment programs and to treat an additional 200 pediatric patients with ART. Support will also be provided to the National Reference Laboratory to improve its PCR testing capacity. Specific activities will include:

1. Support TRAC to develop national policies and protocols related to HIV pediatric care and treatment
2. Develop a national pediatric training curriculum and train 200 providers from all provinces
3. Support model centers of pediatric HIV care and treatment at CHK and University Hospital of Butare, including additional hospital staff and operating expenses
4. Continue ART for 200 children and treat 200 new children
5. Conduct ongoing follow up training, clinical supervision and quality assurance at sites
6. Support TRAC to develop a referral and follow up system to ensure appropriate referral of HIV positive infants from health centers to pediatric care
7. Support a laboratory technician position at the National Reference Laboratory to manage PCR testing

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	200	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Health Care Workers
- Doctors
- Medical/health service providers
- Nurses
- Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense Naval Health Research Center

Planned Funds:

Activity Narrative:

This activity will enable Rwandan military physicians to attend the Military International HIV Training Program. The mission of the program is to provide flexible training in support of prevention of HIV transmission and management of infected persons in military organizations. The training will transfer appropriate knowledge and technology to key Rwandan medical personnel. The training is developed in collaboration with each military organization to meet the specific needs. The program emphasizes training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiologic surveillance and laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV/AIDS. Participants observe and/or participate in groups supported by clinical social worker, clinical psychologist, clinical pharmacist, and public health/preventive medicine personnel.

The Military International HIV Training Program emphasizes training, consultation and operational support for epidemiological surveillance, laboratory diagnosis, prevention and management of HIV and its complications. It seek to train key foreign military clinical physicians in state-of-the-art HIV prevention and clinical management and diagnosis and treatment with the expectation that those trained will transfer information into operational use in country.

The program incorporates a "train the trainer" approach and provides the tools and educational materials to promote current, up-to-date instruction to be taken back to the Rwandan military medical community. Written assessments communicating participants' needs, personal educational goals and that of their medical community are obtained prior to the training. Targeted in-country training and ongoing telecommunication follows the US based program. NHRC is developing web-based education availability.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	98%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	4	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Military
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative: In FY2005, USG will continue its support to the Treatment and Research AIDS Center (TRAC) through a cooperative agreement. The TRAC Care and Treatment Unit will carry out the following activities:

- Six two-week classroom training sessions on ART and care management for PLWHAs.
- Quarterly on-site practicum trainings, in collaboration with Columbia University, for staff at all health facilities providing ARVs (four individuals from each site will be trained in the treatment and care of PLWHA). To assure the quality of the training program for all sites in the country, training activities will be followed by supervision.
- Organize and produce national clinical care and treatment materials for use at all ART sites (evaluation forms, reporting forms, national treatment norms and guidelines, and instructional client materials for adherence support).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	28%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	70%

Targets:

Target	Value	Applicability
Number of ART service outlets providing treatment	52	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	208	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- M&E specialist/staff
- Ministry of Health staff
- Trainers

Key Legislative Issues:

Coverage Area: National

State/Province: _____ ISO Code: _____

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV Support to RDF / Drew University

Planned Funds:

Activity Narrative:

Drew University will work with RDF to improve the quality of HIV treatment for HIV+ military personnel and civilians receiving care in the military, and increase the number of military health care providers trained to provide care to people living with HIV.

- Modify existing SOPs for pharmacies and laboratories for ARTs to the military context.
- Provide on-site ART training and supervision to 2 providers (4 in each hospital)
- Set-up referral system to link cases of HIV identified in military mobile, brigade and hospital VCT sites to hospitals for HIV staging and, if needed, treatment
- Treat with ARTs all patients for whom they are clinically indicated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Human Resources	14%
<input checked="" type="checkbox"/> Infrastructure	23%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	40%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: _____

ISO Code: _____

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Call to Action/EGPAF / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

Building on past efforts, in close collaboration with TRAC, CHK and other partners, to expand pediatric HIV/AIDS care this activity will:

- Expand comprehensive pediatric HIV/AIDS care for HIV-exposed and infected children to 2 additional outpatient sites using systems and materials that can be used nationally;
- Strengthen the GOR's institutional capacity to deliver comprehensive pediatric HIV/AIDS care in both in-patient and well-child care settings. This proposal is a combined proposal with Columbia University who will manage in-patient care. This activity will develop ambulatory/well-child care for HIV positive children and infants.

Strengthened institutional capacity to deliver pediatric HIV care will include:

- in-service training including the use of national preceptors to build better capacity among all levels of providers and all levels of the health care system;
- pediatric HIV/AIDS care will be incorporated in national policies for training, logistics and monitoring and evaluation;
- support district and provincial health teams to provide training, logistics support, supervision and monitoring and evaluation of pediatric HIV/AIDS care in these districts;
- new mechanisms to share information and practices between pediatric HIV/AIDS care providers.

Implementation sites will be determined in collaboration with TRAC and DSS

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	125	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	82	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	325	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Kigali (Rurale)
 State Province: Kigali-Ville

ISO Code: RW-K
 ISO Code: RW-L

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM+ / Management Sciences for Health

Planned Funds:

UNCLASSIFIED

Activity Narrative:

This program will strengthen the capacity of the pharmacy at ART facility sites and district pharmacies to provide quality services in support to comprehensive ART programs.

To strengthen 40 pharmacies at ARV clinical care sites and 20 District Pharmacies, USG (in coordination with TRAC and DOP) will:

1) Scale up basic training of pharmaceutical management to train larger numbers of pharmacy staff at ARV sites and District Pharmacies.

a. Provide additional pharmaceutical management training to general HIV/AIDS training that TRAC provides. (Around 10 ARV sites and 5 District Pharmacies will be invited to each course, held every 2-3 months.)

b. Identify and train pharmacy staff at existing ARV sites to be trainers of other pharmacy staff at new sites. (Ideally, at least one per district, where ARV sites have started implementation of SOPs).

2) Scale-up implementation of SOPs at ARV pharmacies and District Pharmacies which have attended the general training course (1.a). SOPs to be implemented include store management and inventory control, ordering and reception of goods, record keeping, good dispensing practices, rational use of drugs, drug MIS, good dispensing practices, etc. Implementation of SOPs requires:

a. Develop specific and customized training in how to use/follow SOPs at each site.

b. Adapt SOPs if required.

c. Monitoring and evaluation of improvements on actual pharmaceutical management procedures to be in accordance with written SOPs. Monitoring will include (not restricted to) stock outs, expiration of drugs, implementation of security stocks, quantification, scheduled ordering/reception of goods, and inventory control.

d. Strengthening pharmacy staff in good dispensing practices and rational use of drugs (confidentiality, pharmaceutical counsel, and adverse drug reactions.)

e. Periodic supervision of SOPs implementation, including identification areas requiring additional training.

3) Establish procedure for updating/reviewing SOPs at national level. (First revision update to be finalized in quarter 4, after one complete year implementation.)

4) Scale up pharmacy capacity by improving basic infrastructures at those ARV sites implementing SOPs.

a. Assess pharmacy capacity for quality storage and good dispensing practices, through a rapid assessment tool developed.

b. Determine need for upgrades in infrastructure necessary to implement SOPs.

c. Prioritize and agree with authorities of each site the kind of intervention that USG will support, according to funding limitations. These might include, but not restricted to, procurement of shelves, filing cabinets, locked cupboards, and/or habilitation of space for confidential dispensing.

5) Improve Drug MIS at target ARV sites and District Pharmacies, which are implementing SOPs:

a. Develop and implement tools to collect and process relevant information for internal drug management (integrated with SOPs).

b. Assess capacity to introduce MSH software for ARV management, and implement it when adequate. (It is not always adequate to introduce software at pharmacy level).

c. Assist with integration into existing national MIS (TRAC net and SIS), by ensuring that pharmacies can provide the data needed to sustain the national MIS.

d. Identify additional information needed for national pharmaceutical management (at CAMERWA, DOP, SIS and/or TRAC), and assist in establishing the mechanisms for data collection at facilities.

6) Improve Human Resource organization at ARV pharmacy sites:

a. Advocate and assist in defining and expanding roles/responsibilities of pharmacy staff at ARV sites, according to performance improvement.

b. Integrate roles of pharmacy staff in plans for scaling up ART at each site.

UNCLASSIFIED

NOTE: These activities will contribute to treatment targets identified by other partners implementing ART services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	23%
<input checked="" type="checkbox"/> Local Organization Capacity Development	6%
<input checked="" type="checkbox"/> Needs Assessment	13%
<input checked="" type="checkbox"/> Policy and Guidelines	16%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	12%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	12%
<input checked="" type="checkbox"/> Training	18%

Targets:

Target Description	Value	Applicability
Number of ART service outlets providing treatment	40	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	65	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	65	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USG partner currently supports or is in the process of establishing ARV services at 12 health center and district hospital sites. In FY05 services will be expanded to an additional 7 sites throughout the country. Integrating ARVs into a health facility necessarily follows the roll-out of VCT and PMTCT services and requires the completion of three key steps: (i) upgrading health facility rooms and infrastructure to accommodate HIV patient care; (ii) procuring furniture, materials, and equipment; and (iii) training clinic and lab staff.

In FY05 this USG partner will:

1. Initiate ARVs in an additional four health center sites in Gitarama, one additional health center in Ngarama, and one in Gikongoro, which will be supported by rotating MDs based at nearby district hospitals.
2. Initiate ARVs in Ngarama District Hospital in Byumba Province;
3. Develop and establish more CT and PMTCT services at clinic sites in Byumba and Gikongoro in preparation of ARV scale up in the provinces in FY06; and
4. Hire additional personnel, including MDs, nurses, and laboratory technicians as needed by individual sites. The mechanism for hiring will be developed in consultation with the GOR and the USG.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	48%
<input checked="" type="checkbox"/> Human Resources	14%
<input checked="" type="checkbox"/> Infrastructure	18%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	11%

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCD / IntraHealth

Planned Funds:

Activity Narrative:

This activity will add ARV services to HIV/AIDS care and prevention activities at 2 PMTCT/VCT service outlets. They will treat 300 patients at two new ARV sites to expand USG ART coverage to underserved provinces. FHI will be financing drugs for these sites in accordance with GOR national ART drug policy.

Treatment at these two health centers will be linked with prevention efforts. For example, clients testing positive following CT services will be referred to health care providers who will assess if they are in need of ARV treatment. Clients who do not yet qualify for treatment will be linked to care services until ARV treatment is needed.

This activity will strengthen the capacity of laboratory and health care providers for ARV prescription and case management at two health centers. ARV adherence and community support activities will be funded through the Community Care procurement. The activity also includes: Train health care providers to prescribe ARV and provide follow up. Improve lab capacity to include ARV monitoring. Procure and supply lab equipment (biochemistry test equipment, hematology test equipment) for ARV case follow-up. Support development of two way clinical referral network with district hospital ARV site to strengthen cost-effective high quality ARV service delivery. Monitor ARV case management and treatment success.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E; IT; Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	8	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Government workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Host country national counterparts
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP / University Research Corporation, LLC

Planned Funds:

Activity Narrative:

With Emergency Plan 1.5 and 2.0 funds, USG launched an improvement activity "ART Collaborative" where staff from 20 sites in 6 provinces in Rwanda collaborate, based upon site experiences, to improve the quality and efficiency of ART services.

In FY05, the ARV collaborative, which started in FY2004 will end and will transfer management capacity of continuous quality improvement to the Department of Health Services. After 2005, USG will contract directly with Department of Health Services, and work with the performance-based health financing TA activity (See HIV/AIDS financing procurement discussion) for quality improvement activities in HIV/AIDS services delivery.

With FY '05 funds, the current ART Collaborative will extend from 20 to 40 sites. In addition, USG will strengthen capacity of DSS by training 12 district supervisors (2 in each of the 6 provinces involved) and central DSS PIU staff to manage HIV/AIDS collaborative improvement activities

To avoid duplicate counting of patients, the number of patients (12,000) treated by sites participating in the ART collaborative is not included. However, the number of health workers trained and number of sites participating is included.

An evaluation of "The Collaborative Approach in Rwanda" will be conducted under 2004 Emergency Plan funding. If results of the evaluation are positive, USG will write up their achievements, including lessons learned for specific ARV services improvement, as a manual to share nationally, via Department of Health Services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	70%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	40	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	210	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Byumba	ISO Code: RW-I
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibungo	ISO Code: RW-J
State Province: Kibuye	ISO Code: RW-F
State Province: Kigali (Rurale)	ISO Code: RW-K
State Province: Kigali-Ville	ISO Code: RW-L
State Province: Ruhengeri	ISO Code: RW-H
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Relief / Catholic Relief Services

Planned Funds:

Activity Narrative:

CRS will provide support to Caritas-Rwanda to assure that 665 Rwandan individuals with HIV/AIDS, both men and women, have access to ART and high quality medical care. CRS will work collaboratively with CMMB, IMA Partners Group, the GOR, IVH and Caritas-Rwanda with health center facilities across the country. CRS will focus on health care through a system of referral and linkage with other services, including VCT, palliative care, psycho-social support and stigma reduction. In FY05, CRS will focus on seven sites, five new and two old sites started in previous years.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	7%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	19%
<input checked="" type="checkbox"/> Local Organization Capacity Development	16%
<input checked="" type="checkbox"/> Needs Assessment	6%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	13%
<input checked="" type="checkbox"/> Training	11%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	130	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	42	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	710	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	510	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- Private health care providers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Byumba	ISO Code: RW-I
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia/MCAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Columbia University will continue to work in partnership with the GOR to provide direct financial and technical support to TRAC for the implementation of ART programs in Kigali and the provinces of Kibuye and Gisenyi. The Columbia MCAP program will create HIV treatment and care networks in two provinces. During the first year (FY04) in Kibuye and Gisenyi, support focused on establishing services at the district hospital level. In year two (FY05), services will be expanded to the health center level and a referral system will be established between the two levels of service. By the end of FY04, 14 ART sites will be established in Kigali, Kibuye, and Gisenyi, and 1,000 patients will have begun ARV treatment. In FY05, support will continue to the year one sites/patients, and 10 new sites will be added, with an additional 1,389 patients on ART.

In FY05 Columbia University will continue its contractual relationship with TRAC for co-implementation of the program at 24 sites. Columbia in-country staff will build technical and program management capacity at TRAC by working together on a daily basis with TRAC counterparts to implement the program.

Specific activities for FY05 will include:

1. Establishment of 10 new sites: Columbia will support TRAC to establish 10 new sites in Kibuye, Gisenyi and Kigali. Activities will include site baseline assessments, site preparation (including renovation), hiring staff, and establishing relationships with local community based programs supporting PLWHA.

2. Training: TRAC will coordinate training for key staff from the new sites, and additional staff from year one sites as necessary. These individuals will participate in the National HIV Care and Treatment training which is held every two months in Kigali. Following the training, and just prior to the initiation of services at a given site, staff will participate in a 2-week practicum training at an experienced HIV treatment site such as CHK, Kicukiro Health Center or TRAC Clinic. When services are launched, a Columbia technical staff member along with counterparts from TRAC will spend two or more weeks on site to provide mentorship and on-site training and technical assistance. Columbia will also provide on-site training and support to laboratory staff at the 24 sites.

3. Site supervision: Columbia technical advisors and TRAC staff members will provide ongoing support to the sites through periodic supervisory site visits to advise on all technical and management aspects. Mechanisms will be developed to assess quality of services at sites and make recommendations for ongoing quality improvement. In addition, Columbia staff will support TRAC to develop tools that will assist sites to manage their programs and support patients (e.g. referral cards, adherence educational materials, and quality improvement tools).

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	24	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,389	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,389	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
-
- HIV/AIDS-affected families
 - HIV+ pregnant women
 - Host country national counterparts
 - Implementing organization project staff
 - Infants
 - Ministry of Health staff
 - People living with HIV/AIDS
 - Pregnant women

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Gisenyi

State Province: Kibuye

State Province: Kigali-Ville

ISO Code: RW-G

ISO Code: RW-F

ISO Code: RW-L

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAP/TA / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative: CDC will provide technical assistance to the GOR to define a minimum package of laboratory equipment and supplies for health center sites providing ART. CDC laboratory experts will work with National Reference Laboratory (NRL), TRAC and APHL to develop procurement lists for health centers. (APHL will procure these supplies).

CDC laboratory experts, in collaboration with Columbia UTAP, will assist NRL and TRAC to develop a laboratory supervision plan and tools for monitoring laboratory performance. CDC will assist NRL and TRAC with supervision visits to monitor laboratory practices, including CD4 testing, at ART laboratory sites.

CDC lab experts will support the NRL to develop capacity and implement new laboratory tests for OI diagnosis in provincial ART laboratory sites. An assessment will be conducted with TRAC and NRL to generate the list of new tests and priorities. Possible new tests include cryptococcal meningitis, PCP, Chlamydia and ELISA capacity for other viral diseases. (APHL will procure necessary equipment and reagents).

In collaboration with Columbia UTAP and EGPAF, CDC will provide short-term technical assistance for the development of a pediatric HIV/AIDS program including capacity building for CHK and Butare reference hospitals and participation in revision of national norms and guidelines.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Lab Support/APHL / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: APHL will procure needed equipment and materials to maintain the uninterrupted functioning of a network of 13 ART sites, including 3 provincial ART laboratory sites (Butare, Cyangugu, Umutara) that are providing comprehensive ART laboratory services (including CD4), and 10 district hospital sites providing hematology, and blood biochemistry.

APHL will procure laboratory equipment and supplies needed for 6 new ART sites at health centers in Butare and Cyangugu. (See Columbia MCAP supplemental under ART Services section for ART service delivery activities for these sites)

APHL will procure ELISA and other lab equipment, as well as reagents needed to perform new OI laboratory diagnostics at provincial labs (Butare, Cyangugu, Umutara). New techniques include diagnosis of cryptococcal meningitis, PCP, Chlamydia, and ELISA capacity for diagnosing other viral diseases. (See CDC under ART Services for related technical assistance for training).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Infrastructure	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Butare

State Province: Cyangugu

State Province: Umutara (Mutara)

ISO Code: RW-C

ISO Code: RW-E

ISO Code: RW-M

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia MCAP Supplement / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

This activity is a supplement to Columbia University MCAP Track 1.0 mechanism. This supplement will expand ART services to the health center level in two provinces, Butare and Cyangugu. In FY2003 and 2004, USG provided technical assistance to the TRAC (MAP) for ART service delivery at the hospital level in these two provinces. With this additional support, USG will complete the network by linking health center, district hospital and provincial hospital sites. (Note: Care activities for these 6 sites are located under the Basic Care section; ARV drugs for this activity are located under ARV drugs)

By the end of FY05, 400 patients will be treated with ART at 6 health centers in Butare and Cyangugu provinces.

Specific activities for FY05 will include:

1. Establishment of 6 new sites: Columbia will support TRAC to establish 6 new sites in Butare and Cyangugu. Activities will include site baseline assessments, site preparation (including renovation), hiring staff, and establishing relationships with local community based programs supporting PLWHA.
2. Training: TRAC will coordinate training for key staff from the new sites, and additional staff from year one sites as necessary. These individuals will participate in the National HIV Care and Treatment training which is held every two months in Kigali. Following the training, and just prior to the initiation of services at a given site, staff will participate in a 2-week practicum training at an experienced HIV treatment site such as CHK, Kicukiro Health Center or TRAC Clinic. When services are launched, a Columbia technical staff member along with counterparts from TRAC will spend two or more weeks on site to provide mentorship and on-site training and technical assistance. Columbia will also provide on-site training and support to laboratory staff at the 6 sites
3. Site supervision: Columbia technical advisors and TRAC staff members will provide ongoing support to the sites through periodic supervisory site visits to advise on all technical and management aspects.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Needs Assessment	5%

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|--|-----|
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 25% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 15% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	45	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Host country national counterparts
- Implementing organization project staff
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Butare
 State Province: Cyangugu

ISO Code: RW-C
 ISO Code: RW-E

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Community Svcs Procurement / To Be Determined

Planned Funds:

Activity Narrative:

The Community Services Procurement will include activities to improve ART adherence. ART facilities will support mechanisms to improve patient adherence with recommended ART treatment. Each USG facility will employ a Community Services Coordinator to support community groups that are in turn supporting HIV patients at ART facilities and health centers providing C&T, PMTCT and OI care. These mechanisms may involve community support groups or non-clinically trained community members who may act as "buddies" to assure patient compliance. If poor adherence is due to socio-economic factors, adherence programs may also provide micro-enterprise support or direct food support. If poor adherence is due to other complicating illnesses, such as malaria or diarrhea from poor water, then adherence support mechanisms would include mosquito nets or water purifiers. If poor adherence is due to social vulnerability such as related to child headed households, other social or financial assistance may be required. The Community Services Procurement will review these mechanisms of adherence support and develop agreements with Community Organizations to fund these types of support if prioritized. While implementation of these activities may occur at the community level, there will also be comparisons and review of adherence support outcomes by the awardee, in conjunction with PLWHA umbrellas and ART treatment programs, to determine the most-cost-effective mechanism to improve adherence and to assure equity of financing of adherence support among ART sites.

NOTE: this activity will contribute to the ART targets identified by other ART implementing partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community health workers
- Medical/health service providers
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Call to Action / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative: These are 2004 deferred funds, approved for this activity. In close collaboration with TRAC, CHK and other partners, this activity will strengthen the GOR's institutional capacity to deliver comprehensive pediatric HIV/AIDS treatment and care to children.

These deferred funds will be applied to pediatric care training costs for Rwandan staff at outpatient care sites. They may also support a technical exchange visit to another francophone country in Africa to observe models of pediatric care.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Training	80%

Targets:

Target	Value	Applicability
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	40	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Doctors
- Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Kigali-Ville

ISO Code: RW-L

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP deferred / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative: Columbia will provide technical assistance to TRAC to develop specialized training curricula for ART service provision for nurses and social workers. These curricula will be incorporated into the national bi-monthly classroom training for ART service providers nationwide.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	75%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Nurses
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CORE Care / CARE USA

Planned Funds:

Activity Narrative:

This activity will continue for 6 months to deliver essential ART adherence support until these activities are transferred into the Community Service Procurement. Adherence support includes: treatment literacy education, establishment of mentor system and provision of critical food items and supplies. A model of cost-effective adherence support that can be implemented on a broader scale at all USG art sites will be developed and transferred into the Community Services procurement responsibility.

for 6 months of FY05, activities initiated in year 1 will reach a total of 10,000 PLWHA including 800 people currently on ARVs.

Specific activities include: 1. Support to ARV sites by providing package of services including ARV treatment literacy to PLWA. 2. support a mentor system on a broader scale to include all USG ART sites in which PLWA select treatment mentors.

Provision of food items, water purification kits and transportation subsidies to PLWA to enable them to adhere to treatment as possible on a broader scale. 3. Monitor

ART-adherence rate together with ART facility and TRAC

NOTE: This activity will contribute to ART targets reflected under other partners' ART activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Human Resources	28%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Butare	ISO Code: RW-C
State Province: Cyangugu	ISO Code: RW-E
State Province: Gikongoro	ISO Code: RW-D
State Province: Gisenyi	ISO Code: RW-G
State Province: Gitarama	ISO Code: RW-B
State Province: Kibuye	ISO Code: RW-F
State Province: Umutara (Mutara)	ISO Code: RW-M

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Local health management information systems strengthened
- Result 2: Expanded use of quality program data for policy development and program management
- Result 3: Increased use of strategic information for surveillance of HIV/AIDS/STI
- Result 4: Improved human resource capacity for monitoring and evaluation
- Result 5: Improved national coordination in HIV/AIDS monitoring and evaluation

Total Funding for Program Area (\$):

Current Program Context:

There are two principal government entities responsible for HIV/AIDS strategic information in Rwanda, National AIDS Control Commission (CNLS) and the Treatment and Research AIDS Center (TRAC). CNLS oversees policy guidance and strategic leadership to coordinate monitoring and evaluation for the multi-sectoral national response to HIV/AIDS. TRAC is the entity responsible for HIV surveillance, clinical policies and guidelines, national curriculum development, M&E and overall coordination of HIV/AIDS clinical programs. The USG provides long- and short-term technical support and direct financial assistance to CNLS and TRAC to strengthen institutional capacity for strategic information.

Rwanda has developed national plans for its response to the epidemic, including the National Strategic Framework for the Fight Against HIV/AIDS (2002-2006), a National Prevention Plan and a National HIV/AIDS Care and Treatment Plan, and a National Monitoring and Evaluation Plan. In the context of Rwanda's rapidly expanding program environment, the GOR is currently conducting a midterm review of all HIV/AIDS programs, which is expected to result in the revision of strategic framework and monitoring and evaluation plan.

In FY 2005, USG will continue to provide technical assistance to CNLS and its decentralized network (CPLS and CDLS) to strengthen their capacity to plan, coordinate and effectively monitor and evaluate the national response. Key technical assistance will include financial management training for the decentralized CNLS network and local NGO's, updating the national M&E plan, and support for an information system for monitoring non health-facility-based interventions such as home-based care and BCC. Other assistance includes an HMIS assessment and the establishment of a sample vital registration system through verbal autopsy.

In FY 2005, USG will continue to strengthen TRAC's capacity in HIV/AIDS clinical program planning, surveillance, and monitoring and evaluation through direct financial support and long and short-term TA. Key USG-supported activities will include continuing support for ANC sentinel surveillance, initiating drug resistance and HIV incidence surveillance, GIS capacity and data use, and maintaining TRAC's HIV/AIDS information clearinghouse. Other M&E support to TRAC will include HIV/AIDS program database support and use, capacity building for targeted evaluation activities, production of progress reports for major HIV/AIDS programs (Emergency Plan, Global Fund, MAP). USG will transfer to TRAC the management functions necessary for the maintenance and expansion of the TRACnet system, a telephone and internet-based information system for ART treatment, program monitoring and commodity monitoring. In collaboration with TRAC's information technology (IT) and applied statistics department, USG will expand IT infrastructure and data utilization capacity in 10 health districts to improve coordination and efficient data transfer and use between sites, district health teams, CPLS and other local officials responsible for monitoring HIV/AIDS programs.

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP / Columbia University Mailman School of Public Health
 Planned Funds:

Activity Narrative: Columbia University and Voxiva, Inc. will provide support to GOR for the expansion of the TRACNet pilot, a web- and telephone-based ART client information system, to new sites. The pilot system consists of three modules – program indicators, ARV stock monitoring, and CD4 and viral load test results.

In FY2005, Columbia and Voxiva will:

- Conduct training on TRACNet 1.0 for 20 new sites and provide ongoing TA to the 20 sites launched in FY2004
- Conduct initial training for analyst-level users at TRAC, CAMERWA, NRL, SIS (Health Information System), CNLS.
- Conduct initial training at two sites for users of the lab results module.
- Begin using all functions of TRACNet, including data collection, communication and analysis
- Complete ICT assessment, compile and distribute results.
- Gather feedback from all levels of users and stakeholders on TRACNet 1.0 for future versions.

Additional ongoing activities will include:

- Transfer capacity to the TRACNet management team within TRAC through ongoing training and guidance. This management team will assume ongoing management and operation of TRACNet in the long term.
- Coordinate with national and international stakeholders and partners on cross-cutting issues affecting the use and management of TRACNet, such as program indicators, patient identification and drug supply management.
- Work closely with partners on the integration of TRACNet into the day-to-day management of key institutions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	59%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	26%
<input checked="" type="checkbox"/> Training	8%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors*
- Medical/health service providers*
- Nurses*
- Pharmacists*
- Host country national counterparts*
- M&E specialist/staff*
- Ministry of Health staff*
- Policy makers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative:

In FY 2005, TRAC will execute activities to provide essential strategic information for the Emergency Plan and build local SI capacity. These activities are broadly grouped as monitoring and evaluation, surveillance, and information technology.

Monitoring and evaluation activities for FY2005 include:

- Completion of reporting requirements for GOR, Global Fund, MAP and Emergency Plan activities.
- Monitoring and evaluation of national PMTCT/VCT and ART programs.
- Training of local partners in M&E.

Surveillance activities for FY2005 include:

- Complete ANC Surveillance for 2005.
- Conduct an epidemiologic study of HIV incidence using BED assay in collaboration with NRL.
- Conduct Rwanda's first threshold survey of ARV drug resistance in collaboration with NRL.

Information Technology activities for FY2005 include:

- Conduct IT training needs assessment for TRAC personnel and workers at health sites in the country.
- Training on the use of MS Office software for TRAC personnel as well as workers at health sites around the country.
- TRAC database design and implementation (standalone and web-based implementation).
- Salary support for ICT Unit Chief and three (3) TRACNet staff: Trainer/analyst, Trainer, and Software Administrator
- TRAC newsletter development and implementation (paper-based and web-based).
- Development of software tools for data collection and transmission to TRAC.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Training	20%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

64

Not Applicable

Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- M&E specialist/staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Tulane University

Planned Funds:

Activity Narrative:

Tulane University will continue to provide long and short-term technical assistance to TRAC, CNLS and other national partners for monitoring and evaluation (M&E) capacity building including the use of information technology. Tulane will continue to support a long-term international hire IT technical advisor at TRAC to build the Ministry of Health's technical capacity in HIV clinical service delivery database maintenance and use and other related IT interventions. In addition, Tulane will provide TRAC and CNLS with long-term monitoring and evaluation assistance by a senior M&E and capacity building officer and an M&E assistant and short-term assistance by Tulane faculty.

Tulane will provide technical assistance and training to TRAC for database management, program data use and reporting, maintaining an HIV/AIDS information clearinghouse for HIV data and reports, and geographic information systems (GIS) capacity building. Tulane will support TRAC to train 10 health districts (hospital, district health team, CPLS) in HIV reporting and database use. Tulane will also train TRAC, CNLS and implementing partners to incorporate data reliability assessments into their activities. Tulane will increase targeted evaluation capacity at TRAC. Tulane will assist TRAC in establishing a national working group to standardize IT equipment and software specifications for HIV/AIDS data collection and management.

In collaboration with JSI/Measure, Tulane will provide technical assistance to CNLS for the revision of the national M&E plan, and the adaptation of M&E and financial management training modules for use with Provincial AIDS Commissions (CPLS), District AIDS Commissions (CDLS), and local NGOs.

Tulane will assist USG and implementing partners for required USG quarterly progress reporting for GOR, and semi-annual reports for the Emergency Plan. Tulane will also maintain regular communication with Emergency Plan headquarters Strategic Information team.

Activity Category

- Local Organization Capacity Development
- Needs Assessment
- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

20%
5%
5%
5%
38%
27%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

140

Not Applicable

Target Populations:

- Community-based organizations
- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV Support to RDF / Drew University

Planned Funds:

Activity Narrative:

Drew University will assist the RDF in improving its infrastructure for data entry and monitoring at hospital and brigade clinic levels and to improve their ability to follow the health status of HIV positive soldiers and civilians receiving care within the military health system. In addition, Drew University will assist the RDF in monitoring the effectiveness of systems designed to link HIV cases diagnosed at brigade and mobile clinic levels to hospitals for evaluation and treatment. The RDF will also receive assistance in continuous quality improvement through the appropriate use and application of treatment, prevention and care related data.

- Implement data system being developed for the national HIV system within the military setting.
- Provide technical assistance to create a military data system that enables the military to conduct routine HIV testing of all military personnel.
- Provide computers for data entry at all military related VCT, PMTCT and HIV treatment sites.
- Conduct baseline evaluation of military health system to objectively determine system-level gaps and strengths.
- Provide technical assistance for implementation of HIV surveillance of all military personnel.
- Provide technical assistance in data management and analysis for monitoring and evaluation activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	17%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	20%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- Military
- People living with HIV/AIDS
- Sex partners

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure Eval / University of North Carolina

Planned Funds:

Activity Narrative:

In FY05, USG will:

1. Continue strengthening the capacity for M&E within the CNLS and its decentralized structures, with a focus on data analysis and use

Focusing on implementation of the CNLS' National M&E Plan and strengthening the MIS for collecting routine data from the CNLS' multisectoral decentralized structures, USG will continue to build capacity of the CNLS and its partners in M&E. Two resident advisors (M&E Advisor and Data Analyst/Use Specialist) as well as various US-based TA staff will provide support for activities including: 1) collection, management, quality control and use of data for production of national indicator reports and quarterly aggregate activity reports; 2) supervision of the CPLS /CDLS/sector representatives toward production of their quarterly activity reports; and 3) and updating the National M&E Plan as necessary.

The M&E curriculum, validated and tested in 2004, will be institutionalized with a local institution in 2005 and MEASURE will support the training of a second wave of trainers. The curriculum will also be adapted to "Tronc Common" format through a sub contract.

USG will continue to support the functioning, development and use of the CNLS' MIS. The system will have been established during 2004, starting with a mapping of all HIV/AIDS programs and will be pivotal to the country's management of its community-based programs, in particular.

Data use will be a focus of all M&E TA. An assessment of data use, focusing on non-health facility-based HIV/AIDS activities will inform day to day as well as punctual TA.

Expected results:

- Improved human resource capacity for M&E
- HIV/AIDS information systems strengthened
- Improved operationalization of National HIV/AIDS M&E Plan
- Data analysis and use improved at all levels of decentralized HIV/AIDS coordination system

2. Continue to facilitate communication and information exchange on M&E

Through CNLS/CPLS/umbrella members' USG-supported participation in international fora, lessons learned in Rwanda will contribute to international dialogues and Rwandan HIV/AIDS M&E capacity will continue to develop.

USG will support the CNLS, not only in production of reports such as the Annual HIV/AIDS Report and Mid-term Evaluation Report (including the data collection, cleaning, and analysis necessary to their production- see Obj. 1), but also in their dissemination.

Revitalizing and making best use of the Technical Working Group on M&E is a high priority of the CNLS (Secretariat of this TWG), and USG is well placed to provide both technical and financial support towards this goal. The guidance and support of this group are crucial as the National M&E Plan (which includes many of the core Emergency Plan outcome and impact indicators) is operationalized.

USG will support the CNLS in the implementation of a dissemination conference for its Annual HIV/AIDS Report in 2004, and proposes to continue this support in 2005 as the CNLS attempts to institutionalize this dissemination venue.

Expected results:

- Improved data dissemination and use
- Improved human resource capacity for M&E
- Improved national coordination of HIV/AIDS monitoring and evaluation efforts

3. Support research and the development of new tools

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Sample Vital Registration with Verbal Autopsy (SAVVY) is a methodology being adopted by various low-resource countries to quickly get a handle on death attributable to AIDS. In the absence of strong vital registration, but with an eye to building capacity for such a system, SAVVY quickly and inexpensively allows monitoring of this important impact indicator.

USG proposes a comparative assessment of the national HMIS structures and systems towards strengthening and streamlining the various systems that collect routine HIV/AIDS information. An existing MEASURE tool, being used in other countries will be adapted and used in Rwanda.

The PLACE study, which will be completed in 2004, will generate rich data necessary to planning and monitoring prevention program coverage. The results of this study should be implemented fully, including triangulation of findings with findings from other studies such as the DHS+, BSS, etc.

Expected results:

- SAVVY launched
- HMIS assessment (including consensus workshop) conducted
- PLACE findings implemented

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	24%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	8%
<input checked="" type="checkbox"/> Needs Assessment	29%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	24%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Trainers |
|---|--|
- Community leader
 - Community-based organizations
 - Country coordinating mechanisms
 - Government workers
 - Host country national counterparts
 - Implementing organization project staff
 - International counterpart organization
 - M&E specialist/staff
 - National AIDS control program staff
 - Nongovernmental organizations/private voluntary organizations
 - Policy makers
 - Program managers
 - Religious/traditional leaders

Key Legislative Issues:

Gender

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAP/TA / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: In FY2004, USG improved data management capacity in 4 health districts providing ART services: Gahini, Gihundwe, Nyagatare and Butare. This involved procuring the appropriate IT equipment, assisting with installation, connectivity and maintenance. In FY2005, USG will scale up this activity in 6 additional health districts providing ART services. USG will procure the IT equipment for the health districts. All other aspects of the Health District IT Infrastructure procurement will be managed by a local contractor to be determined through a competitive award. The expected outcome of this activity is that health teams in 10 districts will be equipped for program reporting, secure transfer of patient information and access to national databases.

CDC will provide short-term technical assistance for HIV Drug Resistance surveillance. CDC lab experts will assist in developing the protocol for an HIV drug resistance threshold survey of primary and secondary resistance in Kigali in collaboration with TRAC and NRL.

In collaboration with Tulane/UTAP, CDC informatics experts will assist in the evaluation of the multi-site ART client information system, TRACNet and provide recommendations for future HIV information systems strengthening including support for the Health Information Management System.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	88%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	12%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health District IT/Procurement / To Be Determined

Planned Funds:

Activity Narrative:

In FY2004, USG strengthened IT capacity in 4 health districts providing ART services: Gahini, Gihuridwe, Nyagatare and Butare. In FY2005, USG will continue support to these districts and expand IT capacity in 6 additional health districts providing ART services. The support package includes procurement of IT equipment (servers, routers, radio wireless hubs and wireless cards), assistance with installation and set-up of this equipment at the district hospital, affiliated (ART) health centers and CPLS office in each district, and support for Internet connectivity and system maintenance.

CDC-Rwanda will procure the IT equipment directly for the health districts. All other aspects of the Health District IT Infrastructure procurement will be managed by a local contractor to be determined through a competitive award.

The contractor will:

- Conduct a rapid IT needs assessment in 6 selected districts;
- Install and configure IT equipment in 6 districts;
- Ensure constant connectivity in 10 districts (installing a broadband connection at 6 new district hospitals and wireless connectivity at the sites surrounding those hospitals, and maintaining connectivity at 4 existing sites);
- Train district health team personnel in IT system maintenance (10 districts);
- Make regular and on-demand maintenance/QA visits to 10 districts.

As a result of this activity, health teams in 10 districts will have the capacity to:

- Submit ART program data to central MOH entities electronically;
- Access and use the TRAC database from hospital and health center computers; and
- Refer patients and exchange patient information between district hospitals and surrounding health centers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	45%
<input checked="" type="checkbox"/> Training	10%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
- Medical/health service providers*
- M&E specialist/staff*
- Ministry of Health staff*

Key Legislative Issues:

Coverage Area:

State Province: Byumba
State Province: Gikongoro
State Province: Gisenyi
State Province: Gitarama
State Province: Kibuye

ISO Code: RW-I
ISO Code: RW-D
ISO Code: RW-G
ISO Code: RW-B
ISO Code: RW-F

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP - deferred / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

With this deferred FY 2004 funding, Columbia University and Voxiva, Inc. will provide support to GOR implement the TRACNet pilot, a web- and telephone-based ART client information system, at 20 sites. The pilot system consists of three modules – program indicators, ARV stock monitoring, and CD4 and viral load test results. Deferred activities from FY 2004 include completion of training for the 20 initial pilot site users, as well as support for 3 technical positions placed in the TRAC IT and Applied Statistics Unit to implement TRACNet activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	59%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	26%
<input checked="" type="checkbox"/> Training	6%

Targets:

	<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).	0 <input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Medical/health service providers
- M&E specialist/staff
- Ministry of Health staff
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC - deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC deferred a portion of FY 04 funding to FY 05. These funds will strengthen national capacity to collect, interpret and use surveillance data through provision of technical and financial assistance to TRAC. Activities originally programmed in FY-2004 include procurement of surveillance-related materials and equipment for TRAC, and financing of surveillance-related training of key TRAC and surveillance site staff. These activities complement TRAC's proposed surveillance-related activities in FY 2005. CDC will also conduct case studies of key Emergency Plan activities to identify successful approaches and document lessons learned.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Training	10%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Medical/health service providers
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Trainers

Key Legislative Issues:

Coverage Area: National

State/Province: _____ ISO Code: _____

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Tulane UIAP - deferred / Tulane University

Planned Funds:

Activity Narrative: Conduct evaluation of telephone and web-based information system pilot for commodity management, lab results, and clinical service delivery indicators (AIDSNet)

Activity Category: Strategic Information (M&E, IT, Reporting) % of Funds: 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Medical/health service providers
- M&E specialist/staff
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.12: PROGRAM PLANNING OVERVIEW

- Result 1: Capacity strengthened for long-term sustainability of quality laboratory systems.
- Result 2: Strengthened capacity of the national reference laboratory system
- Result 3: Expanded establishment and improved maintenance of national health laboratory network
- Result 4: National lab quality assurance operationalized
- Result 5: National Laboratory Policy developed and capacity for strategic planning increased.

Total Funding for Program Area (\$):

Current Program Context:

USG provides support and technical assistance to the National Reference Laboratory (NRL) to improve laboratory capacity at the national level for HIV/AIDS testing, care and treatment. The NRL is located in Kigali and supports district laboratory capacity building and national quality assurance (QA) programs as well as research, including HIV vaccine trials. It provides a range of HIV/AIDS laboratory services, including viral load, CD4, EIA, confirmatory HIV testing and PCR. In FY2002, USG assisted in the establishment of the national quality assurance program for HIV testing. USG technical support for laboratory infrastructure in FY 2005 will focus on key reference laboratory functions, including training, quality assurance systems, national laboratory policy development and standardization of procedures, and developing in-country expertise in performing new procedures for HIV-related care and treatment. The current HIV serology quality assurance system will be adapted and strengthened to support the rapidly expanding number of PMTCT and VCT sites in Rwanda, through the development and use of dried plasma spot proficiency panels. In FY 2004, CD4 testing began for the first time in provincial laboratories outside of Kigali. USG will support implementation of the national CD4 quality assurance system. National HIV surveillance capacity will be enhanced through training and support for new procedures such as drug resistance testing and HIV incidence assays. USG will continue support to NRL and Kigali Health Institute (KHI) to strengthen pre-service and in-service training capacity for laboratorians throughout the country. Generic standard operating procedures (SOP's) for HIV-related analyses developed in FY 2004 will be implemented in sites throughout the country and reinforced by on-site adaptation and training. The above activities will be carried out in close collaboration with the USG-funded long term technical advisor placed at the NRL. For these technical activities, USG main laboratory partners have the following roles: Through the long-term technical advisor, Columbia assures day-to-day technical oversight for implementation of activities (QA/QC for HIV serology and CD4, drug resistance testing, incidence assays, training). This technical advisor will also support NRL and KHI in providing pre-service and in-service laboratory training. CDC laboratory expertise is tapped to provide technical assistance and general oversight focused especially on key new laboratory techniques (such as developing DPS panels for serology QA/QC, using CDC-developed incidence assays, training for drug resistance testing). CDC also will procure or supply specialized materials not readily available commercially. APHL will continue its role procuring the bulk of needed laboratory materials and equipment, including for drug resistance surveillance and early infant HIV diagnostics. MSH-RPM+ will implement the laboratory SOP activity. In addition to technical laboratory support, USG (through Columbia University) will bolster management and financial capacity through the placement of a long term laboratory management advisor and through support for data management system improvements for tracking specimens and reporting functions. In FY2005, the NRL will gain valuable experience managing a one-year sub-agreement with Columbia University for the above activities. This experience, in combination with financial management support, will build the capacity of the NRL to effectively manage direct USG funding under a cooperative agreement to be developed in 2006. In 2006 and thereafter, funds to support NRL laboratory infrastructure will no longer go through Columbia University, but will go directly to the NRL in

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia UTAP / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Columbia University, in partnership with CDC, will manage a series of activities to build national laboratory capacity for national roll-out of HIV/AIDS services. In FY05, Columbia will support National Reference Laboratory (NRL) and Kigali Health Institute (KHI) through:

1. Long- and short-term technical assistance: A long-term technical advisor will provide technical support to NRL staff to increase its capacity to provide quality HIV-related laboratory services. Along with NRL and TRAC counterparts, the Advisor will oversee the establishment of laboratories at new ART sites throughout the country and will develop quality assurance systems. Columbia will support a local lab technician to support national standards and quality assurance systems and to apply new HIV/AIDS-related laboratory technologies. Short-term advisors will be utilized for specific projects such as baseline assessments at new sites or the development of quality improvement tools.

2. Managerial and infrastructural support to the national laboratory network: Columbia will place a long-term management advisor at NRL to support the management team. The advisor will help develop financial, logistics and commodities management systems. Columbia will support the renovations of NRL necessary to accommodate molecular diagnosis and genotyping activities. Support will be provided for operational costs associated with the implementation of NRL's QA/QC activities in peripheral lab sites (supervision, transportation of QA/QC panels), small repairs and preventive maintenance in the ART site laboratories, and warehouse storage, and transport laboratory equipment and reagents to sites.

3. Training: Columbia will provide technical, financial and logistical support to the KHI and NRL for pre-service and in-service trainings on HIV-related laboratory techniques. Training will be provided for the introduction of new opportunistic infection analysis technologies at provincial laboratories. A 6-person national training team will be selected and trained. This team will support one-week in-service trainings after the inauguration of each new lab.

4. Data management: Columbia will support the development of a data management system at NRL for specimen tracking, analysis and reporting. Support will include a local hire data manager position, TA for software development/adaptation, computer workstations and bar-coding equipment and supplies.

Activity Category

- Infrastructure
- Local Organization Capacity Development
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 14%
- 70%
- 2%
- 14%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	6	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts*
- Ministry of Health staff*
- Laboratory staff*

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / IIS Department of Defense Naval Health Research Center

Planned Funds:

Activity Narrative: This activity will enable Rwandan military physicians to attend the Military International HIV Training Program. The mission of the program is to provide flexible training in support of prevention of HIV transmission and management of infected persons in military organizations. The training will transfer appropriate knowledge and technology to key Rwandan medical personnel. The training is developed in collaboration with each military organization to meet the specific needs. The program emphasizes training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiologic surveillance and laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV/AIDS. Participants observe and/or participate in groups supported by clinical social worker, clinical psychologist, clinical pharmacist, and public health/preventive medicine personnel.

The Military International HIV Training Program emphasizes training, consultation and operational support for epidemiological surveillance, laboratory diagnosis, prevention and management of HIV and its complications. It seek to train key foreign military clinical physicians in state-of-the-art HIV prevention and clinical management and diagnosis and treatment with the expectation that those trained will transfer information into operational use in country.

The program incorporates a "train the trainer" approach and provides the tools and educational materials to promote current, up-to-date instruction to be taken back to the Rwandan military medical community. Written assessments communicating participants' needs, personal educational goals and that of their medical community are obtained prior to the training. Targeted in-country training and ongoing telecommunication follows the US based program. NHRC is developing web-based education availability.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	15	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Military
- Trainers

Key Legislative Issues:

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Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC Cooperative Agreement / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative: With financial support from the Emergency Plan and technical assistance from FHI, TRAC will strengthen its institutional capacity for producing client and provider materials for treatment, care and clinical prevention programs. Funds from this program will be utilized to recruit, train and place a behavior change communication specialist at TRAC to provide technical assistance for the development of instructional materials for client use at clinical service delivery sites (see Treatment/ARV services for funds for printing materials). This is a task that has been traditionally supported by FHI for which management responsibility is being transferred to TRAC.

Activity Category
 Human Resources **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
 Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Tulane University

Planned Funds:

Activity Narrative:

Through the placement of an international-hire Administration and Finance Technical Advisor to TRAC's deputy director, Tulane will:

- Assist with the completion of TRAC's new administration and finance policies and procedures
- Train TRAC personnel in proposal writing, resource management and work productivity
- Develop criteria and implement review of activity plans from major donors (Emergency Plan, Global Fund and World Bank/MAP to assure inclusion of management and administration, sustainability, analytic capacity building & gender equity components
- Monitor and report on implementation of TRAC strategic plan

In FY04 the USG provided support to develop an HIV/AIDS fellowship program to increase program management capacity among young Rwandan public health professionals. The fellowship program seeks to prepare recent Rwandan graduates to work as program managers of HIV/AIDS prevention, care and treatment programs in Rwanda. Fellowship components include training, mentoring, and on-the-job experience, through placement of fellows in two-year paid internships with local host agencies. The fellowship program, which was jointly managed by Tulane University and the National University of Butare in FY2004, will be transferred to the Ministry of Education in 2005 through a direct cooperative agreement with the Ministry of Education (see MOE under Other Policy/System Strengthening section). Program costs such as fellows' stipends, training and supervision logistics will be funded and managed by the Ministry of Education. (Note: This MOE activity is separate from the new School-based prevention and testing activity described in Abstinence and Counseling and Testing sections).

In FY2005, Tulane will provide technical assistance to the Ministry of Education for the implementation of the training components and for general operations support of the fellowship program. Specifically, Tulane will provide technical assistance for the recruitment, placement ongoing training and supervision of 20 new fellows and 7 continuing fellows. Technical assistance to the Ministry of Education will also include support for financial and program monitoring and reporting for the fellowship, and the design of program evaluation planned for FY 2006.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	28%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	36%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	104	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Government workers
- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Students
- University

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV/AIDS School Based Program-MOE / Ministry of Education of Rwanda

Planned Funds:

Activity Narrative: The HIV/AIDS fellowship program, which was jointly managed by Tulane University and the National University of Rwanda (NUR) in FY2004, will be transferred to the Ministry of Education (MINEDUC) in FY2005. The program prepares recent Rwandan graduates to work as program managers supporting HIV/AIDS prevention, care and treatment interventions in Rwanda. The program combines in-country training, mentoring and on-the-job experience by placing fellows in two-year paid internships with local host agencies. This provides Rwandan institutions with increased human resource capacity while transferring critical HIV/AIDS program management skills and competencies to a new generation of young professionals in Rwanda.

MINEDUC will be responsible for all aspects of the program's management and administration, including:

- Support of the current 7-fellow cohort into October 2006
- Recruitment of a new cohort of fellows in 2005 (approximately 20)
- Identification of appropriate mentors and host institutions for new cohort
- Orientation of fellows and mentors
- Remuneration to fellows (stipends, insurance, living costs, other)
- Compensation for mentors
- Program monitoring, evaluation and reporting
- Job placement assistance to fellows

The expected outcomes for this intervention for FY2005 are the successful completion of the fellowship by the first cohort of fellows (culminating in their employment by HIV/AIDS institutions or organizations in Rwanda) and the introduction of a new cohort of approximately 20 fellows, as well as increased human capacity at HIV/AIDS program sites in Rwanda.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	25%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- Program managers
- Students
- University

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV Support to RDF / Drew University

Planned Funds:

Activity Narrative:

Drew University will work with the RDF to improve the laboratory network system within Rwanda by more effectively linking the RDF and MOH laboratory systems. In addition, it will assist the RDF in upgrading the central laboratory to adequately enable providers based within the military system to provide laboratory diagnoses of HIV, immune function and related opportunistic infections, and hematological and metabolic status. On-site training of laboratory personnel will increase the number of laboratory technicians in the RDF.

- Procure and install laboratory equipment and commodities to aid in the diagnosis and treatment of HIV, including immune function analyses, evaluation of opportunistic infection and monitoring of hematological and metabolic functions.
- Provide on-site training and supervision of RDF laboratory staff in use of equipment

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	73%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM+ / Management Sciences for Health

Planned Funds:

Activity Narrative:

Rwanda does not have an effective system to register drugs or provide basic drug quality assurance, although its drug procurement agency, CAMERWA, per national policy will be procuring all ARVs for use in Rwanda. To improve ARV availability and assure quality, the Secretary General and the Direction of Pharmacy have requested technical assistance to facilitate establishing a National Drug Authority, one of the main priorities of the pharmaceutical sector. Developing and implementing a National Drug Authority usually requires several years for full implementation, and high investments of human and financial resources.

USG has agreed with the Direction of Pharmacy (DOP) to place an expert Senior Advisor in pharmaceutical policy, who will facilitate the design and first-stage implementation of the National Drug Authority, and who will also assist in the usual activities carried out by the DOP

USG will undertake the project activities described below, in collaboration with the Direction of Pharmacy and other partners such as the WHO.

1. Outline a conceptual framework describing the roles and responsibilities of a regulatory authority for pharmaceuticals, for ARVs and other pharmaceuticals in a severely resource-limited country setting. This will include:
 - 1.1. Identifying, defining, prioritizing, and establishing an appropriate sustainable mix of technically sophisticated activities to support the risk-based regulatory systems.
 - 1.2. Identifying the conditions and resources necessary to justify, develop, and sustain a system capable of providing a comprehensive service Rwanda.
2. Assist the NDA in reviewing experience from other resource-limited countries to prioritize activities defined in scope, financial, technical, and human resources. USG will also assist the NDA to explore the need, justification, and potential for employing human and technical resources from outside of the NDA.
3. On the basis of activity #1, make recommendations on an appropriate scope of activities and developmental priorities for the NDA in Rwanda, including scope of product coverage (i.e., pharmaceuticals, food, medical devices, and/or cosmetics), and identify human, technical, and financial resources required.
4. Define role of National Drug Authority in the MOH, including technical, human and financial resources, existing organizational structure, management, and information systems, legal and regulatory framework.
5. Develop a comprehensive, prioritized, fully costed, multi-year, strategic plan to:
 - 5.1 Establish and implement an appropriate drug registration activity for protecting public health.
 - 5.2 Establish and implement a nationwide quality system program for all regulated areas including, as appropriate, testing, inspection, registration, and enforcement activities.
 - 5.3 Establish and implement policies and procedures for regulation of imported products as well as those manufactured domestically to help ensure availability of quality products and implementation of appropriate quality systems.
6. Based on acceptance of the recommendations resulting from activity #3 and the strategic plan resulting from activity #5 by the Ministry of Health, develop:
 - 6.1. A draft organizational structure and job descriptions for the NDA.
 - 6.2. Draft policies and operational processes for a national system for drug registration and product quality assurance.
 - 6.3. Draft legislation and regulations for instituting a national system of drug registration and product quality assurance.

Note: This activity covers development of the strategic plan (activity #5) and the specific products outlined in activity #6. Full implementation of the strategic plan would require additional financial support.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	6%
<input checked="" type="checkbox"/> Needs Assessment	28%
<input checked="" type="checkbox"/> Policy and Guidelines	28%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	29%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM+ / Management Sciences for Health

Planned Funds:

Activity Narrative:

This activity provides technical assistance to the National Reference Laboratory (NRL) to support development and implementation of a National Laboratory Policy, critical to scaling up ART.

The laboratory sector in Rwanda lacks an appropriate policy and legal framework to support the system. Although some guidelines have been developed to support ART, a National Laboratory Policy has not been yet developed in the country. At the request of the MOH, USAID, and CDC, MSH/RPM Plus has taken the lead in facilitating the development of a National Laboratory Policy (NLP). This process will be finalized during COPO5. In addition, USG will facilitate the dissemination of the document to facilitate its implementation.

The strategy for the development of the NLP consists of establishing a technical group in country, supported by MSH experts that will contribute to revision of drafts until obtaining the final approval. Developing this document requires the agreement and participation of a number of experts in different areas of health, laboratory and policy, to ensure a document that will support development of the sector, and is well integrated with other related health policies and strategies under implementation. MSH/RPM Plus, in coordination with NRL, will facilitate the participation of local experts and the conduct of meetings and workshops required for the development of the policy.

After the document is approved, RPM Plus will work with NRL to develop and implement a dissemination strategy. This includes all processes related to editing, translation, and publication, as well as the official launch of the document by the MOH, and its presentation to target audiences.

Human resources: The lead of this intervention will be one staff member in the office in Kigali with expertise in laboratory. Additional senior staff in Kigali, Washington, Nairobi and any other MSH worldwide expert required will also be available.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	11%
<input checked="" type="checkbox"/> Local Organization Capacity Development	11%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	55%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	11%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers*
- Ministry of Health staff*
- Laboratory Staff*
- Laboratory staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

USG partner (FHI) currently develops for national use IEC materials in support of ARV, PMTCT and CT services. TRAC, as the leading clinical institution for HIV/AIDS services needs to develop the institutional capacity to develop patient education materials for use by physicians and nurses in instructing patients in their own health care for ARV, HIV/AIDS services. USG will work closely with TRAC to train TRAC's staff to develop this capacity, including qualitative studies to inform design and development of these materials, focus group testing, layout/printing and instruction of providers in use of these materials. USG and TRAC will develop an MOU to define each organization's role in the capacity transfer process. Funds have been reallocated from FHI's budget to TRAC's budget so that TRAC will pay directly for staff and printing costs for material development. is provided under COP to hire an additional staff to support training of TRAC in development of behavior change materials and IEC.

FHI will contract with appropriate GOR institutions for the development of a national HIV/AIDS workplace policy to address work-related issues for public and private sector employment. This policy will address workplace issues, such as non-discrimination in hiring, supervision and termination, medical sick-leave, family leave for illness, and other issues.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	33%
<input checked="" type="checkbox"/> Information, Education and Communication	12%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Workplace Programs	52%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers Trainers
- Health Care Workers
- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff
- Policy makers

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening
 Budget Code: (OHPS)
 Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCD / Inuahezi

Planned Funds:

Activity Narrative:

Based upon findings from the 2004 HIV/AIDS Pre-Service Training Performance Needs Assessment (PNA) in 5 nursing schools of Rwanda, this activity will help the Ministry of Health (MOH), Ministry of Education (MOE) and the Kigali Health Institute (KHI) strengthen the pre-service HIV/AIDS curricula in 5 nursing schools, as well as instructor pedagogical skills. This activity will emphasize development of practical, clinical ART direct care treatment models for nurses.

Activities:

Update the clinical Pre-Service Training (PST) HIV/AIDS curricula in 5 nursing schools outlined in the PNA design with the MOH, MOE and KHI (to be agreed upon in 11/2004);

Conduct 5 workshops to update instructor HIV/AIDS skills and practice. (i.e. for 5 nursing schools);

Carry out a 2 week Training of Trainers (TOT) course in pedagogical skills (course material from PRIME II-TRG) with 2 national co-facilitators for nursing school instructors from the 5 nursing schools;

Carry stakeholder meetings to review HIV/AIDS nursing school curricula changes with the MOH, MOE and Kigali Health Institute.

Anticipated Results:

Improved training systems, institutional development on skills that cut across multiple programs

Revised and updated HIV/AIDS pre-service curricula at 5 nursing schools

Strengthened pedagogical skills of clinical PST and IST HIV/AIDS trainers

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	8%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	8%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Nurses
- Host country national counterparts
- Ministry of Health staff
- University
- Teachers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

An Advisor on HIV/AIDS and health communication for Minister of State and the Minister of Health will work to develop and implement a national HIV/AIDS public information strategy. This National Public Information Strategy will be used to coordinate varying prevention activities, media campaigns and messages. The Advisor will work with donors, NGOs, departments within the Ministry of Health and in other Ministries to improve quality and consistency of HIV/AIDS messages to support National Prevention, Care and Treatment strategies.

Research prevention, care, treatment, adherence, and other messages that are components of national strategy for Rwanda

Activities will include development of National Public Information Strategy, preparation of speeches, letters, interviews and printed communication materials for the Office of the Minister of HIV/AIDS and improvement of Ministry web sites

Provide assistance to the Committee for the Approval of Messages at CNLS and other relevant bodies

Establish a working group from MINISANTE, ORINFOR, CNLS, and other relevant institutions regarding health communications.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	59%
<input checked="" type="checkbox"/> Logistics	41%

Targets:

Target Description	Count	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Host country national counterparts
- Implementing organization project staff
- Media
- Ministry of Health staff
- National AIDS control program staff
- Policy makers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's access to income and productive resources
 - Increasing women's legal protection
- Twinning
- Volunteers
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAF/TA / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

CDC's on-going support for national HIV serology quality assurance will include the development and implementation of a new approach for QA/QC for rapid simple tests using panels of dried plasma spots (DPS). CDC will procure reagents and kit supplies needed to develop the HIV serology QA system and provide technical assistance for protocol revision and implementation. Columbia UTAP will support supervision travel and provider training for new QA/QC program.

CDC lab experts will work with NRL and TRAC to implement the national CD4 quality assurance program. CDC will procure reagents and kit supplies to develop the CD4 QA panel.

In order to build Rwandan capacity to conduct HIV Drug Resistance Surveillance, CDC will provide technical assistance and training to Rwandan lab professionals in molecular virology techniques. CDC will support the development of a QA/QC program for the HIV drug resistance surveillance and validate the QA/QC program in the first survey.

CDC will develop NRL laboratory capacity for performing HIV incidence assay. CDC will procure necessary materials for performing assay at NRL. Follow-up training at NRL will be conducted with support from CDC staff.

Activity Category

- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 60%
- 20%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	5	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health Staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Lab Support/APHL / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: For the HIV Drug Resistance Surveillance activity, APHL will procure reagents and equipment necessary for performing molecular virology techniques.

As part of the Pediatric AIDS Care and Treatment activity, capacity will be developed for infant early diagnosis at the National Reference Laboratory. APHL will procure necessary equipment and reagents for setup and year 1. Kit procurement will include Monitor 1.5 VL kits (1000 tests), Amplicor 1.5 (1000 tests).

Activity Category **% of Funds**
 Commodity Procurement 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Infants
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Procurement/ HIV/AIDS Performance Based Financing / To Be Determined

Planned Funds:

Activity Narrative:

To improve efficiency, productivity and quality of HIV/AIDS services delivery and to continue financing of service delivery of HIV/AIDS under local management, USG, in collaboration with GOR, will procure health financing technical assistance to implement performance-based financing of HIV/AIDS services. The awardee will provide assistance to the Department of Health Services (DSS) and to regional health authorities to implement performance-based financing.

Within 2005, a pilot to implement performance-based financing OF HIV/AIDS services (C&T, PMTCT, Palliative/basic care) in several health districts will be started. The medium term goal is to use this contracting mechanism to transfer facilities back to GOR management once USG partners have successfully invested and implemented HIV/AIDS services. After USG partners have worked at facilities to implement C&T, PMTCT, palliative/basic care, and at later dates possibly ART services, these facilities' management will revert to local management, under national/regional coordination. This is anticipated to be a multiyear procurement with progressively greater reallocated financing each year flowing through it to Rwandan health facilities/providers for HIV/AIDS service delivery performance. In 2005, USG will pilot this performance-based financing of HIV/AIDS services when USG TA and other assistance is withdrawn from these sites offering C&T, PMTCT, and palliative/basic care. This is a component of USG strategy for national scale-up of HIV/AIDS services. To assure performance, the DSS will develop financial and clinical quality, audit capacity... Information, system support necessary to monitor financing and productivity will be developed. Health Financing TA will develop costing formulas for each activity/indicator to be reimbursed. Contracting mechanisms between USG, central and/or regional governments and HIV/AIDS health providers will be developed to allow providers to have autonomy to manage their budget subject to maximize efficiency while meeting quality performance standards for HIV/AIDS service delivery.

This program will also build on the extensive network of community-based financing mechanisms already developed and in place in 70% of Rwandan communities. It will determine appropriate premiums or other financing to minimize financial barriers to basic care for PLWHAs. The technical advisor will assist in establishing costs of HIV/AIDS services.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Health Care Financing	75%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	9	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Host country national counterparts
- Ministry of Health staff
- Policy makers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS).

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCP- Tulane University / Tulane University

Planned Funds:

Activity Narrative:

The purpose of USG activities for FY05 is to strengthen public health leadership and district health management capacity in Rwanda to address the critical problems of HIV/AIDS. In collaboration with the School of Public Health (National University of Rwanda), USG will continue to offer in-service training targeted to district managers, and the graduate level HIV/AIDS certificate program. This will build Rwandan capacity in strategic information for HIV programming, while, at the same time, the training activities will build the applied research/analysis capacity of key institutions engaged in HIV/AIDS work, including the SPH, allied health sciences faculty, and key faculty within the Ministry of Education. Emergency Plan funds are leveraged with other funds from USAID.

The continuation of the Executive MPH Program targets the GOR's District Health Officers, hospital directors and managers, and NGO/PVO program managers to improve Rwanda's human resource capacity for planning, executing, monitoring and evaluating HIV/AIDS programs at the district level. The MPH program immediately and directly benefits Emergency Plan activities, as students in this program are the key members of the district and provincial health teams. Members of these teams are actively involved in the rollout of HIV/AIDS initiatives funded through the Emergency Plan and other sources. Their responsibilities are broad in scope and include the expansion, management, and supervision of the PMTCT activities and VCT sites, including personnel and commodities management.

Additionally, district health team (DHT) members must monitor and evaluate through data analysis the PMTCT and VCT activities. DHTs are also responsible for the planning and implementation of community-based financing to pay for ARV (anti-retroviral drug) costs, monitoring the adherence rates of ARV medications, and evaluating overall ART (anti-retroviral therapy) program performance. The skills and competencies necessary to carry out these duties and more are provided by the School of Public Health's executive MPH program. All of the field exercises in the MPH program will be adapted to incorporate the actual strategies and issues related to the national HIV/AIDS program rollout. Resources are required for the second year completion of the current program (10 new students started under Track 1.5 funding, and were funded for one year only of the two year program). These students will complete all course work in 2006.

The certificate training program will target health sciences and related educators at the higher education level. The certificate course modules will emphasize building strategic information capacity related to HIV/AIDS prevention, care and treatment programming and secondly, it will emphasize training of trainers techniques to enable educators to more effectively disseminate their skills/competencies to the large body of health and education personnel in Rwanda. The certificate course focuses on the provision of enhanced evaluation, applied research and analysis skills as it relates to HIV/AIDS prevention, treatment and care programs. A course on pedagogic techniques and appropriate use of computer and technology assisted educational methods will enable professionals in KHI, NUR, KIST and KIE to better train front line mid-level managers of HIV prevention, care and treatment programs. Participants in this program will include 30 students from selected departments within the NUR, the MOE, allied health sciences and NGO technical community. The program will be in executive format with two one-week intensive modules at the beginning and end of the program combined with evening sessions and weekend practical work between the two intensive sessions. The entire certificate program will be completed within a four month period. A cohort of 30 students will be selected from faculty among the various institutions to encourage collaboration and team building across the higher education institutions in efforts to better address the problem of HIV/AIDS. Graduate level credit will be awarded on the basis of merit to the top 2/3rds of the class.

Activity Category

- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

3%
97%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	130	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Students
- University
- Teachers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CORE / CARF USA

Planned Funds:

Activity Narrative:

This continues an activity approved in COP04, some funding for which was deferred. USG with earlier HIV/AIDS and economic security projects initiated a participatory community response plan in that province. During the last 6 months USG built on that experience and sub-granted 10 CBO/FBO as well as one Rwandese national organization to fight stigma and discrimination, organize community HIV vulnerability mapping and response planning. All five administrative districts have readied their plans and those will be validated in the sectors. The deferred funds will enable that exercise in the sectors. 10 CBO/FBO mainly composed of PLWA will be supported to conduct community dialogues for care and support to OVC and PLWA.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	47%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Gikongoro

ISO Code: RW-D

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: APHL - deferred / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: To strengthen national laboratory capacity at National Reference Laboratory and Kigali Health Institute, APHL will procure lab equipment and reagents needed for pre-service and in-service training in HIV-related laboratory services.

<i>Activity Category</i>	<i>% of Funds</i>
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Infrastructure	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRAC deferred / Treatment and Research AIDS Center

Planned Funds:

Activity Narrative: The following activities were programmed for FY 2004, but had funds deferred to FY 2005:

- Renovation of TRAC facility
- Operating expenses and equipment purchases (e.g., office IT equipment, two vehicles for transport of samples and supervision activities)
- Purchase and installation of office communication system (telephone, upgrade and expansion of local area network, and connectivity costs)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	40%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
- Medical/health service providers
- Host country national counterparts
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Tulane - USAID deferred / Tulane University

Planned Funds:

Activity Narrative: This is a continuation of an activity approved in COP04, some funding for which was deferred. USG (Tulane University), in collaboration with the School of Public Health (National University of Rwanda), will continue to offer in-service training targeted to district managers, and the graduate level HIV/AIDS certificate program. This will build Rwandan capacity in strategic information for HIV programming. While, at the same time, the training activities will build the applied research/analysis capacity of key institutions engaged in HIV/AIDS work.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	96%

Targets:

Target	Value	Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	130	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Pharmacists
- Ministry of Health staff
- Teachers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1: *Ability of USG in country team to manage and administer HIV/AIDS program strengthened*

Total Funding for Program Area (\$):

Current Program Context:

The USG team in Rwanda consists of the Department of State, Department of Defense, Department of Health and Human Services/CDC, and US Agency for International Development. In 2005, DOD is a full partner in Emergency Plan activities, and will have a full time staff position. Similarly, the US Embassy will add a full time staff position to assure Emergency Plan coordination. USAID and CDC staffing is relatively mature. While they are still trying to fill positions funded in 2004, they are not seeking significant changes in their funding at this time.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Program Mgt / US Agency for International Development

Planned Funds:

Activity Narrative: Emergency Plan USAID management staffing has been defined:

1. Emergency Plan Coordinator
2. Michigan Fellow – Clinical Services
3. Michigan Fellow – Community Services
4. Strategic Information Officer
5. Program Officer
6. Medical Community Specialist
7. Medical Specialist for OVC
8. Public Health Specialist
9. Program Assistant

Half of these positions have been filled and all but one have been identified. Additionally, a new Health Officer to assure effective integration of health and HIV/AIDS portfolio and Acquisition Officer to assist with procurements are being recruited. A Secretary to coordinate the USG-GOR Emergency Plan Steering Committee is also being recruited.

Funds for short term TA and program support are included as well as appropriate administrative costs for the support of the USAID mission.

Activity Category

Human Resources

% of Funds

100%

Targets:

Not Applicable

Target Populations:

- Community leader
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- USG in country staff

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's access to income and productive resources
 - Increasing women's legal protection
- Twinning
- Volunteers
- Stigma and discrimination

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAP/TA / US Centers for Disease Control and Prevention

Planned Funds:

[Redacted]

Activity Narrative:

CDC Global AIDS Program management staff to be funded through base budget in FY2005 include:

- 1. Medical Officer (USDH)
- 2. Epidemiologist (USDH)
- 3. Public Health Advisor (USDH)
- 4. Program Officer (ORISE)
- 5. Management Specialist (ASPH Fellow)

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD Program Mgt / US Department of Defense

Planned Funds:

Activity Narrative: In FY05, a Coordinator position will be created at the US DOD/Rwanda to assist in the coordination and support of Emergency Plan activities in Rwanda.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

- Host country national counterparts
- Military
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Embassy Coordination / US Department of State

Planned Funds:

Activity Narrative: In FY05, a Coordinator position will be created at the US Embassy to assist in the coordination and support of Emergency Plan activities in Rwanda.

Activity Category % of Funds
 Human Resources 100%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD Deferred / US Department of Defense

Planned Funds:

Activity Narrative: Deferred FY04 funds for Defense staffing

Activity Category

Human Resources

% of Funds

100%

Targets:

Not Applicable

Target Populations:

- Implementing organization project staff*
- Military*
- USG in country staff*
- USG Headquarters staff*

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State deferred / US Department of State

Planned Funds:

Activity Narrative: Deferred FY04 funding for Embassy staff

Activity Category

% of Funds

Human Resources

100%

Targets:

Not Applicable

Target Populations:

- Host country national counterparts
- International counterpart organization
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Country Office GAP/TA / US Centers for Disease Control and Prevention

Planned Funds: [Redacted]

Activity Narrative: CDC Global AIDS Program management staff for FY2005 will include:

- 1. Informatics Officer (COMFORCE)
- 2. Care and Treatment Officer (COMFORCE)
- 3. Technical Advisor 1 (FSN)
- 4. Technical Advisor 2 (FSN)
- 5. Support staff - 7 administrative, 4 drivers

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1	Is an AIDS Indicator Survey (AIS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	When will preliminary data be available?	December 31, 2005	
2	Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	When will preliminary data be available?	October 01, 2005	
3	Is a Health Facility Survey planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	When will preliminary data be available?		
4	Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, approximately how many service delivery sites will it cover?	24.00	
	When will preliminary data be available?	November 30, 2004	
5	Other significant data collection activity		

Name: SAVVY and HMIS assmnt- Measure Evaluation

Brief description of the data collection activity:

MEASURE Evaluation will conduct a Sample Vital Registration with Verbal Autopsy (SAVVY), which is a methodology being adopted by various low-resource countries to quickly get a handle on death attributable to AIDS. Ideally such data would come from a healthy vital registration system. In the absence of strong vital registration, but with an eye to building capacity for such a system, SAVVY quickly and inexpensively allows monitoring of this important impact indicator. MEASURE proposes to carry out in 2005 a comparative assessment of the national HMIS structures and systems towards strengthening and streamlining the various systems that collect routine HIV/AIDS information. An existing MEASURE tool, being used in other countries is proposed for Rwanda. The PLACE study, programmed and to be completed in 2004, will generate rich data necessary to planning and monitoring prevention program coverage. The results of this study should be used in planning for coverage of well-targeted prevention efforts. Expected results: SAVVY launched, HMIS assessment (including consensus workshop) conducted, PLACE findings implemented.

Preliminary data available:

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? Yes No

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