

## Data Sheet

<b>USAID Mission:</b>	Rwanda
<b>Program Title:</b>	Health and HIV/AIDS
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	696-006
<b>Status:</b>	New in FY 2004
<b>Planned FY 2005 Obligation:</b>	\$4,850,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2006 Obligation:</b>	\$4,900,000 CSH
<b>Year of Initial Obligation:</b>	2004
<b>Estimated Year of Final Obligation:</b>	2008

**Summary:** The health program strengthens the decentralized health system for family planning, reproductive and child health, malaria, HIV/AIDS and nutrition; improves access, quality and sustainability of basic health services; and maintains Rwandan direction of health improvement at all levels. The program's major components reduce maternal and neonatal mortality; improve the quality and sustained use of family planning; reduce malnutrition among children; prevent the transmission of HIV/AIDS, tuberculosis, and malaria; and protect the health of the poor during decentralization. Policy analysis skills and program management for decision-makers who set health priorities are a critical part of service delivery improvement.

### Inputs, Outputs, Activities:

**FY 2005 Program:** Build Health Systems Capacity (\$1,450,000 CSH). USAID will support reinforced health systems in 11 target health districts. It will work with the Government of Rwanda's (GOR) decentralization program to provide national-level skills training in planning, financial systems, and policy in the Ministry of Health and the Ministry of Local Government; district-level skills training with local governments in 35 administrative districts and 11 health districts with joint responsibility for health facilities; and local-level training in the management of health centers and the development of revenue sources through the formation of community-based health pre-payment schemes. Principal contractors and grantees: Intra Health International, John Snow International, Georgetown University (all prime); grantee to be determined.

Improve Child Survival, Health and Nutrition (\$1,150,000 CSH). Improved child health practices, nutritional practices and comprehensive maternity care at clinic and community levels in target districts are key features of this component. Funding will provide training to improve maternal, child and newborn nutrition and health in four provinces. Nutritional training and Vitamin A supplementation complements other training efforts. The development of community-managed health organizations (mutuelles) increases access to affordable care by charging fees communities can afford over time. USAID will revise and improve curricula in training institutions to help future health professionals respond to the challenges of expanding quality health care services. Results of the 2004 Demographic Health Survey (DHS) will identify priority needs, such as the increased use of maternity services, Integrated Management of Childhood Illnesses (IMCI), and nutrition support. Principal contractors and Grantee: Macro International, Intra Health International, Academy for Educational Development (all prime); grantee to be determined.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$1,250,000 CSH). USAID will work to increase access to and quality of family planning and reproductive health interventions. USAID will assist the GOR and its partners to expand the range of family planning and reproductive health services available, both in formal health care units and in communities, and to increase and assure the quality of those services in target health districts. USAID will transfer skills in contraceptive logistics management to central and district levels and potentially add to contraceptive procurements. Principal contractors and grantees: Intra Health International, John Snow International, Georgetown University (all prime); grantee to be determined.

Prevent and Control Infectious Diseases of Major Importance (\$1,000,000 CSH). USAID will expand malaria prevention and treatment by continuing to build skills at the central, district and local levels for improved advocacy, planning, implementation and evaluation of malaria prevention and control activities. USAID will incorporate a malaria prevention component into pre-natal care programs and mutuelle outreach activities. This enhancement will focus on the risk of malaria, means of prevention, the distribution of price-subsidized insecticide-treated bed nets (ITNs) and net re-treatment kits to those most at risk. Principal contractors and grantees: Malaria Action Committee, Population Services International, Johns Hopkins Program in Reproductive Health (all prime); grantee to be determined.

Reduce Transmission and Impact of HIV/AIDS. See the State Department Congressional Budget Justification, Global HIV/AIDS Initiative section, for a discussion of this program.

**FY 2006 Program:** Build Health Systems Capacity (\$1,500,000 CSH). USAID expects to continue to provide training and technical assistance at the national and local levels to support the decentralization of the health sector, provide methods for financing and increase access to mutuelles. Principal contractors and grantees: Intra Health International, John Snow International, Georgetown University (all prime); grantee to be determined.

Improve Child Survival, Health and Nutrition (\$1,450,000 CSH). USAID expects to improve the quality of and access to services and financing for newborn and child health, nutrition, micronutrient supplementation and maternal health. Principal contractors and grantees: Macro International, Intra Health International, Academy for Educational Development (all prime); grantee to be determined.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$1,200,000 CSH). USAID will increase access to and the quality of FP/RH interventions provided by the decentralized health system and assist the GOR and its partners to expand the range of FP/RH services available, both in health care units and in communities. Principal contractors and grantees: Intra Health International, John Snow International, Georgetown University (all prime); grantee to be determined.

Prevent and Control Infectious Diseases of Major Importance (\$750,000 CSH). USAID will continue to work with the GOR in order to promote primary prevention and treatment for malaria through the decentralized health service system. Principal contractors and grantees: Malaria Action Committee, Population Services International, Johns Hopkins Program in Reproductive Health (all prime); grantee to be determined.

Reduce Transmission and Impact of HIV/AIDS. See the State Department Congressional Budget Justification, Global HIV/AIDS Initiative section, for a discussion of this program.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

**Performance and Results:** The program supported and strengthened primary-level, community-based health care. Reproductive health community interventions in seven of Rwanda's 39 health districts provided twice as many prenatal and postnatal consultation services, compared to non-USAID target areas. Service coverage rates increased, particularly for prenatal care and immunization. Contraceptive prevalence rates for family planning services, which were less than 1.5% in 2001 in all seven districts, were up to 12.6% in certain districts in 2004. The number of mutuelles in five districts grew from 54 to 90, and overall membership is over 386,359. Mutuelle membership increased by 135% to more than 275,000 members. A member is five times more likely to seek modern health care than a non-member (1.6 versus 0.27 visits per year). Mutuelles contributed to stronger financial capacity at their partner health facilities, with some generating up to 75% of total revenue for their corresponding health center. At the completion of this program, more than 50% of Rwandans will receive improved health care, with increased citizen participation in oversight and service delivery decisions. Sixty percent of all households in target provinces are expected to use ITNs, reducing the incidence of malaria and other mosquito-borne diseases. The program expects to prevent 157,634 HIV infections, while 250,000 HIV positive people will receive care and 5,000 people living with AIDS will receive antiretroviral therapy.

## US Financing in Thousands of Dollars

Rwanda

	CSH	ESF
696-006 Health and HIV/AIDS		
<b>Through September 30, 2003</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Fiscal Year 2004</b>		
Obligations	13,300	1,000
Expenditures	0	0
<b>Through September 30, 2004</b>		
Obligations	13,300	1,000
Expenditures	0	0
Unliquidated	13,300	1,000
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2005 NOA</b>		
Obligations	4,850	0
<b>Total Planned Fiscal Year 2005</b>		
Obligations	4,850	0
<b>Proposed Fiscal Year 2006 NOA</b>		
Obligations	4,900	0
Future Obligations	13,532	0
Est. Total Cost	36,582	1,000