

## 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>Proposed FY 2004 Obligation:</b>	\$13,350,000 CSH
<b>Prior Year Unobligated:</b>	\$1,000,000 ESF
<b>Proposed FY 2005 Obligation:</b>	\$13,406,000 CSH
<b>Year of Initial Obligation:</b>	FY 2004
<b>Year of Final Obligation:</b>	FY 2008

**Summary:** USAID's new strategic objective for health will concentrate on decentralized provision of health services to create efficient systems that are responsive to health priorities identified by communities. USAID, in close collaboration with other United States Government (USG) partners, will support programs that will build the institutional capacity of district and community level structures to improve child and maternal health practices, prevent and treat HIV/AIDS, improve and expand reproductive health services including family planning, and reduce mortality caused by infectious diseases. USAID will also provide technical assistance to the Ministry of Health (MOH) and other key ministries to improve program planning, budgeting, monitoring and quality assurance.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Reduce child mortality (\$1,150,000 CSH). Working with health district staff, USAID will support activities that will improve quality and affordability of maternity services, integrated management of childhood illnesses, and child nutrition interventions. Curricula in local training institutions will be revised and improved to respond to the critical challenges of expanding quality health care in Rwanda. A Demographic and Health Survey Plus (DHS+-2004) will be developed and launched with the Plus being a baseline estimate of HIV prevalence for Rwanda. Principal contractors and grantees: John Snow International, MACRO International, and others to be determined.

Prevention and treatment of HIV/AIDS (\$8,500,000 CSH). As one of the 14 countries included in the President's Emergency Program for AIDS Relief (PEPFAR), Rwanda is set to rapidly expand a package of HIV/AIDS health activities. Under PEPFAR, USG partners will work with decentralized public and private implementers to ensure that HIV/AIDS services are integrated in all health delivery sites. Using the activities initiated under the President's Prevention of Mother to Child Transmission of HIV Initiative (PMTCT) in 25 sites as a foundation, USAID, along with other USG agencies, will rapidly expand coverage to ensure a comprehensive package of services which includes voluntary counseling and testing, prevention of mother to child transmission, prevention and treatment of opportunistic infections, and nutrition counseling for HIV positive pregnant mothers, weaned infants, and individuals in advanced stages of AIDS. Anti-retroviral treatment (ART) will be provided in 10 sites across the districts to a total of 2,500 HIV positive individuals. Early in FY 2004, USAID will expand activities at the community-level which will include support to associations of people living with AIDS for home-based care and micro-finance activities. Similarly, consistent with PEPFAR objectives, USAID will engage leadership from faith-based organizations to ensure that HIV/AIDS issues, particularly orphans and vulnerable children, are brought to the forefront of community dialogue. Principal contractors and grantees: to be determined.

At the central level, USAID will strengthen the management capacity and support systems. Technical assistance will be provided to fully develop the National Health Sector Program and Health Financing Strategy, and assist the National Medical Stores and the Ministry of Health (MOH) Pharmacy Directorate to implement an effective logistics system to channel commodities and information between central level and service delivery sites. Information technology equipment will be procured for the MOH, the Ministry of

Finance, and the Ministry of Local Government and Social Affairs. USAID support for on-going HIV/AIDS behavior change communication and monitoring and evaluation activities through the National AIDS Commission will continue. In collaboration with the U. S. Centers for Disease Control and Prevention (CDC), USAID will also support the MOH HIV/AIDS Division to improve program planning, monitoring and quality assurance. Principal contractors and grantees: Management Science for Health, MACRO International, the University of North Carolina, and others to be determined.

HIV/AIDS mitigation (\$1,000,000 prior year ESF). With ESF funds and consistent with PEPFAR, USAID/Rwanda will scale-up current USAID funded activities with associations of people living with HIV/AIDS (PLWHA) in the areas of home-based care (HBC), micro-credit opportunities and food supplements, thereby responding to the multiple needs of PLWHA and their families. These additional funds will actually be used to roll out the combined care and support package of activities that will build on the initial 10 associations currently involved in the HBC activity. Twenty additional associations will be included for a total of 30 associations of PLWHA receiving HBC. USAID/Rwanda also proposes to provide to these associations the food supplements for their HBC kits.

Improve reproductive health services (\$2,700,000 CSH). Reproductive health services including family planning, strategies against sexual violence, adolescent counseling, safe motherhood, and couple communication, will be included in decentralized plans of districts, hospitals and health centers by integrating them with comprehensive HIV/AIDS services. Contraceptive logistics management activities at central and district levels will continue, and contraceptive procurements will be adjusted to meet increasing demand. Principal contractors and grantees: John Snow International, and others to be identified.

Reduce mortality from infectious diseases (\$1,000,000 CSH). USAID will support expansion of malaria prevention and treatment activities through community initiatives identified in the 2003 Rwanda Roll-Back Malaria Strategy. To effectively reduce mortality rates due to malarial infection, USAID will support communities and health facilities to target high risk groups such as pregnant women, infants and young children, and to continue improving the quality of services. In response to growing demand and, in collaboration with Rwanda's Global Fund malaria project, USAID will procure insecticide-treated bed nets. Principal contractors and grantees: to be determined.

#### **FY 2005 Program:**

Rwanda is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

Reduce child mortality (\$2,274,000 CSH). Increased funds to reduce child mortality will permit further emphasis on child nutrition and integrated management of childhood illnesses both in health facilities and in communities. Principal contractors and grantees: to be determined.

Prevent the spread of HIV/AIDS (\$8,500,000 CSH). USAID will continue rapid expansion of HIV comprehensive care with ART from 25 sites to at least 35, reaching up to 6,000 individuals. An additional 30 sites will provide prevention of mother to child transmission services to an estimated 4,500 HIV positive pregnant women. This will bring the total up to approximately 65 sites providing comprehensive HIV/AIDS care and support. Principal contractors and grantees: to be determined.

Improve Reproductive Health Services (\$1,882,000 CSH). USAID plans to expand the integration of reproductive health into the HIV/AIDS service package. Principal contractors and grantees: to be determined.

Reduce Mortality from Infectious Diseases (\$750,000 CSH). USAID will continue to promote community initiatives for prevention and treatment of malaria, including insecticide-treated nets and prophylaxis for pregnant women. Principal contractors and grantees: to be determined.

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

**Performance and Results:** At the completion of this program in 2009, in over 50% of the country there will be strengthened capacity of central and local administrations to implement decentralized health care services with greater citizen participation, increased access to essential health commodities and community health services, increased opportunities for community financial participation in health care, and improved professional training programs for clinical and public health service providers. In addition, and consistent with PEPFAR planning guidance, 157,634 HIV infections will be averted, 250,000 HIV positive people will be receiving care, and 50,000 persons living with AIDS will receive ART.

## US Financing in Thousands of Dollars

Rwanda

	CSH	ESF
696-006 Health and HIV/AIDS		
<b>Through September 30, 2002</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Fiscal Year 2003</b>		
Obligations	0	0
Expenditures	0	0
<b>Through September 30, 2003</b>		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
<b>Prior Year Unobligated Funds</b>		
Obligations	0	1,000
<b>Planned Fiscal Year 2004 NOA</b>		
Obligations	13,350	0
<b>Total Planned Fiscal Year 2004</b>		
Obligations	13,350	1,000
<b>Proposed Fiscal Year 2005 NOA</b>		
Obligations	13,406	0
Future Obligations	44,295	0
Est. Total Cost	71,051	1,000