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2009

Democratic Republic of Congo

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
DRC CN_final.doc	application/msword	11/28/2008		MLee

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
DRC Ambassador's Cover Letter FINAL.doc	application/msword	11/19/2008	Ambassador Cover letter	MLee

Country Contacts

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Global Fund In-Country Representative	Yves Pierre Alexandre	Nicholas	Country Coordinator	nicolas.alexandre@undp.org

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009? \$0

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	91,728	32,886	124,614
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	2,874	592	3,466
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	10,105	51,541	61,646
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	632	0	632
8.1 - Number of OVC served by OVC programs	0	9,385	28,155	37,540
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	117,400	0	117,400
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	960	8,666	9,626
Human Resources for Health				
End of Plan Goal				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	290	0	290

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	103,200	377,047	480,247
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,594	6,787	8,381
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	10,780	54,916	65,696
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	478	0	478
8.1 - Number of OVC served by OVC programs	12,885	23,604	36,489
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	171,452	0	171,452
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	1,296	20,000	21,296
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	500	0	500

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ABCD Mass Media Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11691.09
System ID: 11691
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Compact Unallocated budget

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11832.09
System ID: 11832
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Integrated Health Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11425.09
System ID: 11425
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Integrated HIV Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8039.09
System ID: 11418
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PD prevention efforts

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5909.09
System ID: 11692
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Pharmaceutical/Logistic management

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8037.09
System ID: 11408
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: PHE: Improving Loss to Followup

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11913.09
System ID: 11913
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Policy Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11424.09
System ID: 11424
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ASPH FELLOWSHIPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5947.09
System ID: 11616
Planned Funding(\$): \$181,282
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: HIV/AIDS content based ESL teacher training

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5902.09
System ID: 11693
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Congo Language Supporters House
New Partner: No

Mechanism Name: ROADS II project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5878.09
System ID: 11420
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: KINSHASA SCHOOL OF PUBLIC HEALTH COAG

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5978.09
System ID: 11617
Planned Funding(\$): \$616,651
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Kinshasa School of Public Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Kinshasa School of Public Health CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11642.09
System ID: 11642
Planned Funding(\$): \$102,464
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Kinshasa School of Public Health
New Partner: No

Mechanism Name: Support of Military Program and Policies

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5945.09
System ID: 11647
Planned Funding(\$): \$20,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Ministry of Defense, Democratic Republic of Congo
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11833.09
System ID: 11833
Planned Funding(\$): \$13,555,348
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: BCC and HIV Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5936.09
System ID: 11645
Planned Funding(\$): \$190,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV CT in the Military

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5937.09
System ID: 11646
Planned Funding(\$): \$130,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Family Health International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name: GDA-Safe Blood in Rural Health Zones

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5880.09
System ID: 11421
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: Strengthened collaborative TB-HIV activities

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8038.09
System ID: 11422
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: TB-CAP
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Providing AIDS Care and Treatment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8113.09
System ID: 11614
Planned Funding(\$): \$1,433,349
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: Providing AIDS Care and Treatment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8114.09
System ID: 11615
Planned Funding(\$): \$353,527
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: DRC Pefpar Coordinator

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10644.09
System ID: 11687
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: IRM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8320.09
System ID: 11610
Planned Funding(\$): \$36,956
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management and Staffing Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8321.09
System ID: 11609
Planned Funding(\$): \$573,044
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID additional staff

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10643.09
System ID: 11688
Planned Funding(\$): \$408,152
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC-GAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5918.09
System ID: 11619
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC-GAP additional staff

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10642.09
System ID: 11689
Planned Funding(\$): \$416,500
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management and Staffings Costs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8344.09
System ID: 11618
Planned Funding(\$): \$701,155
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC RELOCATION

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11643.09
System ID: 11643
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Management and Staffings Costs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5946.09
System ID: 11648
Planned Funding(\$): \$54,018
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8345.09
System ID: 11620
Planned Funding(\$): \$282,116
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8346.09
System ID: 11621
Planned Funding(\$): \$444,456
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8349.09
System ID: 11651
Planned Funding(\$): \$5,982
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5900.09
System ID: 11611
Planned Funding(\$): \$90,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State additional staff

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11690.09
System ID: 11690
Planned Funding(\$): \$120,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5937.09	11646	Population Services International	Department of Defense	GHCS (State)	Family Health International	N	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$1,008,856

Program Area Narrative:

Prevention of Mother to Child Transmission (PMTCT)

Overview

EPP-Spectrum estimates project 141,500 HIV positive women delivering with 42,450 children infected through mother to child transmission (MTCT) in 2008. The National AIDS Control Program (PNLS) prioritizes the scale-up of PMTCT, with a goal of universal access to PMTCT with ARV services for pregnant women by 2009. PNLS has revised the PMTCT protocol from Nevirapine single dose to combined ARV prophylaxis for pregnant women and their newborns based on World Health Organization (WHO) recommendations.

The PNLS estimates that of the total 515 Health Zones (HZs) in the DRC, 153 HZs offered PMTCT services through 315 sites in 2007. Despite the estimated 134,000 women in need of services, PNLS estimates that only 1,855 (1.4%) HIV positive pregnant women and 1,662 (1.2%) of newborns received Nevirapine (NVP) in 2007.

The recent DHS 2007 data show that 28% of all deliveries take place at home (of which 72% received no antenatal care), with 50% giving birth at a public facility and 21% giving birth at a private facility. Also related to MTCT, 55% of women and 53% of men know that HIV can be transmitted by breastfeeding, and only 14% of women and 15% of men know that the risk of MTCT can be reduced by taking drugs during pregnancy.

Challenges

Barriers to scaling up the PMTCT program include: low uptake and poor quality of antenatal services (ANC), limited access to rural facilities, lack of human capacity in PMTCT services, unreliable supply chains, fragmented and inefficient collection of essential data, stigma, and women's inferior legal and cultural status. In Kinshasa alone, where access to health facilities is better than in most areas of the country, 40% of HIV positive women do not return to maternity wards for delivery. At overburdened maternity wards, HIV test results are not provided the same day as the test.

Challenges at the program level include lack of involvement of male partners, insufficient follow-up of and support to HIV positive mothers and their infants, sharing the positive results among partners, and poor psychosocial support to HIV positive and discordant couples. Insufficient nutritional support for the mother and her infant, especially after weaning at six months pose additional programmatic challenges.

Leveraging and Coordination

Program coordination is critical to ensure that families receive a continuum of care. USG supported PMTCT program services do not address infants who become infected. However, the Clinton Foundation is working in the seven largest Congolese cities to implement a pediatric AIDS program with a target of enrolling 2,000 children on ART. The USG will partner with the Clinton Foundation to provide a continuity of care for pediatric AIDS cases. The USG is also working with the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF) to ensure continuity of services to two of Kinshasa's largest maternity wards as USG funding decreases resulted in limited USG support for these activities.

The Global Fund is providing support to PMTCT in 193 of the planned 300 PMTCT programs nationwide using Round 03 funds and increased efforts to scale up are expected from the approved Round 7 funding.

The USG and UNICEF supported PMTCT policy reform efforts by working with the PNLS to update national PMTCT guidelines, promoting comprehensive services that include primary prevention for women of reproductive age, prevention of unwanted pregnancies for HIV positive women, prevention of HIV infection from mothers to the newborns, treatment and care for HIV positive mothers, infants and family members, including the provider initiated testing and counseling and the revision of National PMTCT Protocol from single dose Nevirapine to ARV combination therapy for HIV positive mothers and their new born babies. In 2009, efforts will be focused on the dissemination of the new policy. Finally, the new VCT guidance under revision with USG support will include the PMTCT counseling aspects.

Current USG Support

Since June 2003, the USG has collaborated with the Congolese MOH, the PNLS, and the National Reproductive Health Program (PNRS) to provide assistance for PMTCT activities in 36 maternity wards in Kinshasa. FY08 funds supported PMTCT coverage for over 25 % of pregnancies in Kinshasa. Services run by UNC include PMTCT training, PICT for women at ANC sites and at maternities during labor, provision of NVP to HIV positive mothers and their infants, management of pregnancy-related complications, syphilis testing and treatment, TB screening and case management, intermittent presumptive malaria treatment,

promotion of insecticide treated bed nets, routine vaccination for women and children, and counseling on family planning and nutrition. These services are part of a larger family-centered continuum of care and ARV treatment. Activities are also targeting men to improve partner involvement, promote HIV testing, and raise awareness of reproductive health issues, including HIV and PMTCT. Support groups for HIV positive mothers and affected parents are also funded by the USG.

Monthly supervisory site visits, data collection and the provision of supplies assure the quality of the Kinshasa programs. Monthly meetings are held to review experiences and solve problems with maternity staff. In-service training sessions for health care workers including traditional birth attendants are supported to extend program reach. Technical assistance is provided to maternities which receive support from other organizations such as the Bureau Diocesain des Oeuvres Médicales (BDOM), Salvation Army, Eglise du Christ au Congo (ECC), and military health facilities to improve the continuum of care and ARV services.

With USG funds and support from UNICEF, PNLs updated the existing PMTCT policy to move from single dose Nevirapine to a combined ARV regimen in December 2007, thus aligning the policy with the 2006 WHO antiretroviral PMTCT guidelines. The Kinshasa based continuum of care program being implemented by UNC continues to serve as the model for the rural health program run by Project AXxes, a consortium of faith-based partners. Project AXxes has been transferring selected components of the urban program to rural areas as feasible. Rural services include PICT for pregnant women with an unknown HIV status during delivery, on-site antenatal counseling and testing to pregnant women and their families, provision of nevirapine, and CTX prophylaxis, follow-up post-partum care for the family unit, and M&E. The program supports exclusive breast feeding up to six months unless an alternative is assessed AFASS. The program is leveraging existing USG investments through 93 sites in 40 rural health zones. Through PMTCT programming, the USG is working across agencies and branching out to other donors to implement a consistent, high-quality package of services in a variety of settings.

USG FY09 Support

FY09 funds will continue support to family-centered continuum of care in Kinshasa's 36 maternity wards. Rural PMTCT programming will be expanded to all 120 sites covered under the AXxes program. Activities will focus on on-site rapid testing and same day results, counseling for HIV positive persons through peer support groups including support groups provided in the PMTCT programs, and PICT for women with unknown HIV status at delivery. Increased PMTCT coverage is planned through collaboration with other organizations' training of trainers and implementation facilitators. These activities will improve coverage of services that address the long term needs of HIV positive pregnant women and their families, including family planning.

FY09 funds will support the expansion of the Lubumbashi HIV program through this new HIV program in Kasumbalesa, Kolwezi, Kipushi and Likasi. PMTCT services are a central component of the new Integrated HIV program. The new integrated HIV program will also seek to strengthen the linkage of care services between health facilities and at the community level through referral and implementation of activities at both levels. This model program which is articulated by the MOH, envisions comprehensive health care at the site level with linkages to strengthen the continuum of care between health facilities and the communities that they serve. With several other USAID health and development projects ongoing in these regions, including family planning and MCH programs, as well as other donor investment, there is an opportunity to leverage other investments (especially in Lubumbashi with at least \$10 million in other USG funds) in order to maximize the effectiveness of services for HIV positive women and their families. For example, USAID is currently implementing primary health care services through the AXxes program in Kolwezi. This program provides PMTCT, malaria, cholera, family planning, immunization and other services. The new HIV/AIDS project will complement that effort by expanding community-based services such as social marketing of HIV and other appropriate commodities, BCC, and home-based care, as well as clinical services such as biomedical transmission prevention, PMTCT (family-centered approach), PICT, management of opportunistic infections, and antiretroviral treatment. The program will cover 20 urban and peri-urban health zones with a "complete package" of HIV services. The PEPFAR team will coordinate with Global Fund activities to fill gaps in the existing package of available services. Having one prime partner providing such comprehensive prevention, care and treatment services will avoid duplication and ensures more ownership by the prime partner. Expansion to other 'hotspot' areas and MARPs will be determined by increased availability of funding, the Compact Program and HIV prevalence rates.

FY09 Funds will be used to expand the implementation of the new PMTCT ARV regimen policy in the all 120 AXxes-supported PMTCT sites through a new integrated bilateral health program (mechanism TBD). The majority of the 93 PMTCT sites currently supported through the Project AXxes have piloted the provision of combined ARV regimen, and the lessons learned from the pilot will be used to strengthen the roll out of the combined ARV regimen to all sites in FY2009. A team of representatives from PNLs and PEPFAR PMTCT partners traveled to Abuja, Nigeria in September 2008 to learn more about the best practices in transitioning the short-course PMTCT programs in the context of the DRC. The observations and findings from this trip will also be used in the expansion of the combined ARV regimen to all AXxes PMTCT sites.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards: 196

1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 103,200

1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting: 1594

1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards: 700

1.5 Number of HIV positive pregnant or lactating women receiving food and nutritional supplementation in a PMTCT setting: 1835

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8039.09	Mechanism: Integrated HIV Program
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 18289.27378.09	Planned Funds: [REDACTED]
Activity System ID: 27378	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18289	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18289	18289.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	[REDACTED]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8113.09	Mechanism: Providing AIDS Care and Treatment
Prime Partner: University of North Carolina	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 18473.28362.09	Planned Funds: \$233,950
Activity System ID: 28362	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	

(0.9%). For women, those who are the most educated and wealthiest are at greatest risk (3.2% and 2.3%, respectively). According to marital status, widowed women have the highest prevalence (9.3%). While nearly all women and men have heard of AIDS, only 15% of women and 22% of men 15-49 years of age have complete knowledge of HIV/AIDS transmission and prevention methods.

The epidemiological findings on HIV/AIDS in the DRC highlight three key findings: (1) the number of infected women is increasing; (2) the epidemic is spreading to rural areas with Lodja and Karawa having the two highest prevalence rates among pregnant women; and (3) the majority of new cases are diagnosed among people less than 24 years of age. Taken together, it is increasingly evident that although the DRC is classified as a low prevalence country, there are concentrated epidemics in geographic 'hotspots' and among specific sub-populations throughout the country. The provincial capitals of Kasai Oriental, Katanga and Kinshasa reveal prevalence rates of 24.5%, 23.3% and 18.4%, respectively among commercial sex workers.

Many prevalence hotspots are in areas where higher risk populations often congregate: border crossings, transport corridors, ports, and regions with a large military presence. PNLs reports that HIV prevalence among commercial sex workers is 16.9%. Nationally, truckers have 3.3% prevalence, but in Katanga (a USG focus province), long-haul truckers from southern African countries have a 7.8% prevalence. The need for increased surveillance of hidden, high-risk populations remains; improved surveillance would facilitate resource targeting and effective responses to the epidemic. Although there is little surveillance data on high-risk groups, behavioral data supports a strategic focus on prevention with high-risk groups. Working with high-risk populations helps the USG assure measurable impact on prevention in a resource limited environment.

Multiple/concurrent sex partners are common. The BSS positive indicates 37.3% of truckers reported having sex with non-regular, non-cohabitating partners in the past 12 months. Miners are another targeted high risk group with 55% reporting two or more sex partners in the last 12 months. Among the military, 32.9% report two or more sex partners in the last 12 months. HIV prevalence rates among street children are unknown, however the proportions with multiple partners are shockingly high. According to the BSS positive, 75.1% of street boys and 81.1% of street girls report two or more sexual partners.

Rates of exchanging sex for money are high, while rates of condom use are relatively low. About half of the transient men surveyed said they had paid for sex in the past year. Condom use is low, with 26% reporting condom use during the last sexual encounter with a CSW, 14% with occasional partners, and 4% with regular partners. Among truckers and the military, condom use with non-regular partners is nearly 45%, but condom use with regular partners remains under 10% for both groups. The BSS positive reports that 72% of CSW acknowledged using a condom with their last client.

Women and girls represent 52% of all HIV infections in DRC. Gender inequities, war, and instability have resulted in widespread rape, sexual violence, and abuse. The horrifying level of violence against women in eastern Congo likely affects gender norms overall in Congolese society. Addressing male norms, behaviors towards women, gender-based violence, and social norms related to multiple/concurrent partnerships and transactional sex are key priorities for preventing new infections.

Among youth, 61% of young women and 56% of young men between 15-24 years of age have had sex before their 18th birthday. Thirty-five percent of young women between 15-24 years of age report having had high risk sex in the past year, only 17% reported using a condom. Among young men, 82% reported having had high risk sex in the past year and of those only 27% used a condom. Cross generational sex is cited as a common occurrence in DRC with 13% of girls between 15-19 years of age reported having sex in the past year with a man 10 or more years older. Prevention programs for youth and the general population lack adequate investment and coverage. Behavioral data indicates a need for increased attention to high risk behaviors among the general population. Key priorities include promoting the delay of sexual debut, reducing multiple and concurrent partners, and addressing other social norms that increase HIV risk.

Challenges

A weak civil society and social taboos limit opportunities for organizations to engage in community dialogues around harmful social norms and risky behaviors. The USG has limited resources to meet the prevention needs of millions of Congolese in the general population. Given the limited funds for prevention in DRC, the USG will continue to prioritize targeted, comprehensive prevention programs among persons engaging in high-risk behavior while also addressing risks for youth and the general population.

Leveraging and Coordination

USG partners working with high risk groups and behavioral change communication (BCC) partners are also supported by the Global Fund and the World Bank/MAP. As described previously, delays in implementation of MAP programming has resulted in MAP prioritizing HIV work in health zones that have existing well-established World Bank support for other health programs. This is expected to facilitate rapid roll out of BCC programs which will serve as a platform for effective national level programming supported by the Global Fund and MAP.

Other USG activities implemented in common geographic areas are leveraged, such as the USAID-funded protection program that aims to reduce the number of separated and abandoned children as well as assist victims of gender-based violence. USG also works with DFID on their BCC programming in Kinshasa, including the use of DFID-developed materials.

Currently, USG provides limited support for prevention for discordant couples. By working with CT, PMTCT, and home-based care programs, USG is expanding efforts to address this important population. The Global Fund and MAP are being encouraged to address discordance. OVC programs will also help identify high-risk youth in need of comprehensive prevention services.

Current USG Support

With prevalence and behavioral data clearly delineating prevention needs among high-risk groups, targeting persons engaging in high-risk behavior remains a key priority to DRC prevention efforts. The current program works with the communities to

disseminate balanced prevention messages that focus on both AB and OP as well as to discuss social norms that increase the spread of HIV.

As part of BCC programming in Matadi, Bukavu, Lubumbashi, Kasumbalesa and Boma, a media campaign called “Je m’engage” (‘I pledge’) target youth to delay sexual debut. The campaign is reinforced among school aged youth through interpersonal communication activities. The program mobilizes CBOs/FBOs to engage youth in activities and life skills building to delay sexual debut and reduce the number of sexual partners. The program also attempts to empower parents and to engage youth in dialogue about sex.

The “Je m’engage” campaign also uses mobile video units (MVU) to increase risk perception among adults. Community screenings of MVUs are followed by question and answer sessions with trained facilitators. MVUs are accompanied by mobile VCT units or provide referrals to VCT services. Community dialogue regarding transactional and trans-generational sex, alcohol and drug abuse, coercion, and other harmful practices is also underway as part of the BCC program.

USG Public Diplomacy, through its Congo American Language Institute, has trained 500 secondary school English teachers from five cities in HIV/AIDS awareness. These teachers will reach 165,000 students. The USG also drew in top Congolese musicians to create a music CD and related documentary entitled “ABCD – Rien que la Vérité” (“Nothing but the Truth”) and sparked much needed public discourse on HIV/AIDS. The musicians performed a large concert in Kinshasa in May 2007, attracting many important public figures with on-site VCT services.

USG supports the regional ROADS II to deliver prevention services at the DRC/Rwanda and the DRC/Burundi borders. The ROADS II project targets CSWs, truckers, out-of-school youth, low income women, and government workers. The ROADS II project uses the regionally branded ‘SafeTStop’ to deliver coordinated messages and services to mobile populations along the transport routes. The project is working with 10 transport associations to promote condom use, fidelity, partner reduction, C&T, Sexually Transmitted Infection (STI) treatment seeking, care treatment for other infections, and stigma reduction, as well as reduced gender-based violence and alcohol abuse. A mix of condom social marketing and free distributions is used. In addition, programs are linked to the LifeWorks Partnership, which creates jobs for marginalized, vulnerable people in East and Central Africa, including low-income women and CSWs.

The program strengthens campaigns initiated by community associations and youth groups called “clusters” to reduce alcohol abuse and domestic violence among drivers and men in the community. Youth peer-educators are trained to provide HIV prevention messages that promote AB behaviors, CT before marriage, and other protective behaviors. In collaboration with AFL-CIO's Solidarity Center, ROADS II will train teachers in adult learning techniques in order to provide transportation workers with skills and alternative activities in the evening. All of these activities will leverage other USG programs by linking clients to programs where appropriate referral services are available.

Beyond the focus cities, individuals can access a toll-free HIV/AIDS Hotline “Ligne Verte” for HIV information and referral to the nearest services. Hotline counselors are trained to answer questions and discuss personal risk reduction strategies. The hotline receives 35,000 calls per month.

Congolese military personnel and their families are reached through community outreach and MVUs. Peer education programs focus on reducing sexual coercion, transactional sex, and alcohol and drug abuse. The USG is also working with an association of six mining companies through a GDA to improve access to prevention services for miners, both artisanal and professional, in Katanga. The projects provide a prevention program for miners that include peer education, MVU, group discussion and referral to testing. The GDA in Katanga leverages other USAID and private investments including education, democracy and governance, civil society strengthening, microfinance, and other health services.

USG FY09 Support

With FY09 funds the following populations will continue to receive prevention services described above: school-aged youth and adults in community forums in the five cities, church groups, transient men with money and other members of the community along transport corridors, the military and their families, mining communities, OVC, and street youth. Future activities will also focus on addressing risks around concurrent partnerships.

Building on the success of FY 07 efforts, the USG will create a more robust curriculum for addressing behavior change with an English language program that reaches 165,000 school-aged youth. There will be opportunities to use the music CD entitled “ABCD – Rien que la Vérité” to reinforce existing behavior change programs so that efforts are mutually reinforcing.

Additional activities aimed at involving musicians in prevention activities will help leverage the impact of the CD among youth and other target audiences. The USG is also planning to create a serial drama for both radio and television targeting HIV behavior change, and will involve the musicians who participated in the CD project. In addition to the programs for English teachers, PD will expand the curriculum for secondary school teachers to include French language materials and teacher training.

With FY09 funds, the USG will continue to build on successful programming directed at high-risk groups with comprehensive ABC messages through targeted, site-based interventions using a new integrated HIV bilateral program (mechanism TBD). The comprehensive prevention programs in Lubumbashi, Matadi, and Bukavu will continue to focus on CSWs, truckers, miners, the military, IDPs, and refugees. In addition, FY09 funds will support the expansion of the Lubumbashi HIV program through this bilateral TBD mechanism in Kasumbalesa, Kolwezi, Kipushi and Likasi. These areas are located outside of Lubumbashi along a major trucking route which starts in South Africa and travels north through Zimbabwe and Zambia into Lubumbashi through Kasumbalesa. Continued expansion of programs to other ‘hotspot’ areas and new high risk target groups, street youth, and transient workforces, high risk in general population will be prioritized and determined by increased availability of funding, the Compact Program and HIV prevalence rates. BCC activities among high-risk populations will be complemented with the targeted

social marketing of 10 million condoms annually. Referrals and linkages to VCT and STI services will continue.

ROADS II will support the activities already developed under the ROADS I program along the Rwanda/Bukavu border. A second recreation center will be launched in 2009 at a truck stop in Uvira on the Burundi border to complement ongoing activities. Continued support to GDA programs with mining companies will increase coverage of miners, a key high-risk population as part of this new mechanism especially in Lubumbashi.

FY09 funds will also be used to continue support for the HIV Hotline's capacity. The referral directory service will be updated annually.

USG will also expand efforts to reach the military with behavior change programming. Scaling up current HIV prevention activities with the Congolese Armed Forces (FARDC) will contribute to a reduction in HIV/AIDS transmission among military personnel. The DOD program will aim to increase personal HIV/AIDS risk perception and improve access to condoms among military personnel and their families in conjunction with VCT scale-up efforts. These objectives will be achieved by training master trainers and peer educators, by "troop level" HIV/AIDS prevention education and by behavior change communication.*

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11691.09	Mechanism: ABCD Mass Media Project
Prime Partner: To Be Determined	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 28638.09	Planned Funds: ██████████
Activity System ID: 28638	
Activity Narrative: Not applicable	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5978.09	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 21113.28376.09	Planned Funds: \$50,000
Activity System ID: 28376	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 21113	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21113	21113.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$50,000

Activity System ID: 27379

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18290

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18290	18290.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5902.09

Mechanism: HIV/AIDS content based ESL teacher training

Prime Partner: Congo Language Supporters House

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 11776.28637.09

Planned Funds: \$100,000

Activity System ID: 28637

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18560	11776.08	Department of State / African Affairs	Congo Language Supporters House	8132	5902.08	HIV/AIDS content based ESL teacher training	\$120,077
11776	11776.07	Department of State / African Affairs	Congo Language Supporters House	5902	5902.07	HIV/AIDS content based ESL teacher training	\$30,000

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$2,100,395

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11691.09	Mechanism: ABCD Mass Media Project
Prime Partner: To Be Determined	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 11779.28635.09	Planned Funds: [REDACTED]
Activity System ID: 28635	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18557	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18557	11779.08	Department of State / African Affairs	To Be Determined	8130	5907.08	ABCD Mass Media Project	[REDACTED]
11779	11779.07	Department of State / African Affairs	To Be Determined	5907	5907.07	ABCD Mass Media Project	[REDACTED]

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5909.09	Mechanism: PD prevention efforts
Prime Partner: To Be Determined	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 11783.28636.09

Planned Funds: [REDACTED]

Activity System ID: 28636

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18559

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18559	11783.08	Department of State / African Affairs	To Be Determined	8131	5909.08	PD prevention efforts	[REDACTED]
11783	11783.07	Department of State / African Affairs	To Be Determined	5909	5909.07	PD prevention efforts	[REDACTED]

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8039.09

Mechanism: Integrated HIV Program

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18291.27380.09

Planned Funds: [REDACTED]

Activity System ID: 27380

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18291

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18291	18291.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	[REDACTED]

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development ██████████
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5878.09	Mechanism: ROADS II project
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 11778.27392.09	Planned Funds: \$175,000
Activity System ID: 27392	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18221	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18221	11778.08	U.S. Agency for International Development	Family Health International	8004	5878.08	ROADS project	\$175,000
11778	11778.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$140,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5978.09	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03

Activity ID: 21115.28378.09

Planned Funds: \$50,000

Activity System ID: 28378

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 21115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21115	21115.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$23,800

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5918.09

Mechanism: CDC-GAP

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18533.28388.09

Planned Funds: \$10,000

Activity System ID: 28388

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18533

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18533	18533.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$10,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8114.09
Mechanism: Providing AIDS Care and Treatment
Prime Partner: University of North Carolina
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 18477.28371.09
Planned Funds: \$69,959
Activity System ID: 28371
Activity Narrative: Not applicable
New/Continuing Activity: Continuing Activity
Continuing Activity: 18477

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18477	18477.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8114	8114.08	Providing AIDS Care and Treatment	

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5936.09
Mechanism: BCC and HIV Prevention
Prime Partner: Population Services International
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 11782.28476.09
Planned Funds: \$190,000
Activity System ID: 28476
Activity Narrative: Not applicable
New/Continuing Activity: Continuing Activity
Continuing Activity: 18553

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18553	11782.08	Department of Defense	Population Services International	8127	5936.08	BCC and HIV Prevention	\$190,000
11782	11782.07	Department of Defense	Population Services International	5936	5936.07	BCC and HIV Prevention	\$190,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$325,000

Program Area Narrative:

Biomedical Prevention

Overview

It is estimated that at least 5% of HIV infections in the DRC occur through transfusion of contaminated blood or blood products. This has a disproportionate affect on pregnant women, children with life-threatening anemia, military, and trauma victims as blood transfusions are most common in these populations. In 2008, the MOH National Program for Blood Safety (PNTS) estimated that in 477 of 515 Health Zones, 235,945 blood transfusions were administered. Of the donated blood, 59% was received from a patient's donating family member. Donating family members do not receive payment for their donations, unlike voluntary donors which represent only 35% of all donors. The military health system also depends completely on the PNTS blood safety network and thus is at risk for unsecured transfusions. In August 2007, one of the biggest military hospitals located at Kamina Base found that HIV prevalence among blood donors was very high (66.7%). The PNTS reports frequent stock-outs of HIV tests and other commodities, and a lack of available resources for the implementation of voluntary donor mobilization campaigns.

Insufficient attention is paid to the risk of HIV/AIDS infection during invasive medical procedures in the DRC. Lack of training and an unreliable supply chain for universal precaution materials able to meet current demands are major constraints to minimizing medical transmission of HIV/AIDS. The USG recognizes the following priorities for TA: (1) strengthening the supply chain, (2) establishing a standardized training curricula, and (3) improving waste management practices. Also of concern is the limited documentation relating to clinical practices that increase the risk of exposure.

Challenges

There is insufficient attention to blood safety in DRC's response to HIV/AIDS. The DRC has poorly developed, fragmented blood safety practices. The blood transfusion system is predominantly hospital based and suffers from chronic staff shortages, a lack of training, and a serious deficiency in pre-transfusion HIV testing capacity. There is no reliable supply chain to meet current

demands for universal precaution materials, lab reagents, and other basic supplies. These constraints, along with an acute shortage of blood, are the major challenges to minimize medical transmission of HIV/AIDS. The provision of TA to strengthen the supply chain, establish standardized training curricula, and safe blood supply management are all key priorities. In addition, donor coordination and cost recovery/affordability of service remains a challenge. For example, all health services in the military are free of charge yet the military must pay for safe blood from the PNTS network or from other civilian health structures.

Leveraging and Coordination

Current USG funding levels do not permit financial support of all of these priorities. Therefore, partnering with larger donors such as the World Bank/MAP and Global Fund is critical. Both Global Fund and MAP incorporate blood safety into their planned national HIV/AIDS programs. The focus of the PNTS and donor groups is to revitalize and improve the national blood safety program through a combined approach of voluntary and remunerated donations.

The USG's role in improving blood safety programs is limited to: (1) program evaluations, (2) advocacy and policy development, (3) and leveraging funding from other donors. DFID has expressed interest in working on blood safety policy and programming. The USG will work with other partners, such as professional associations for physicians, nurses and laboratory technicians, to ensure coverage of injection safety through the provision of TA.

Current USG Support

With USG support, Kinshasa School of Public Health (KSPH) conducted an evaluation of the National Blood Safety Program in 2006. The evaluation conducted an organizational audit, assessed stock management, and evaluated service coverage. The evaluation also assessed strengths, weaknesses, opportunities and barriers to safe blood services nationwide. The evaluation found that program activities are appropriate but that coverage is only effective in Kinshasa and the provincial capitals. Coverage outside of the provincial capitals is scarce, partial and incomplete. Furthermore, untrained hospital staff are completing blood transfusions with limited capacity in proper safe blood procedures. The USG assisted the PNTS to establish ongoing volunteer blood donor groups; however, results were limited as most volunteers donate blood irregularly or infrequently. The average cost per transfusion is \$5.00, while most Congolese live on less than \$1.00 a day.

Previously, the USG supported efforts to prevent transfusion of unscreened blood through its rural health zone program. This effort increased safe blood transfusions from 69% to 97% in the USG-supported health zones.

Presently, the USG is contributing directly to basic training and provision of universal precaution equipment in the 57 rural health zones supported by Project AXxes. The USG complemented the rural health program with a blood safety public-private partnership that leveraged \$1.30 (in total \$1,909,426) for every \$1.00 invested by the USG (in total \$1.2M). The Global Development Alliance (GDA) with Safe Blood for Africa (SBFA), in collaboration with the KSPH, is working to strengthen blood safety efforts for the 7.5 million Congolese in the Project AXxes health zones. This program provides support and facilitates the implementation of an effective National Transfusion Service to build a safe and sustainable blood supply in DRC. The support includes expert guidance and TA in the areas of policy and infrastructure development, blood collection, testing, quality management, transfusion and blood utilization, test kit use training, and monitoring and evaluation. The program includes the distribution of HIV rapid test kits, blood bank and laboratory administration. This project also strengthens the MOH capacity in quality assurance, development of a volunteer non-remunerated blood donation program including training in volunteer donor recruitment and waste-management considerations.

The USG also collaborated with the Belgian Red Cross to set up a pediatric blood bank at Kalembe Lembe Pediatric Hospital in Kinshasa, where UNC is implementing HIV care for kids.

The USG is working with the MOH on policy-level changes in injection safety with the goal of creating policies that decrease demand for injections. The KSPH with USG support is assessing the incidence of accidental blood exposure. Using USG funding, a survey in medical transmission safety has been conducted in Kinshasa to determine the extent of the problem, its causes and possible remedial actions. The results of this study that are expected next year will provide specific information for health care provider professional associations to assist in their efforts to reduce accidental medical transmission of HIV. Also, TA will be provided on risk reduction to associations of physicians, nurses, lab technicians and dentists to develop information packages for their members.

FY09 Support

With FY09 funds, the USG will continue the GDA with SBFA to implement the blood safety program based on voluntary blood donations in the 57 rural health zones. The SBFA and the new integrated bilateral health project (mechanism TBD) will join efforts to continue to provide blood safety services including HIV test kit distribution, training of providers on the use of the test kits, quality assurance, and support the non-remunerated and volunteer blood donation program. With FY09 funds, there will be expanded efforts to provide testing for major transfusion-transmissible diseases in accordance with national policies and PEPFAR blood safety guidance as well as sensitization campaign related to blood donors. Health zone teams will be trained to recruit and retain low-risk blood donors, especially volunteer, non-remunerated blood donors from low-risk populations. With PNTS support, SBFA and the new integrated bilateral health project will reduce unnecessary transfusions by training health care providers in the appropriate use of blood transfusions and alternatives to transfusion.

The USG will provide support for improving the blood safety at military hospitals to mitigate their increased risk pending the availability of additional funding from the Partnership Compact.

TA in policy and programming will continue in 2009 in collaboration with the National Blood Safety Program (PNTS). Support for the PNTS will be leveraged by conducting an assessment and by expanding on KSPH's work to include a strategic plan, a policy matrix, a review of blood safety norms and standards, laboratory protocols, equipment standardization, maintenance, training materials, and planned human resource capacity development. Experts will also assess and make recommendations regarding

recurrent stock management, equipment and human investments, commodity procurement/supply chain, and quality control of laboratory services. This assessment will also address issues such as appropriate use of blood transfusions and recommend a policy statement to reduce blood transfusions, especially among women and young children under the age of five. National program staff will be assisted in determining medium and long term planning objectives. In FY09, there will be increased training and dissemination of these assessment results and national guidelines.

Using FY09 funding, the KSPH will provide technical assistance to the MOH National AIDS Control Program (NACP) to develop guidelines and training manuals and to establish national standards for universal precautions. A training session for trainers will be conducted.

INJECTING AND NON-INJECTING DRUG USERS

Currently, there are no PEPFAR programs addressing this population.

MALE CIRCUMCISION

Currently, there are no PEPFAR programs addressing male circumcision. The DHS 2007 estimates that the almost all men (97%) between 15-59 years of age are already circumcised. *

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities: 114

3.2 Number of individuals trained in blood safety: 570

4.1 Number of individuals trained in medical injection safety: 55

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5880.09	Mechanism: GDA-Safe Blood in Rural Health Zones
Prime Partner: Safe Blood for Africa Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 11764.27397.09	Planned Funds: \$300,000
Activity System ID: 27397	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18232	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18232	11764.08	U.S. Agency for International Development	Safe Blood for Africa Foundation	8008	5880.08	GDA-Safe Blood in Rural Health Zones	\$300,000
11764	11764.07	U.S. Agency for International Development	Safe Blood for Africa Foundation	5880	5880.07	GDA-Safe Blood in Rural Health Zones	\$300,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$85,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.04: Activities by Funding Mechanism**

Mechanism ID: 5918.09	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 11846.28387.09	Planned Funds: \$25,000
Activity System ID: 28387	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18354	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18354	11846.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$63,719
11846	11846.07	HHS/Centers for Disease Control & Prevention	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	5918	5918.07	CDC GAP BASE	\$20,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$19,115

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5978.09	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 21114.28377.09	Planned Funds: \$19,115
Activity System ID: 28377	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 21114	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21114	21114.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$19,115

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$19,115

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$1,166,715

Program Area Narrative:

Adult Care and Support

Overview

The 2007 Demographic and Health Survey (DHS) estimates that the prevalence of Human Immunodeficiency Virus (HIV) in the general population of Democratic Republic of the Congo (DRC) is 1.3%: 1.9% urban v. 0.8% rural and 1.6% among women v. 0.9% men. The 2006 Ante-natal Clinic surveillance estimates the prevalence rate at 4.1%, with three key findings: increasing numbers of infected women; the epidemic is spreading to rural areas (Lodja and Karawa have the highest rates of prevalence among pregnant women); and the majority of new cases are among people under 24 years of age. The differences in DHS and ANC estimates are typical due to different sample populations. The need for increased surveillance of hidden, high-risk populations remains; improved surveillance would facilitate resource targeting and effective responses to the epidemic.

In 2007, the PNLs reported that 31,491 Opportunistic Infection (OI) cases were treated at 166 sites, 25,168 People Living With HIV and AIDS (PLWHA) received cotrimoxazole (CTX) prophylaxis and only 28% of PLWHA enrolled in ART received at least one palliative care service. Overall, the coverage and quality of care in DRC is inadequate. The United States Government (USG) is a major donor for care services both in clinical and community-based settings and provides leadership in supporting care to victims of sexual violence, including HIV-services.

Challenges

Throughout the DRC, poorly paid health care workers often demand unofficial payments and are frequently unable to provide basic care services. Cost and poor outcomes deter clients from seeking care. Preventive measures including vaccination, hygiene, sanitation, and public infrastructure have been neglected for years resulting in recurrent epidemics of communicable diseases, such as measles, typhoid fever, and cholera. Other challenges to HIV care include disclosure, stigma, and adequate supplies of both OI and ARV medications. Additionally, the limited number of care and treatment facilities, compounded by poor supply chain systems makes access to services and treatment a major issue. The lack of food and nutritional support for patients is a further complication.

Leveraging and Coordination

As of June 2008, the Global Fund is providing support to 204 clinics nationwide for prophylaxis and treatment of OIs. The Government of the Democratic Republic of the Congo (GDRC), relying primarily on the Global Fund and Multi-Country AIDS Program's (MAP) free ARV programs, set an ambitious goal of reaching 100,000 patients by the end of 2009. However, in the past few years at both the Global Fund and MAP, funding and coordination bottlenecks have hindered full-scale rollout of treatment programs and reaching these targets is unlikely.

Throughout 2007, the USG supported technical assistance (TA) to the Global Fund Country Coordinating Mechanism (CCM) to address these issues. As a result of the Technical Assistance (TA), DRC has successfully secured \$71M of Round 3 - Phase 2 funds for HIV and it is expected that resulting disbursements to implementing partners will occur without delay and programs will resume with national scale-up. Furthermore, the Round 7 proposals were submitted to Geneva early – a positive indicator of collaboration. Round 7 (\$71M) and Round 8 (\$262,911,091) were both approved.

The Global Fund experienced delays in program implementation due to the mismanagement of contracts. This led the DRC's World Bank MAP to reassess their approach to implementing HIV programs. MAP has opted to realign their HIV programs to work in health zones with already well-established World Bank supported health programs. New, legitimate contracts have been signed, and working in areas with an established World Bank presence should facilitate efficient implementation of care programs. The USG's primary concern with MAP's new approach is that the location of existing World Bank health programs is the key determinant rather than epidemiological evidence. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs are able to implement their ARV programs at scale.

International donors have historically supported Community-based Organizations (CBOs) and Faith-based Organizations (FBOs) to implement Home-based Care (HBC) programs. However, there is a lack of national data to show the coverage and impact of these programs.

In order to prepare for ARV scale-up, technical and financial investments in health facility rehabilitation, laboratory equipment, and development of health commodity distribution systems are underway by multiple bilateral and multilateral health development partners. As partners roll out HIV services and chronic disease treatment models, it will be necessary to integrate HIV services into the existing health care delivery system. An integrated approach should strengthen the overall health system while ensuring a comprehensive continuum of care approach provided at both facility and community levels: early diagnosis, confidential counseling, treatment of tuberculosis (TB)/HIV co-infection, access to OI and ARV treatments, home based care, reduction in HIV-related stigma, as well as the involvement of the entire family. In the DRC, the USG agencies have spearheaded the development of effective health care delivery systems that provide integrated quality care.

Current USG Support

At the national level, the USG strategy promotes the integration of care and support into the framework of the Family Centered Continuum of HIV Services model. To this end, priorities will include the development of home-based care guidelines, standardized training, a standardized package of services, and the provision of home-based care kits.

In clinical settings, the USG supports provision of access to the following package of services: psycho-social assessments during each clinic visit; individual, couples and family counseling; home visits; support groups; and disclosure support. Implementing partners are responsible for the development, training, implementation and evaluation of support activities. Clinic staff and participating local community-based groups will conduct the assessments and activities.

At the community level, the USG supports the provision of basic care and support to PLWHA in Lubumbashi, Matadi, and Bukavu. The current home-based care program focuses on social care services which include food support, legal aid, support groups, income generating activities (IGA), psychosocial support and limited clinical services such as clinical monitoring and support to adherence on treatment through both health providers and home-based care volunteers. Community-based care programs also provide linkages to youth friendly VCT services, specifically to serve marginalized youth and OVC. Linkages to treatment, health and social services are provided to PLWHA and OVC through home-based care providers. These home-based care programs include organizational capacity-building of the indigenous organizations as a key strategy to sustain community-based efforts.

Given the extremely limited resources of the USG HIV program, the USG is not engaged in ARV procurement. However, several USG programs are leveraging other donors' investments in ARVs to complement USG services. The family-centered care program in Kinshasa run by UNC leveraged ARVs from other donors, including the African Development Bank and Belgian Technical Cooperation, so that recipients of USG services are directly linked into ART programs. Similar linkages exist in the home and community-based care programs in Bukavu, Lubumbashi, and Matadi with organizations such as Médecins Sans Frontières (MSF), so that the USG program beneficiaries are enrolled into complementary ARV programs.

The USG supports the regional ROADS II project, a five year Leader With Associates (LWA) program, to deliver prevention care and support services at the DRC/Rwanda and the DRC/Burundi borders. ROADS II will provide care and support services to 1,000 PLWHAs in order to meet their needs through three clusters of 81 local associations including youth, low-income women, and transporter associations. The program targets the provision of care support including psychosocial support, food support, anti-stigma activities and support group activities to HIV positive people. This support is provided by both nurses and community volunteers belonging to the three clusters. This program will be complementary to the Great Lakes Initiative Against AIDS (GLIA) –World Bank and Global Fund programs which provide additional services such as ARV treatment.

USG FY09 Support

FY09 funds will continue to support care and treatment services in clinical and community based settings. Family-centered programs will continue to provide the package of services described above. USG will continue to develop a health network of facilities including Kalembe Lembe Pediatric Hospital and twelve Salvation Army operated clinics that will provide post-birth follow-up care for HIV positive mothers, newborns and immediate family members. A referral service will be developed to shift stabilized clients on ART from the hospital to Salvation Army clinics located nearer to the clients' residences. USG will provide technical assistance to the Salvation Army clinics through training of ten additional physicians in ART (drugs, materials, and equipment are funded by GFATM). USG supported activities at Kalembe Lembe Pediatric Hospital will be coordinated with the Clinton Foundation to add 2,000 new cases on ART nationwide.

Efforts to support community-based palliative care programs will also continue in FY10 using FY09 funds through the new integrated HIV bilateral program (mechanism TBD). Activities currently implemented in the cities of Bukavu, Matadi, and Lubumbashi as well as ROADS II target sites of Bukavu and Uvira will continue and be expanded to other high prevalence 'hotspot' areas.

Additionally, FY09 funds will support the expansion of the Lubumbashi HIV activities through this integrated bilateral program in Kasumbalesa, Kolwezi, Kipushi and Likasi located outside of Lubumbashi at the Zambia border and along a major trucking route which starts in South Africa and travels north through Zimbabwe and Zambia into Lubumbashi through Kasumbalesa. This strategy will fill the programmatic gap between clinical and community-based care programs that had been identified during implementation of the existing program. FY09 funds will sustain a more comprehensive HIV program with improved services including prevention, CTX prophylaxis, palliative care, referral for other services, and improved monitoring and reporting systems. The PEPFAR team will also coordinate with Global Fund activities to fill gaps in the existing package of services. This program, articulated by the Ministry of Health (MOH), envisions comprehensive health care at the site level with linkages to strengthen the continuum of care between health facilities and the communities that they serve. Should DRC receive increased HIV/AIDS

funding, the program will expand to other critical high prevalence, hotspot areas targeting the Most At-Risk Populations (MARPs). Having one prime partner providing such comprehensive prevention, care and treatment services will ensure coordinated and consistent programming limiting the possibility for a break in services, increase synergies and linkages at all program levels, and reduce duplication of efforts.

With several other USG health and development projects ongoing in these regions, as well as other donor investments, there is an opportunity to leverage resources to maximize the effectiveness of care services. Linkages through referrals with services such as counseling and testing, laboratory, TB screening and treatment, OI management, PMTCT, and ARV will be strengthened to ensure access to integrated and comprehensive support. The HIV program will also seek to strengthen the continuum of care between health facilities and community level programming by implementing activities at both levels. Leveraging of USG funds for family planning, nutrition, and economic growth programs will be essential to strengthening care programs. Expansion to other hotspot regions and MARPs will be determined by regional priorities in the DRC 5-year strategy as well as the results of the DHS, increased funding and a new Partnership Compact Program.

The USG has provided care and support to over 75,000 victims of sexual violence in conflict-ridden eastern Congo since 2002. Sexual violence atrocities are structured around rape and sexual slavery and aim at the complete physical and psychological destruction of women with implications for the entire society. Other USG funds will continue to be leveraged in FY09 to provide VCT and PEP as components of comprehensive palliative care programs for survivors of sexual violence. This holistic approach to care includes medical assistance (including fistula repair), psycho-social support, and advocacy, socio-reintegration services, promoting judicial support and referral, and new protection laws. Women who are eligible for ART are referred to MSF and other donor treatment centers. As care for HIV-positive victims of Gender-based Violence (GBV) is a key priority, USG HIV programs will attempt to support and link with these programs that provide comprehensive services to a critically underserved population.

6.1 Number of service outlets providing HIV-related palliative care (including TB/HIV): 199

6.2 Number of individuals provided with HIV-related palliative care (including TB/HIV): 8,603

Male: 2,978 Female: 5,625

6.3 Number of individuals trained to provide HIV palliative care (including TB/HIV):1386

11.1 Number of service outlets providing antiretroviral therapy (FY07 said includes PMTCT sites): 27

11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period (FY07 said includes PMTCT sites):

593 Male (0-14) : 0 ; Male(15+) : 220 ;Female (0-14): 0; Female (15+): 337 and pregnant female (all ages): 36

11.3 Number of individuals who ever received antiretroviral therapy at the end of the reporting period: 922 Male (0-14): 0; Male (15+) : 304; Female (0-14): 0; Female (15+): 552 and pregnant female (all ages): 66

11.4 Number of individuals receiving antiretroviral therapy at the end of the reporting period: 871; Male (0-14): 0; Male(15+): 255; Female (0-14): 0; Female (15+): 537 and pregnant female (all ages): 79

11.5 Number of health workers trained to deliver ART services, according to national and/or international standards : 197

11.6 Number of individuals receiving ART with evidence of severe malnutrition receiving food and nutritional supplementation during the reporting period: 30

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5878.09	Mechanism: ROADS II project
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 18279.27393.09	Planned Funds: \$100,000
Activity System ID: 27393	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18279	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18279	18279.08	U.S. Agency for International Development	Family Health International	8004	5878.08	ROADS project	\$100,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$15,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8113.09

Mechanism: Providing AIDS Care and Treatment

Prime Partner: University of North Carolina

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 18479.28363.09

Planned Funds: \$200,000

Activity System ID: 28363

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18479

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18479	18479.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8113	8113.08	Providing AIDS Care and Treatment	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5918.09	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 18478.28389.09	Planned Funds: \$25,000
Activity System ID: 28389	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18478	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18478	18478.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$25,000

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$645,072

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5918.09	Mechanism: CDC-GAP
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Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 11802.28392.09

Planned Funds: \$40,000

Activity System ID: 28392

Activity Narrative: NOT APPLICABLE

New/Continuing Activity: Continuing Activity

Continuing Activity: 18356

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18356	11802.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$40,000
11802	11802.07	HHS/Centers for Disease Control & Prevention	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	5918	5918.07	CDC GAP BASE	\$26,500

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8039.09

Mechanism: Integrated HIV Program

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 18298.27385.09

Planned Funds: [REDACTED]

Activity System ID: 27385

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18298

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18298	18298.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	[REDACTED]

Activity Narrative: This PHE activity, 'Models for Improving Loss-to-Follow-up in the DRC,' was approved for inclusion in the COP. The PHE tracking ID associated with this activity is CD.09.0224.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$131,508

Program Area Narrative:

Pediatric Care and Support

Overview

Overall, the coverage and quality of HIV pediatric care and treatment in DRC is inadequate. The EPP-Spectrum analysis (2006) estimated that 233,340 HIV positive children needed cotrimoxazole, in 2007, the PNLs reported only 2,603 children receiving cotrimoxazole prophylaxis. As of October 2008, approximately 4,000 children were receiving cotrimoxazole. The EPP-Spectrum analysis (2006) projected that 43,920 children will be eligible for ARV in 2009. However, in 2007 the MOH estimated that 1,485 were enrolled in ARV treatment or 3% of those eligible. As of October 2008, more than 3,000 children were receiving ARVs.

Challenges

Barriers to effective HIV pediatric care include: the retention of children after birth in clinics, malnutrition, TB, ARV dosing, and the socio-economic cost of care. Barriers to scale-up are primarily due to challenges with case identification. Contributing factors include home delivery and limited testing capacity at health facilities where children are born.

Leveraging and Coordination

Due to the special needs of pediatric AIDS cases, the USG plans to leverage the Clinton Foundation's new pediatric treatment and care program in the DRC. The Clinton Foundation is working in Kinshasa, Lubumbashi, Kisangani, Mbuji Mayi, Bukavu, Matadi, Kananga and Goma with a goal of enrolling 2,000 children in ART and related HIV care programs. The USG's PMTCT plus program in both urban and rural areas will seek to link to pediatric care services, including those provided by Clinton Foundation. The USG OVC program in Bukavu, Matadi and Lubumbashi also refers children to available pediatric AIDS services in each of the locations.

Current USG Support

The USG funded Pediatric Care and Support services run by UNC at the Kalembe Lembe Pediatric Hospital in Kinshasa provides care and support to HIV children and their first-line family members. The Clinton Foundation provides ARVs and other needed supplies to selected health facilities that provide care to HIV positive children. The USG has assisted the Clinton Foundation to train lab technicians on Dried Blood Spot for Early Infant Diagnosis in Kinshasa and in Lubumbashi. These collaborative efforts increased the number of children diagnosed and who receive disease monitoring and ARV 1,475 in FY 2008 to an estimated 2,000 in FY 2009. With USG support, UNC has established at Kalembe Lembe Hospital a new service for follow up of HIV positive pregnant women diagnosed at nearby PMTCT sites and their newborns and first-line family members.

The USG also through UNC funds community-based HIV support groups for families of infected children in Kinshasa. HIV positive children are vulnerable to infectious diseases, stigma and discrimination. Many schools refuse to enroll children with facial rashes. Activities for home visits targeting orphans, HIV positive and vulnerable children include: follow-up for missed appointments, assessments of adherence to ARV treatment regimens, linkages to available social services, and instructions on home-based health care. Psychological support is provided on coping with illness and care-giving, as well as the grieving process following the death of a family member. Participant-centered support groups provide opportunities for individuals to meet and discuss coping mechanisms with trained community outreach workers. Disclosure support is provided to parents or caregivers of HIV positive children and adolescents who will receive counseling and support throughout the process of disclosing serostatus to family members.

USG FY09 Support

FY09 funds will continue to provide Pediatric care and support to Kinshasa Pediatric Care and Support activities run by UNC to HIV positive children and their immediate family members. Community-based psycho-social support activities in conjunction with palliative and ART health facilities will also be supported through support groups. Follow up of HIV positive pregnant women identified in PMTCT sites and their newborns and linkages to ART for those who are eligible will continue in two sites in Kinshasa. The USG, along with UNICEF and Clinton Foundation, will provide TA and support to the PNLs Referral Laboratory for Early Infant Diagnosis.

Support groups are very popular and in great demand, with more than 200 people attending one meeting at the Pediatric Hospital. Discussion topics include disclosure, financial problem-solving, staying healthy, positive prevention, self-esteem, and sharing experiences with others. Decentralization of support groups based in the community will continue with FY09 funds.

FY09 funds will support the expansion of the Lubumbashi HIV program through the new HIV bilateral program (mechanism TBD) in Kasumbalesa, Kolwezi, Kipushi and Likasi and pediatric care and treatment will remain a component of this USG's integrated bi-lateral HIV program. This new program will be designed and awarded by September 2009. These cities are located outside of Lubumbashi at the Zambia border and along a major trucking route which starts in South Africa and travels north through Zimbabwe and Zambia into Lubumbashi through Kasumbalesa. PICT and finger prick techniques will be implemented in CT services using the family centered approach and a functioning referral system will be established to increase access to comprehensive care and treatment for both HIV positive children and their parents. FY 09 funds will sustain a more comprehensive program and improve care services articulated by the MOH. This model program envisions comprehensive health care at the site level, linkages to strengthen the continuum of care between health facilities and the communities that they serve. The PEPFAR team will also coordinate with Global Fund and Clinton Foundation activities to fill gaps in the existing package of services available especially for pediatric ARV drugs and laboratories. Having one prime partner providing such comprehensive prevention, care and treatment services will avoid duplication of activities. *

Program Area Downstream Targets:

6.1 Number of service outlets providing HIV-related palliative care (including TB/HIV): 199

6.2 Number of individuals provided with HIV-related palliative care (including TB/HIV): 2,177

Male: 830

Female: 1347

6.3 Number of individuals trained to provide HIV palliative care (including TB/HIV):1386

11.1 Number of service outlets providing antiretroviral therapy (FY07 said includes PMTCT sites): 27

11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period (FY07 said includes PMTCT sites): 97

Male (0-14) : 50 ; Male(15+) : 0 ;Female (0-14): 47; Female (15+): 0 and pregnant female (all ages): 0

11.4 Number of individuals who ever received antiretroviral therapy at the end of the reporting period: 600 Male (0-14): 286; Male (15+) : 0; Female (0-14): 324; Female (15+): 0 and pregnant female (all ages): 0

11.4 Number of individuals receiving antiretroviral therapy at the end of the reporting period: 427; Male (0-14): 212; Male(15+): 0; Female (0-14): 215; Female (15+): 0 and pregnant female (all ages): 0

11.8 Number of health workers trained to deliver ART services, according to national and/or international standards : 197

11.9 Number of individuals receiving ART with evidence of severe malnutrition receiving food and nutritional supplementation during the reporting period: 66

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 8113.09

Mechanism: Providing AIDS Care and Treatment

Prime Partner: University of North Carolina

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 18479.28364.09

Planned Funds: \$131,508

Activity System ID: 28364

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18479

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18479	18479.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8113	8113.08	Providing AIDS Care and Treatment	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,690

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,040

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$127,891

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8113.09

Mechanism: Providing AIDS Care and Treatment

Prime Partner: University of North Carolina

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 28402.09

Planned Funds: \$127,891

Activity System ID: 28402

Activity Narrative: NA

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,070

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$873,663

Program Area Narrative:

TB/HIV

Overview

TB is one of the leading causes of death in the DRC with an estimated annual incidence of 150 per 100,000 inhabitants. The DRC has TB case detection rate of 68% (66,099 news cases reported in 2007), and a DOTS completion rate of 81%. A TB drug resistance surveillance conducted in Kinshasa in 2004 revealed a multi-drug resistance (MDR) rate of 2.9%. EPP Spectrum analysis estimates that there will be 131,400 individuals in DRC co-infected with HIV and TB in 2009.

With 18 % HIV prevalence rates among adult TB patients, TB clinics are prime locales to identify PLWHA for care, support, and treatment. The DRC's national TB program (PNT) within the MOH has a reputation as the strongest of the national health programs while the National HIV/AIDS Program (PNLS) is still weak.

TB clinics are well prepared to take on issues of co-infection. Despite minor increases in the number of clinics providing TB diagnosis and treatment, TB case notification declined from 2005 to 2006. If TB incidence has in fact started to decline, it is likely that the epidemiology of HIV is a part of the explanation. While treatment outcomes for smear-positive patients are good compared with other African countries, very few smear-negative cases are reported, suggesting problems with diagnosis. Coordination with the National AIDS Control Program continues to be problematic, and fewer than 2% of TB patients were tested for HIV in 2006. However, the absorptive capacity of the National TB program appears good, so it is likely that increased funding would increase HIV testing at these clinics. (Source: WHO Report 2008)

Despite continued improvements in TB programming in the DRC over the past five years, the DRC program identifies four areas that are still in need of significant strengthening: laboratory facilities (specifically quality control and resistance surveillance), coordination of programs at the provincial level, supply chain and distribution of medication, and management of TB/HIV co-infection. Through PEPFAR funds, the USG is expanding efforts to address TB/HIV co-infection, building from the strengths of the National TB Program.

Leveraging and Coordination

The USG provides the DRC National TB Program with technical support to strengthen TB/HIV activities including case detection, care, and treatment policies. The USG supports the steering committee for TB/HIV set up by the MOH in 2006. The committee coordinates the National HIV/AIDS and TB Programs' efforts to improve service quality offered to HIV-positive TB patients. The Global Fund granted the DRC \$36.2M to develop a program to strengthen the DOTS strategy, social mobilization, development of TB/HIV collaborative activities, and multi-drug resistant tuberculosis treatment. The Global Fund TB grants have been disbursed with fewer bottlenecks than HIV funds. Linkages and referrals to Global Fund PMTCT and ARV programs will be supported to ensure a continuum of services. The Global Fund TB Round 5 grant was adequately managed, allowing provision of comprehensive care and treatment services in 127 of the planned 250 Health Diagnoses and Treatment Centers as of June 2008. Global Fund Round 6 grant will continue to support the strengthening and extension of the fight against tuberculosis in the DRC. Unfortunately the Round 8 TB proposal was not approved, thus risking a service gap in TB-HIV activities.

Current USG Support

The USG through UNC supports 14 TB clinics to assure HIV rapid testing of new TB clients and palliative care for co-infected individuals. 5 of Kinshasa's TB clinics also provide other HIV services such as ART as a part of the Continuum of Care package. Referral and linkages to HIV services for those stand-alone TB clinics are being developed by UNC. The USG, through CT funding, also supports 3 HIV CT in TB clinics in Matadi, Bukavu, and Lubumbashi.

USG provides the National TB Program with technical assistance in developing training manuals for the treatment of co-infected individuals, assuring microscopy competence to diagnose TB, and instituting laboratory quality control efforts. With non-PEPFAR USAID TB funds, TB CAP supports TB-HIV activities in two provinces (Bas-Congo and North-Kivu). The program is a joint project with the European Commission, and USAID TB funds provide support for the development of an Integrated HIV Care for TB patients in 21 pilot sites: nine sites in Bas-Congo province and twelve sites in North Kivu province. Using FY08 funds (both HIV and non-HIV funds), TB CAP has expanded its activities in two other provinces: Equateur and Kasai-Occidental. TB CAP is supporting coordination of collaborative TB/HIV activities at national and provincial levels as well as integration of TB-HIV activities at the health facility level in these four provinces. Targeted activities include TB-HIV task-force meetings, annual TB-HIV meetings, joint TB-HIV supervision, implementation of PICT at TB clinic settings, TB screening among HIV patients and quality assurance. In total, 25 TB clinics will integrate comprehensive HIV-TB care in these four provinces. Non-HIV funds from Global health and USAID TB funds are being used to support procurement of HIV tests kits, provision of reagent for TB diagnosis and to strengthen TB lab to detect and manage MDR TB and XDR TB cases.

UNC is conducting a pilot project to assess the feasibility and effectiveness of the integration of ARV treatment in five TB clinics in Kinshasa. Preliminary results show successful implementation of this strategy. Final results are expected by July next year 2009. USG programming will continue to complement and leverage work being done in eighty health zones through USAID TBCAP: activities will be focused on strengthening local capacity to better manage TB and TB/HIV co-infection and promote VCT for TB patients.

USG FY09 Support

FY09 funds will be used to provide technical assistance to the PNLs and the PNT to coordinate TB/HIV activities. Through TB-CAP, which has a history of working with the PNT, the USG will fund technical assistance to coordinate TB-HIV activities at both the national and provincial levels. Activities include implementation of the TB-HIV strategic plan that was developed in 2007, the development of a joint annual operational plan with joint supervision and joint annual review. This strong collaborative process will have positive impact at the service delivery level to increase TB-case detection among HIV patients, increase HIV testing for TB patients, and to establish a harmonized monitoring and evaluation system.

USG technical assistance will continue to support development of TB/HIV training guides for training of trainers and nurses. Subjects covered include: TB/HIV collaborative activities and the role of the TB/HIV counselor; PICT for TB patients; management of HIV+ TB patients; TB case identification among PLWHAs, management of OIs and referral; M&E; stigma; family approach to counseling; counseling children; support groups for patients; community mobilization; and palliative care. Training guides will be used by the TB program nationwide.

FY09 funds through the new integrated HIV bilateral program, to be awarded in September 2009 (mechanism TBD), will continue to support TB/HIV activities at three TB clinics in Matadi, Bukavu, and Lubumbashi. FY09 funds will support the expansion of HIV activities to Kasumbalesa, Kolwezi, Kipushi and Likasi; these areas are located outside Lubumbashi along a major trucking route which starts in South Africa and travels north through Zimbabwe and Zambia into Lubumbashi. TB/HIV activities will include the implementation of PICT in TB clinics, intensification of TB case identification among PLWHA, TB infection control including renovation of ARV settings, administrative, environmental and personal protection, implementation of TB drug resistance surveillance, laboratory quality assurance, and support of Monitoring and evaluation activities. A strong link to community based activities will be established through engaging the Ligue Nationale Antituberculeuse et Antilepreuse du Congo (LNAC) in TB-HIV related BCC activities including sensitization for HIV testing and prevention strategies among HIV positive patients. This program will also leverage ongoing efforts by TBCAP to provide DOTS in health zones in Northern Katanga. The PEPFAR team will also coordinate with Global Fund activities to fill gaps in the existing package of available services.

In Kinshasa, PICT for TB patients will continue in 14 health facilities; within these facilities, linkages to ARV and PMTCT are offered through GFATM support. In addition, the USG will continue to support service models for integrating ART to TB services in Kinshasa and Matadi by developing a health network of facilities including Kalembe Lembe Pediatric Hospital, Salvation Army clinics and other clinics which will provide follow up care for HIV+ TB patients and their immediate family members.

Using the results from the pilot project, with USG support UNC is planning to expand ART to additional TB clinics that have already integrated PICT activities in Kinshasa. USG is aiming to integrate PICT to all major TB clinics in Kinshasa.

Through TB-CAP, 25 health clinics in four provinces will continue to receive technical support to implement TB-HIV activities. Activities will include PICT in TB clinics, intensification of TB case identification among PLWHA, TB infection control, drug resistance surveillance, quality assurance, and M&E support.

Program Area Downstream Targets:

7.1 Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting (a subset of indicator number 6.1) : 40

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator number 6.2): 478 Male: 232 Female: 246

7.3 Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) (a subset of indicator number 6.3):30

7.4 Number of registered TB patients who received HIV counseling, testing and their test results at a USG supported TB service outlet (a subset of indicator number 9.2): 11,696
 Male: 4,975 Female: 6,721

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5918.09 **Mechanism:** CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 18480.28390.09 **Planned Funds:** \$20,000
Activity System ID: 28390
Activity Narrative: Not applicable
New/Continuing Activity: Continuing Activity
Continuing Activity: 18480

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18480	18480.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$20,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8113.09 **Mechanism:** Providing AIDS Care and Treatment
Prime Partner: University of North Carolina **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 18481.28365.09 **Planned Funds:** \$113,663
Activity System ID: 28365
Activity Narrative: Not applicable
New/Continuing Activity: Continuing Activity
Continuing Activity: 18481

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18481	18481.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8113	8113.08	Providing AIDS Care and Treatment	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$1,200
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8039.09	Mechanism: Integrated HIV Program
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 18293.27382.09	Planned Funds: ██████████
Activity System ID: 27382	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18293	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18293	18293.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	██████████

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8038.09	Mechanism: Strengthened collaborative TB-HIV activities
Prime Partner: TB-CAP	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 18287.27398.09	Planned Funds: \$300,000
Activity System ID: 27398	

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18287

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18287	18287.08	U.S. Agency for International Development	TB-CAP	8038	8038.08	Strengthened collaborative TB-HIV activities	\$300,000

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$1,102,522

Program Area Narrative:

Orphans & Vulnerable Children (OVC)

Overview

DHS 2007 results estimated that there are 8.2 million orphan and vulnerable children in the DRC. About 930,000 of these children lost their parents to HIV/AIDS. In addition, the 2009 new case estimates for newborns is about 36,910, of whom half will not reach their second birthday without access to ART. An estimated 233,340 HIV positive children are vulnerable and in need of palliative care in 2009. HIV/AIDS in the family is a major source of vulnerability and poses several child protection challenges. All of these children and their families or caretakers will need access to a flexible package of services based on an individual needs assessment. Experience at Kalembe Lembe Pediatric Hospital has shown that families allowing home visits have better health status than those families that refuse psycho-social support.

Leveraging and Coordination

The Ministry of Social Affairs (MINAS) is responsible for OVC needs and is developing the national action plan with technical support from USG, UNICEF, and Programme National Multi-Sectoriel de Lutte contre le SIDA (PNMLS). An OVC technical and M&E working group was established in 2006 by the PNMLS and MINAS with USG, UNICEF, and WFP participation. In March 2008, the Ministry of Social Affairs signed a ministerial directive creating a national OVC task force and an inter-ministerial committee on OVC in order to improve coordination among stakeholders under the government's leadership. Technical support to MINAS has continued on the Rapid Country Assessment, Analysis, and Action Plan (RAAAP) initiative that began in September 2006. Coordination meetings with representation from the public sector, multilateral donors and civil society in each province and in three zones have been launched to reach consensus on key OVC issues to inform the development of a national OVC action plan. A Focus Group Discussion study targeting OVC and their parents/guardians has been organized by the KSPH and will inform the national OVC action plan development process. The national plan and budget will serve as the key reference document for all donors working with OVC. The document will also be an advocacy tool to help the MINAS direct interested donors and other GDRC stakeholders towards supporting OVC. The USG will also collaborate with other child protection programs active in Kinshasa and Bukavu to document lessons learned and develop standards of practice. USG support of the RAAAP process as well as coordination with child protection programs are in line with priorities set in PL 109-95. MINAS and PNMLS are providing leadership while UNICEF and USAID are providing funding and technical assistance for the second phase of the RAAAP, which will be completed in December 2008. Using USAID centrally-funded Economic Growth funds, a Lifeworks' Youth Enterprise Development program will target less-educated youth within ROADS II Bukavu 'cluster' groups. The program goal is to contribute to a reduction in young women's high-risk HIV behaviours and vulnerability. This program will engage young women in sustainable micro-enterprise activities which generate both income and employment opportunities. Lessons learned from this project will be shared to improve other OVC programs in the DRC.

The DRC has been engaged in south-south exchange on OVC issues with Ivory Coast. The USG supported MINAS delegates from both national and provincial levels to exchange lessons learned with the OVC team in the Ivory Coast. This was an opportunity to learn from this francophone PEPFAR focus country as both countries are presently developing a National Plan of Action for OVC.

Current USG Support

The current USG OVC program (2006-2009) employs innovative activities, including Community Care Coalitions to promote stigma reduction by involving youth as caregivers as well as the promotion of male involvement in home based care. Community-level OVC activities are strengthened by building the capacity of community and faith leaders to respond to the needs of people affected by HIV while improving the resilience of OVC and their households. By September 30, 2008, the USG provided support to 7,558 children in Bukavu, Matadi, and Lubumbashi who received assistance for education, vocational training, nutritional support, economic strengthening support including income generating activities, and psychosocial support. A total of 3,158

orphans went to school and 1,062 saved money from their IGA. The program encourages community leaders to ensure that OVC families are empowered to take a leading role in providing support in education, health, nutrition, child protection, income generation, psycho-social and life skills training.

In order to assure good quality programming, volunteer home visitors and household care givers are trained and shadowed in quality assurance visits. This strategy ensures that the needs of the OVC are met and that best practices and lessons learned are shared and disseminated among all stakeholders. At-risk youth are identified for prevention programs and referred to VCT. Through the implementation of a high quality, comprehensive OVC program, the USG aims to inform the OVC National Action Plan while demonstrating a replicable model that other donors can adopt and scale-up. The program model will be refined by incorporating findings of the RAAAP as well as integrating guidance of the MINAS, PNMLS, and the OVC National Action Plan.

USG supports the regional ROADS II project (a five year LWA program managed by USAID) to deliver prevention, care and support services at the DRC/Rwanda and the DRC/Burundi borders. ROADS II will provide three core support services to 300 OVCs to meet to meet their needs through the youth association cluster.

The USG also supports community-based HIV support groups for those HIV positive families in Kinshasa. HIV positive children are vulnerable to stigma and discrimination as well as infectious disease. For example, many schools refuse to enroll children with facial rashes. Adolescents need to understand their status prior to becoming sexually active or entering into marriage. Activities for home visits targeting orphans, HIV positive and vulnerable children include: follow-up for missed appointments, assessments of adherence to ARV treatment regimens, linkages to available social services, and instructions on home-based health care. Psychological support is provided on coping with illness and care-giving, as well as the grieving process following the death of a family member. Participant-centered support groups provide opportunities for individuals to meet and discuss coping strategies with trained community outreach workers. Disclosure support is provided to parents or caregivers of HIV positive children and adolescents who will receive counseling and support throughout the process of disclosing their sero-status to family members.

FY 09 Support

The USG's support to the Ministère des Affaires Sociales (MINAS) will continue (mechanism TBD and awarded by March 2009), and includes policy work development and institutional capacity building with the GDRC to implement OVC policies. In coordination with UNICEF, the USG will continue to support the MINAS in their child protection leadership role and assist with implementation of the National Plan of Action developed from the RAAAP findings. The national plan will serve as a guide for OVC partners to coordinate and implement projects and develop a standard quality service package for OVC. The Plan will also strengthen the MINAS' role at both the national and provincial levels to monitor and evaluate service delivery by government organizations, private residential facilities, and NGOs, as well as FBOs and CBOs. Support to the MINAS will come in part through an OVC specialist seconded to the MINAS through the Policy Development Project (mechanism TBD). The specialist will be tasked with organizing the provision of services to vulnerable children, institutional and human capacity coordination, leadership and advocacy, policy development, and norms, in order to position the MINAS to provide cohesive leadership on children's issues. USG will also coordinate with UNICEF to establish social worker guidelines and principles and train a pool of social workers at both the national and provincial levels.

FY09 funds, through the new integrated HIV bilateral program (mechanism TBD), will also continue to support the community-level OVC programs in Bukavu, Matadi, and Lubumbashi, expanding the reach of the current package of services. The new integrated HIV program will be redesigned and awarded by September 2009 to continue the work when the current USAID supported HIV OVC/HBC programs end. OVC activities will continue under the ROADS II initiative in the East using the three cluster model comprising 81 local associations (youth cluster, low income cluster, and truckers cluster). This program will complement the LifeWorks' Youth Enterprise Development project funded by the Economic Growth Office in AID/W as described above.

FY09 funds will support the expansion of the Lubumbashi HIV program in Kasumbalesa, Kolwezi, Kipushi and Likasi. Additionally OVC services are a central component of the new Integrated HIV program. The new integrated HIV program will also seek to strengthen the linkage of care services between health facilities and at the community level through referral and implementation of activities at both levels. Clinical and non-clinical needs of OVC will be more comprehensively addressed through this approach, and better coverage of OVCs will be achieved with the expansion of new activities in this region. The program will promote the comprehensive services at both facility and community levels for infected and affected families to make sure that the needs of the children affected by HIV/AIDS are addressed. Leveraging USAID education, nutrition, child protection, and economic growth programs especially in Lubumbashi will expand the program's reach. Given the small budget for OVC compared to the enormous need, the PEPFAR team will coordinate with Global Fund activities to fill gaps in the existing package of available services. Having one prime partner providing such comprehensive prevention, care and treatment services will avoid duplication and ensure more ownership by the prime partner. Expansion to other 'hotspot' areas and MARPs will be determined by increased availability of funding, the Compact Program and HIV prevalence rates.

FY09 funds will continue to provide Kinshasa community-based psycho-social support activities in conjunction with palliative care and ART in health facilities. Services include home visits to patients with missed appointments, counseling on adherence and health seeking behaviors for participants and their caregivers, and support group meetings for participants and their caregivers. Support groups include parents of HIV positive children, HIV positive adults and children with chronic illness. Disclosure, financial problem-solving, staying healthy, positive prevention, self-esteem, and sharing experiences with others are also covered. Support groups are very popular and in great demand, with more than 200 people attending one meeting at the Pediatric Hospital. Decentralization of support groups based in the community will continue with FY09 funds. *

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs: 12,885 Male : 6,300 Female:6,585
8.1A Primary direct : 5,017

8.1B Supplemental direct : 7,868
 8.2 Number of providers/caretakers trained in caring for OVC: 1,158

8.3 Number of OVC receiving food and nutritional supplementation through OVC programs: 6,288

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11424.09 **Mechanism:** Policy Development
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 27399.09 **Planned Funds:** ██████████
Activity System ID: 27399
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8039.09 **Mechanism:** Integrated HIV Program
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 18295.27383.09 **Planned Funds:** ██████████
Activity System ID: 27383
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18295

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18295	18295.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	██████████

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18280.27394.09

Planned Funds: \$150,000

Activity System ID: 27394

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 18280

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18280	18280.08	U.S. Agency for International Development	Family Health International	8004	5878.08	ROADS project	\$150,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Estimated amount of funding that is planned for Education \$10,000

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$1,462,804

Program Area Narrative:

Counseling and Testing (CT)

Overview

Currently, the MOH estimates that there are 525 testing sites: 342 sites linked to hospitals and 183 community based VCT centers. Of the 525 VCT sites, the USG is currently supporting 16. Weaknesses in the health and reporting systems as well as delays in fund disbursements from the GF have severely affected counseling and testing services. In 2007, only 166,081 people were counseled, 162,560 tested, and 155,087 received their test results. This is a considerable decrease from 2006 when 578,568 people were counseled, 555,041 were tested, and 509,979 received their test results. VCT programs are growing in scale and coverage with other donor support. There is an increase in both the acceptance rate and post test attendance. In 2007, HIV prevalence in VCT centers was 10.3% (compared to 12.4% in 2006). The 2006 BSS indicated that only 8% of youth 15-24 have ever been tested for HIV, worrisome as the 2007 annual report on HIV/AIDS issued by the GDRC indicates an increase among youth <24 years.

According to the 2007 Demographic and Health Survey (DHS), 86% of people who tested positive for HIV in the EDS-RDC did not know their status because they have either never been tested (82%) or they were tested but did not receive the results of their last

test (3%)

Challenges

Demand for VCT services in the DRC is high. However, the current number and capacity of VCT centers to meet the demand, as well as the lack of services for onward referral of those who test positive are issues. Another concern is the disclosure of status to sexual partners. Provider-initiated counseling and testing has begun through a few innovative donor programs, but it is not yet included in national policy guidelines.

Leveraging and Coordination

Since 2002, the USG has assisted the PNLs in establishing an evidenced-based VCT program and continues to provide technical support to strengthen national guidelines for VCT testing algorithms, standardized training and reporting, and supervision. The USG model for VCT has been adopted by the Global Fund. A total of 280 new VCT centers nationwide were planned to open with Round 03 funds however only 251 are operational. Bottlenecks in funding disbursements have stalled scale-up of programs as discussed above.

The USG has also leveraged DFID support for the "ABCD Rien que la Vérité" campaign which uses multi-media (audio, video, graphic) for VCT promotion.

Current USG Support

The USG supports a mix of community-based VCT centers and facility-based services, with rapid tests at all 16 sites. Community VCT sites include mobile testing units which target high-risk populations that often do not use facility-based services. Integrated VCT within TB care and family planning, and youth-friendly VCT are also supported. The mix of sites established in each city considers local needs and epidemiology. Support includes training and supervision of counselors, procurement of essential commodities, dissemination of prevention messages, and care and treatment services. It is a USG priority to establish VCT programs in the four cities where BCC currently exists (Kinshasa, Matadi, Lubumbashi, and Bukavu). Joint planning exercises among partners will facilitate the ongoing integration of prevention messaging as well as counseling and testing information.

The USG is also providing technical support to the GDRC to update the national CT guidance, which includes norms and training materials to integrate PICT and couples' counseling and testing into the health facilities approach. Finger-prick testing, currently used by USG partners, is promoted as a component of national guidelines for countrywide dissemination. The updated guidance and training manuals will be finalized in April 2009 and ready for dissemination through a cascade of trainings using USG, World Bank, Global Fund and other donor resources.

The USG has engaged the private sector through a Global Development Alliance (GDA) with mining companies in Lubumbashi to provide CT services for its employees and the surrounding population. A client initiated CT approach is being implemented at four sites including three hospital based VCT centers and one mobile VCT unit to reach the artisan miner population in the area of Kolwezi. The implementation of PICT using all entry points such as STI, PMTCT, TB and hospitalization services will be rolled out after the revision of the national CT guidance. The GDA in Katanga is comprehensive as it leverages other USAID and private investments in the areas of education, democracy and governance, civil society, microfinance, and other health services. A referral network has been established to ensure that HIV positive people have access to care and treatment services needed through the GF supported programs. The existing program is ending in January 2009. The USG will grant a cost extension to the existing VCT program in Lubumbashi through December 2009 in order to assure achievement of the Katanga mining GDA HIV/AIDS CT results envisioned under the 2008 COP.

The current USG strategy to increase demand for testing services will continue. HIV resource centers, the HIV telephone hotline, targeted condom social marketing efforts and the promotion of CT services in the transportation corridor will link HIV awareness and prevention to VCT centers through referral services.

USG supports the regional ROADS II project (a five-year LWA agreement managed by USAID EA) designed as a follow-on of ROADS I that ended in September 2008. ROADS II is delivering prevention services at the DRC/Rwanda and DRC/Burundi borders. Through the ROADS II program a mobile VCT will be available by the end of January 2009 at SafeTStop areas in Bukavu (Rwanda border) and Uvira (Burundi Boarder) to target transportation workers, CSWs, young adults, and others in the surrounding community. These CT efforts will be linked to prevention and treatment programs.

USG creation of campaigns using music videos from "ABCD Rien Que La Verite" are ongoing. A series of multimedia events starring famous Congolese musicians are highlighting prevention messages as well as the importance of knowing your status. Live events with the musicians have been accompanied by mobile counseling and testing.

FY 09 USG Support

FY09 funds, through the new integrated HIV bilateral program (mechanism TBD), will support scale-up of CT efforts through multiple approaches and venues, increasing the number of VCTs receiving support. Dissemination of policy updates (will be supported by USG and their implementing partners as well as through the In partnership with the Global Fund and World Bank/MAP, the USG will support dissemination of updated technical guidelines such as PICT, finger-prick testing, and couples' counseling. These programs will be developed through the follow-on program of the existing activities in three major cities (Lubumbashi, Bukavu and Matadi). ROADS II CT activities will continue in Bukavu and Uvira.

FY09 funds will also support the expansion of the Lubumbashi HIV program to Kasumbalesa, Kolwezi, Kipushi and Likasi and Counseling and testing will remain a component of this HIV program: PICT and finger prick techniques will be implemented in CT services and a functioning referral system will be established to increase access to comprehensive care and treatment for PLWHA. These areas are located outside of Lubumbashi along a major trucking route which starts in South Africa and travels

north through Zimbabwe and Zambia into Lubumbashi through Kasumbalesa. FY 09 funds will allow maintaining a more comprehensive HIV program and improve care services articulated by the MOH. This model program envisions comprehensive health care at the site level, linkages to strengthen the continuum of care between health facilities and the communities that they serve. The PEPFAR team will also coordinate with Global Fund activities to fill gaps in the existing package of available services. Having one prime partner providing such comprehensive prevention, care and treatment services will avoid duplication and ensures more ownership by the prime partner. Expansion to other 'hotspot' areas and MARPS will be determined by increased availability of funding, the Compact Program and HIV prevalence rates.

The USG will continue to increase CT programming among military personnel in conjunction with a FARDC prevention program and by expanding VCT services to a third military site located in Bukavu. USG's BCC prevention program will also focus on increasing access to and use of VCT services among military personnel and their families and increasing the capacity of the military to conduct large-scale HIV testing. These objectives will be achieved in partnership with NGOs and the FARDC.

Efforts to support counseling and testing services in the continuum of family-centered HIV services will also continue. One barrier to the family-based continuum approach is the unwillingness of some fathers to be counseled and tested. A special initiative will be extended to increase the number of first time fathers/partners. Disclosure rates to sexual partners are currently low; only 24 of the known 125 discordant couples in the Kinshasa maternity clinics shared their status with one another. Efforts will continue to increase partner participation by expanding services to accommodate men's availability during early evening and on weekends; providing all female clients with invitations for their male sexual partners; community outreach activities to reduce stigma and discrimination; enhancing counselor communication skills; engaging the FB community; and availability and use of HIV rapid tests.

The current USG strategy to increase demand for testing services will continue. HIV resource centers, the HIV telephone hotline, targeted condom social marketing efforts and the promotion of CT services in the transportation corridor will link HIV awareness and prevention to VCT centers through referral services. Through the ROADS II activities, mobile VCT efforts will be available at SafeTStop areas to target transportation workers, CSW, young adults, and others in the surrounding community. These CT efforts will be linked to prevention and treatment programs for individuals that have tested HIV positive. Of critical concern is the lack of sufficient stock of ART and OI medications to provide treatment to all eligible PLWH/As. USG will also work closely with Global Fund, World Bank and other donors to leverage access to these drugs, so that when diagnosed people have services and treatments available.

Regardless of the type of testing, USG efforts will focus on encouraging individuals to know their HIV status and to be able to take appropriate steps to maintain sero-negativity or to seek HIV services in order to live positively. *

Program Area Downstream Targets:

- 9.1 Number of service outlets providing counseling and testing according to national and international standards : 141
- 9.2 Number of individuals who received counseling and testing for HIV and received their test results (including TB): 171,452
Male: 93,818 Female: 77,634.
- 9.3 Number of individuals trained in counseling and testing according to national and international standards: 600

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5878.09	Mechanism: ROADS II project
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 11801.27395.09	Planned Funds: \$150,000
Activity System ID: 27395	
Activity Narrative: Not applicable	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18222	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18222	11801.08	U.S. Agency for International Development	Family Health International	8004	5878.08	ROADS project	\$150,000
11801	11801.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$115,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8039.09	Mechanism: Integrated HIV Program
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 18297.27384.09	Planned Funds: [REDACTED]
Activity System ID: 27384	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 18297	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18297	18297.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	[REDACTED]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5978.09	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21116.28379.09	Planned Funds: \$15,000
Activity System ID: 28379	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 21116	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21116	21116.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$15,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$14,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5918.09	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 18512.28391.09	Planned Funds: \$10,000
Activity System ID: 28391	

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18512

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18512	18512.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$10,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5937.09

Mechanism: HIV CT in the Military

Prime Partner: Population Services International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 11803.28477.09

Planned Funds: \$130,000

Activity System ID: 28477

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18554	11803.08	Department of Defense	Population Services International	8128	5937.08	HIV CT in the Military	\$130,000
11803	11803.07	Department of Defense	Population Services International	5937	5937.07	HIV CT in the Military	\$130,000

Program Area Narrative:

Antiretroviral (ARV) Drugs

Overview & Challenges

Limited USG HIV program resources in the DRC have prohibited procurement of ARVs. This priority issue has been highlighted for the Partnership Compact in FY 09. Currently, several USG programs are leveraging other donors' investments in ARVs to complement USG supported HIV services. The USG is also proposing to support the MOH's efforts to strengthen the supply chain system.

The 2007 DHS estimates that HIV prevalence in the general population of DRC is 1.3% (1.9% urban v. 0.8% rural, 1.6% among women v. 0.9% men). The 2006 ANC Surveillance estimates the prevalence rate at 4.1% with three key findings: increasing numbers of infected women; the epidemic is spreading to rural areas (Lodja and Karawa have the highest rates of prevalence among pregnant women); and the majority of new cases are among people under 24 years of age. The provincial capitals of Kasai Oriental, Katanga and Kinshasa reveal prevalence rates of 24.5%, 23.3%, and 18.4%, respectively, among commercial sex workers. Differences in DHS and ANC estimates are typical due to the different sample populations. The studies reveal concentrated epidemics in pockets throughout the country. The need for increased surveillance of hidden, high-risk populations remains; improved surveillance would facilitate resource targeting and effective responses to the epidemic. UNAIDS EPP Spectrum-derived estimates, based on existing surveillance data from the past five years (prior to DHS results), suggest 1.2 million Congolese are infected with HIV. The same study project over 42,000 vertical mother-to-child infections will occur in 2008, and that 250,000 Congolese will be eligible for ART by 2010. Access to treatment remains a significant challenge, although improvements can be shown over the past three years. In 2006, approximately 8.6% (17,561) of those eligible for ART were enrolled in ARV treatment and in 2007; that number increased to 10.9% (20,856 people). PNLs has reported that 19,483 people were receiving ART as of June 2008. However, approximately 92,726 people were waiting to access treatment.

Current generic treatment regimens are registered and imported, mainly from India. However, Pharmakina, a national pharmaceutical company based in Bukavu, began local production of generic ARVs (including fixed dose combination) in June 2005. The MOH authorized the distribution of these drugs which are now being used in several provinces at a cost of approximately \$22/patient/month. These ARVs are distributed by private providers as well as several FBOs (Caritas Goma in North-Kivu, Caritas Boma in Bas-Congo, Caritas Butembo in North-Kivu). No major donor is currently procuring Pharmakina ARVs. Concomitantly, the WHO is working with the GDRC to determine if Pharmakina meets international General Manufacturing Practice (GMP) standards. The recommendations from that assessment are now being implemented by Pharmakina with support from GTZ.

Leveraging and Coordination

The GDRC set an ambitious goal of enrolling 92,726 Congolese on ART by the end of 2008 and 100,000 by the end of 2009. Achievement of these national targets relies primarily on the Global Fund which provides 80% of the ARVs to HIV positive patients in the DRC and MAP's free ARV programs. In the past few years funding and coordination bottlenecks at both the Global Fund and MAP have hindered full-scale rollout of treatment programs. Throughout 2007, the USG supported technical assistance to the Global Fund CCM to address these issues.

Communication and coordination within the CCM and the national program has improved as a result of the TA, and DRC has successfully secured \$71M of Round 3-Phase 2 funds for HIV. These funds have been received by the UNDP, disbursements to implementers have been made, and programs are resuming national scale-up. Additionally, the GDRC has received approval and signed the agreement for \$70M from Round 7 using UNDP as the principal recipient.

Furthermore, the Round 7 and 8 proposals were prepared with efficiency and coordination never before experienced in the DRC. The proposals were submitted to Geneva early – a positive indicator of successful collaboration. The Round 8 DRC HIV proposal to the Global Fund has been approved for \$262,911,091 for five years to the DRC.

In response to ongoing delays in implementation resulting from mismanaged contracts, the World Bank/MAP has reassessed its approach to HIV services in the DRC. In order to assure expediency and accountability in delivering services, MAP has opted to realign the remaining \$67M of the \$102M HIV grant to work in health zones that already have well-established World Bank supported health programs through 2010. MAP and Global Fund have signed an MOU to avoid duplication of services in the same health zones. The USG's primary concern with MAP's new approach is that the rollout will prioritize existing World Bank health program areas as opposed to high risk zones and MARPs. Overall, the USG's engagement with both the Global Fund and MAP during the last year has produced positive results. The USG will continue to actively coordinate with the national program to improve effective scale-up of ARV supported by the Global Fund and MAP programs.

The USG also is working with the Clinton Foundation's new program in DRC, focused on pediatric treatment and care. The Clinton Foundation is working in Kinshasa, Lubumbashi, Kisangani, Mbuji-Mayi, Bukavu, Matadi, Kananga and Goma with a goal of enrolling 2,000 children in ART and related HIV care programs. They provide first-line and second-line HIV pediatric drugs and second-line for adults. Additionally, the WHO secures ARV stock for 15,000 patients in case a stock-out of ARV occurs in DRC. This system has been tested twice and has performed well both times. Yet, the WHO has expressed the need to have other donors support the buffer stock initiative.

FY09 Support

No FY09 will be allocated to support ARV procurement.

Please see the care and treatment program area contexts for more information on how the USG is leveraging efforts to improve

access, quality and the scale of ARV services in the DRC.

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$397,134

Program Area Narrative:

Laboratory Infrastructure

Overview

At present, HIV laboratories in the DRC are in extremely poor condition. Other challenges which need to be addressed include: (1) weak coordination by the National AIDS Control Program (NACP), (2) absence of standardized protocols including demand-based procurement guidelines, (3) ad-hoc fee structuring, and (4) gaps in quality control procedures. Global Fund supported an ARV assessment in September 2006 which identified laboratory service fees as a barrier to treatment. Of the 80 sites evaluated, only 36% provided consultation, lab and ARVs without charge. The same evaluation will be repeated in earlier 2009 and will include new sites supported through the Global Fund Phase 2 Round 3.

Leveraging and Coordination

The rollout of Global Fund and World Bank/MAP programs provide an excellent opportunity for nationwide improvements based on the National HIV Lab Plan recently developed by the PNLS. Thus far, Global Fund has equipped five laboratories with CD4 machines and plans to expand support to all 11 provincial labs with the Phase 2 Round 7 funds. MAP is supposed to fill gaps by providing missing equipment. Challenges remain for a consistent supply of equipment and reagents for biochemistry and hematology for disease monitoring. The USG supports the PNLS- led HIV Laboratory Task Force and advocates for donor collaboration to standardize laboratory equipment and procedures nationally.

Current USG Support

The USG promotes quality laboratory services to ensure effective diagnosis and treatment, safe blood services, and accurate epidemiologic surveillance. The USG supports HIV laboratory quality improvements by providing TA for the development of national lab policy, norms, procedures and standards. The USG also provides TA for the development of a laboratory quality assurance program at the national, provincial and district hospitals as well as local clinics. However, the USG focuses support in four cities (Kinshasa, Lubumbashi, Matadi and Bukavu) prioritized in the five-year strategy. The USG also supports an HIV laboratory training site at the KSPH that conducts pre-service and in-service training in HIV laboratory techniques/procedures for students enrolled at the Laboratory Technician Institute, KSHP and the University of Kinshasa Medical School. With FY08 funds, the rehabilitation of two KSPH HIV training laboratories was completed. Additionally, technical trainings were initiated to improve competency in diagnosis and monitoring through the use of CD4 FACS count, DNA PCR machines, HIV rapid tests, and microscopes.

The USG is also training four military laboratory technicians to strengthen capacity in the areas of rapid testing, data management, confidentiality, and medical waste disposal. This training will be followed up with quarterly supervisory visits and refresher training as needed.

Results of a USG field survey assessment conducted by the KSPH for laboratory equipment needs were completed early in 2007. This survey identified specific laboratory needs including equipment required to implement essential HIV services. Provincial Laboratories needing equipment were prioritized following the USG geographic zones as defined in the Five-Year HIV Strategy and input from collaborative partners such as the Clinton Foundation's Pediatric AIDS Initiative. As a result, the USG has provided through KSPH key HIV laboratory equipment for provincial hospitals including Jason Sendwe Provincial Hospital in Lubumbashi and Kalembe Lembe Pediatric Hospital in Kinshasa. With FY08 funds, two additional provincial hospital laboratories are being equipped for diagnosis and disease monitoring in Matadi and Bukavu. The HIV quality control/quality assurance plan was finalized in FY06. Currently, the USG is implementing a proficiency test using dried tube samples at 80 sites where HIV rapid testing occurs.

USG FY09 Support

With FY09 funds, additional resources will concentrate on quality assurance in provincial hospitals and key laboratory sites. This work will include revising the training curricula and subsequent training of provincial laboratory technicians. Funds will continue to be used to fill critical gaps in equipment purchases and reagents that are necessary for related laboratory testing. These efforts will promote the validation of new laboratory techniques. The USG will support in-service and pre-service training of HIV laboratory technicians based on standardized procedures. The USG will continue to strengthen laboratory capacity at health facilities based on patient care needs, cost, effectiveness and efficiency.

FY 09 funds will continue to support laboratory services in the new integrated HIV bilateral program (mechanism TBD). This support will include the provision of equipment and reagents, training of laboratory technicians, and establishing quality assurance and supervision systems (especially in Lubumbashi). *

Program Area Downstream Targets:

- 12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests: 7
- 12.2 Number of individuals trained in the provision of laboratory-related activities: 510
- 12.3 Number of tests performed at USG-supported laboratories during the reporting period: 202,400
HIV testing: 91,000; TB diagnostics: 15,200; Syphilis testing: 42,200 and HIV disease monitoring: 54,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 11642.09	Mechanism: Kinshasa School of Public Health CoAg
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 21117.28380.09	Planned Funds: \$102,464
Activity System ID: 28380	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 21117	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21117	21117.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$64,697

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$48,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5978.09	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 11856.28381.09	Planned Funds: \$193,670
Activity System ID: 28381	
Activity Narrative: Not applicable	

New/Continuing Activity: Continuing Activity

Continuing Activity: 18361

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18361	11856.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$231,437
11856	11856.07	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	5978	5978.07	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$296,134

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 8039.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: HLAB
Activity ID: 18299.27386.09
Activity System ID: 27386
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18299

Mechanism: Integrated HIV Program
USG Agency: U.S. Agency for International Development
Program Area: Laboratory Infrastructure
Program Budget Code: 16
Planned Funds: [REDACTED]

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18299	18299.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	[REDACTED]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$1,009,785

Program Area Narrative:

Strategic Information

Overview and Challenges

A challenge in implementing evidence-based decision making is the poor quality of strategic information systems and data sources that provide information on HIV/AIDS service use patterns, quality of care, morbidity and mortality. In the last two decades, surveillance has often been interrupted by conflict. However, ANC surveillance data has been consistently available since 2004, and results from DRC's first-ever Demographic Health Survey (DHS) are now available. Monitoring of services is also a challenge. A USG-supported mapping survey was conducted by KSPH to identify HIV services. Data indicated a low capacity to collect, manage and use data for program decision-making, especially among local community organizations. As a result, there is little quality data available on HIV. The planning and coordination of the national response is limited due to an outdated HIV Strategic Plan, which is currently under revision. Currently there are no service delivery databases for PMTCT, VCT, Care & Treatment, or OVC. In addition, the World Bank reduced financial support to the PNMLS M&E unit, reducing the capacity for national management.

Leveraging and Coordination

In collaboration with major donors, USG is a contributing member to several national steering committees tasked with strengthening coordination and implementation of the Three Ones. This collaboration helps to reduce duplication of effort and to leverage other funding. USG has been instrumental in bringing together donors to support the completion of the first DHS for DRC. Unlike past years, there have been delays in obtaining the 2006 and 2007 ANC surveillance results due to lack of coordination of activities and financial constraints.

The USG will continue to promote SI as a foundation for planning and coordinating the national HIV response by identifying the following: epidemiologic priorities via ANC, BSS and DHS surveillance; geographic distribution of HIV service sites by mapping exercises; financial assistance to the national HIV response via a Proprietary Assistance Framework grant "Making the Money Work"; HIV service delivery via a national M&E reporting system; and performance issue with HIV services and grantee performance via special studies

Current USG Support

As mentioned, the USG supported DRC's first ever DHS, with field work completed and results released in 2008. The USG has supported mobile counseling and testing to accompany the surveillance work, is also providing laboratory quality control of HIV test results, and actively participated in the quality control of the DHS analysis that was used for the final report. Donors who supported the DHS are: USAID, DFID, UNICEF, UNFPA, World Bank and CDC for a total of \$3.4M.

USG funds technical support in conducting a UNAIDS CHAT exercise (Country Harmonization Alignment Tool) and the USG is a member of the steering committee to implement the new CHAT protocol designed to measure progress in achieving the Three Ones. In addition, the USG provided technical assistance and support in field data collection.

The USG supported geographic mapping of HIV Services through the KSPH. The survey aimed to identify HIV services offered by public, private and NGO communities in 2006-2007. Over 2000 sites were identified by interviews with donors, programs, local authorities. The highest concentrations of HIV services were found in Katanga (19%, 2006 ANC prevalence - 5.4%) and Kinshasa (16%, 2006 ANC prevalence - 3.6%). The lowest rates of available services were found in Equator Province (1%, 2006 ANC prevalence - 5.31%). Also, the USG provided technical assistance to a second mapping exercise concluded in 2007 by GFATM and MAP. This mapping exercise provided additional information on GFATM and MAP supported HIV services nationwide that began in 2006 – after the KSPH report was completed.

The USG also supports program assessments to aid other bilateral and multilateral donors to strengthen their program activities: evaluation of the national blood safety program; evaluation of GFATM sub-grantees performance reporting in Phase I; evaluation of ART services; and evaluation of the MAP program supported by the World Bank.

USG continues to provide technical assistance to the PNMLS. Through this assistance, the National M&E Strategic Framework was validated and several key documents were developed: the National M&E Indicator Guide, the National M&E Training Manual, the first National HIV/AIDS Epidemic Report of 2005 and the second in 2006. However, with the review process leading up to the restructuring of the MAP program in 2007, the PNMLS M&E Unit has received minimal implementation funds. An MOU between the PNMLS (MAP program) and GFATM supports common performance indicators. In addition, USG provided funds to UNAIDS to conduct a data collection effort on HIV financing by donor agencies called “Making the Money Work”. Data analysis will assist major HIV decision makers to identify funding gaps.

FY09 Support

Working closely with implementing partners, USG agencies will develop and implement a standardized M&E system that will accurately capture program activities supported by USG funds. Using a simple software package, each agency will be able to track and monitor timely progress being made to achieve yearly targets and identify problem areas. System components will include standardized facility-based registers, training registers, policy document matrices, and annual planning and reporting documents. USG will have access to aggregate data sets to assure no breach in patient confidentiality or violation of Institutional Review Board (IRB) rulings. USG agencies will draw guidance directly from PEPFAR policies including the Data Quality Assurance Tool for program-level indicators.

The main intervention continuing in SI is the provision of support to the Center for HIV/AIDS Strategic Information (CISSIDA) run by the KSPH to strengthen national HIV/AIDS information coordination, collection and use. USG support will enable the Center to provide technical assistance to national institutions such as the PNMLS, the PNLS, the PNTS, the PNT, local organizations and international partners in the area of strategic information. CISSIDA will build and strengthen the capacity of organizations receiving direct funding to collect, use, and report quality data via effective training. The CISSIDA website was completed in FY07 and contains information such as EPP Spectrum estimates, sentinel surveillance surveys, national norms and standards, and special reports such as the Mapping efforts, BSS+ studies, and DHS results. The Center provides technical assistance to the PNMLS in producing annual reports on HIV Activities. Work on the HIV, TB and Blood Safety policy matrix will continue to identify strengths, weaknesses and gaps in HIV national policy. Staff will also assist the PNMLS in the implementation of the National HIV M&E system by training donor agency M&E staff in order that all HIV donors collect data using national indicators (one of the Three Ones principles). Training will also take place for key provincial PNLS, PNMLS and others key stakeholders staff.

The USG will continue to work with major partners, including the GFATM, UNAIDS, and the World Bank, to provide leadership in the coordination of the HIV/AIDS national response. In collaboration with UNAIDS, WHO and the Ministry of Health, the USG will also continue to provide technical assistance for the development of the new Strategic Framework which will be completed in FY09. In addition, the USG will continue to work with the NACP and the Clinton Foundation to strengthen data collection and reporting system for program interventions. An ASPH fellow is currently assigned to UNC to conduct detailed analysis and evaluation of the family-centered HIV programs and a second one will also be assigned to the KSPH to complement the staff for SI activities being implemented by CISSIDA.

The USG supports national surveillance activities to provide HIV prevalence trend data for the general population; to develop a survey protocol and a strategy to increase coverage with the addition of new sites; and to combine BSS and HIV testing in high risk groups (every 3 years). USG technical assistance will continue on the collection of M&E indicators for OVC, in collaboration with UNICEF, DFID, WFP, and MINAS in order to complete the RAAAP by December 2008. Analysis of the 2006 ANC surveillance will be provided in order to complete the final report before the end of the 2007.

USG will provide financial and technical support for the 2008 ANC survey including lab quality control, data analysis, final report writing and dissemination results to all HIV partners.

Pending availability of funds and the ability to leverage other donors, the USG is also considering support to conduct secondary analysis of DHS data in order to inform the targeting and prioritization of programs, as well as the revision and development of national policies.*

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities: 2085

13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS): 902

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8039.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: HVSI
Activity ID: 18300.27387.09
Activity System ID: 27387
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18300

Mechanism: Integrated HIV Program
USG Agency: U.S. Agency for International Development
Program Area: Strategic Information
Program Budget Code: 17
Planned Funds: ██████████

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18300	18300.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	██████████

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5978.09
Prime Partner: Kinshasa School of Public Health
Funding Source: GHCS (State)
Budget Code: HVSI
Activity ID: 21118.28382.09
Activity System ID: 28382
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 21118

Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Strategic Information
Program Budget Code: 17
Planned Funds: \$214,888

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21118	21118.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$214,888

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	\$48,000
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$25,000
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5978.09	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 21119.28383.09	Planned Funds: \$0
Activity System ID: 28383	
Activity Narrative: N/A	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 21119	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21119	21119.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$441,434

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8113.09	Mechanism: Providing AIDS Care and Treatment
Prime Partner: University of North Carolina	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17

Activity ID: 11858.28368.09

Planned Funds: \$192,493

Activity System ID: 28368

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18376	11858.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8113	8113.08	Providing AIDS Care and Treatment	
11858	11858.07	HHS/Centers for Disease Control & Prevention	University of North Carolina	5910	5910.07	UTAP	\$131,901

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5947.09

Mechanism: ASPH FELLOWSHIPS

Prime Partner: Association of Schools of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11820.28375.09

Planned Funds: \$181,282

Activity System ID: 28375

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18302

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18302	11820.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	8041	5947.08	ASPH FELLOWSHIPS	\$171,281
11820	11820.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	5947	5947.07	ASPH FELLOWSHIPS	\$85,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8114.09

Mechanism: Providing AIDS Care and Treatment

Prime Partner: University of North Carolina

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11859.28374.09

Planned Funds: \$104,122

Activity System ID: 28374

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18369

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18369	11859.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8114	8114.08	Providing AIDS Care and Treatment	
11859	11859.07	HHS/Centers for Disease Control & Prevention	University of North Carolina	5908	5908.07	UTAP	\$183,630

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5918.09

Mechanism: CDC-GAP

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11818.28393.09

Planned Funds: \$145,000

Activity System ID: 28393

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18357

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18357	11818.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8062	5918.08	CDC-GAP	\$145,000
11818	11818.07	HHS/Centers for Disease Control & Prevention	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	5918	5918.07	CDC GAP BASE	\$11,800

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$527,321

Program Area Narrative:

Health Systems Strengthening

Overview

In the DRC, the health sector has demonstrated a strong institutional commitment to HIV/AIDS prevention and control. However, a common vision and clear roles from other GDRC ministries are needed for a comprehensive, multi-sector response. USG agencies are well-positioned to promote integrated policy development within key ministries including the Ministries of Health, Planning, Education (Primary and Higher), Defense, Social Affairs, and Agriculture.

In the DRC, civil society has been significantly weakened by conflict which has contributed to deteriorating infrastructure and limited local capacity. The USG-supported 2006 Kinshasa School of Public Health (KSPH) HIV Services Mapping Exercise found that few local organizations working in HIV/AIDS have the capacity to organize, design, implement, and manage programs). Local NGOs involved in health and HIV services require technical assistance in planning, implementing, and reporting. Lack of access to donor-sponsored projects in the 1990s has limited their experience and capacity to manage resources and achieve results. The Global Fund CCM and Principal Recipient (UNDP) have begun addressing these issues.

Leveraging and Coordination

USG assistance will target the implementation of the “Three Ones” to assure a more coordinated and results-oriented national HIV response. The “Three Ones” are: one coordinating body, one national strategic plan, and one monitoring and evaluation plan. Working with the GF, MAP, as well as other donors and implementing partners, the USG will promote improved local capacity with a focus on quality proposal development and effective program implementation. As most donor agencies' HIV programs are limited in scope, strong coordination is paramount to ensure a continuum of care from prevention, to diagnosis, to care and treatment.

The USG will continue to work with GDRC structures to refine strategic plans of action and strengthen the overall systems. The USG will also promote improved donor coordination in policy development, dissemination, and implementation. Some donor agencies lack sufficient technical expertise and have requested USG assistance in developing and improving their HIV programs (Global Fund, DFID). In 2007, the USG provided to the Global Fund CCM to improve coordination and collaboration. This assistance helped the CCM to successfully secure three awards: (1) \$70M Phase 2, Round 3 grant; (2) \$22.6M Phase 1, Round 7 grant; and (3) \$262,911,091 Round 8 funds.

Current USG Support

USG support focuses on integrating quality HIV service delivery into the existing health care system, a priority recently articulated by the MOH. USG also promotes a National HIV Strategic Framework that uses data for decision making and institutionalizes the national response. This approach is taken to reduce duplication of efforts as well as minimize ad hoc approaches to human resource development and supply/distribution systems. The USG contributed technical expertise to develop the MOH 2008-2013 National HIV Strategic Framework which was completed in June 2008. The USG continues to be actively engaged in the development, dissemination, and implementation of other key HIV documents which will serve as the foundation for strengthening health systems:

- Five-year HIV Multi-Sector Strategic Framework;
- Condom, Prevention, and Communication Policy (approved by prevention technical working group and awaiting MOH signature);
- Provider Initiated Counseling and Testing (PICT) & Couple Counseling and Testing Policy (technical assistance underway);
- Anti-stigma Policy for PLWHA (adopted by Parliament and signed by the President);
- Policy on the Sustainable Financing of ART (in progress);
- Policy for Interruption of ART (in progress);
- National Plan of Action for OVC (in progress);
- PMTCT Protocol revision shifting from single dose Nevirapine to a combined ARV regimen (adopted by the PMTCT task force and awaits MOH signature);
- “Three Ones” Implementation Framework (in progress); and,
- TB/HIV Co-infection Policy (developed).

Related to capacity building, one priority is the development of a comprehensive approach to pre-service, in-service, and continuing education to provide quality HIV services. Training is currently done on an ad hoc basis by each implementing partner in the areas of clinical care, community-based services, program management, and strategic information. In support of the National Programs, the USG will advocate for the development of pragmatic training programs that are based on standardized international and national policies, guidelines, and training curricula. Training for coverage, access and monitoring of HIV services is limited and therefore a priority. Training will focus on clinical and support services, community-based services, program management, and strategic information.

The military, through USG technical assistance and funding to the PNMLS/MAP-WB, developed the PALS, its three-year sectional strategic plan covering the 2007-2009 period. In addition, technical assistance will be provided to the Ministry of Defense to create and implement a comprehensive HIV management policy and funds will sponsor the attendance of military commanders at regional military conferences on HIV/AIDS policies to address HIV stigma and discrimination.

The USG will advocate for dialogue among public and private partners to engage civil society. This approach will create a platform for policy implementation and a national HIV response. USG is helping to open up the public dialogue through innovative mass media channels. Radio call-in shows and televised interviews with well-known Congolese provide an opportunity to reach large audiences with appropriate HIV prevention and testing promotion messages. These mass media approaches also provide opportunities to increase public awareness and an understanding of Living Positively while reducing the stigma of HIV. These efforts complement and reinforce USG supported BCC programming.

The USG is providing technical assistance to the Ministry of Social Affairs to develop a national OVC assessment to inform a

national action plan. The assessment will also enhance the Ministry's OVC response at the national, provincial, and local levels. The USG will also support capacity building in strategic information, advocacy, civil society engagement, and policy making. The USG's support on the national OVC action plan is in collaboration with UNICEF (UNICEF co-funds the local costs of activities via direct support to MINAS). The USG support to MINAS has focused on assessment of provincial MINAS' offices and leadership support through MINAS' Direction of Planning. The USG engaged MINAS in a south-south exchange on OVC issues with the Ivory Coast. USG supported MINAS' delegates from national and provincial offices, civil society delegates and representatives from the MINAS cabinet levels to exchange lessons learned on OVC interventions with the OVC team in Ivory Coast. It was an opportunity to learn from this francophone PEPFAR focus country since the context is similar to that of DRC. Both countries are developing National Action Plans for OVC.

The USG-supported community-based programs are also providing capacity building to more than 100 organizations in Matadi, Lubumbashi, and Bukavu, as well as along transport corridors through the ROADS II program.

In October 2008, USG conducted an assessment on the DRC pharmaceutical and logistics system. Preliminary findings reveal that pharmaceutical products enter DRC through numerous channels including private wholesalers, local drug manufacturers, NGOs, FBOs, and donors. However, none of these channels are working effectively. Private wholesalers are the main source of pharmaceutical products, however, with variable drug quality. In addition to the major donors who supply ARVs and ACTs, few private vendors are approved by the government to supply these drugs. Most donors supply pharmaceutical products through their own channels, but these are disparate and uncoordinated. Overall, the pharmaceutical situation in DRC is bleak: stock-outs of critical products are commonplace; the number of private vendors which can procure certain drugs is limited. And, often, privately procured drugs are of questionable quality. The USG will build a program to strengthen the DRC pharmaceutical system based on recommendations from this assessment.

USG FY09 Support

The USG will continue to assist the DRC national programs to refine policies and treatment protocols as well as disseminate these key documents to health development partners. Specifically, the USG will provide technical support to update the national guidelines for VCT algorithms. Revised guidelines will also integrate couple CT and PICT as well as standardized training, supervision, and reporting. The USG will contribute to support the development of the National Multi-sector HIV/AIDS Strategic Framework. The KSPH has conducted workshops on the application of public health principles to the National HIV response and the DOD will provide TA to the Ministry of Defense to create and implement a comprehensive HIV management policy addressing stigma, male norms, violence and alcohol issues. The DOD will also provide support for HIV prevention, counseling and testing, care and treatment programs. Support to the MINAS will continue to inform the development of OVC policy based on the RAAAP findings, standardizing services, and monitoring and evaluation systems.

Additionally, the USG will continue to support capacity building and institutional strengthening (both technical and managerial) of indigenous organizations such as Amo-Congo and Foundation Femme Plus. These organizations are among the few local health development partners engaged in wide-reaching HIV/AIDS programming. Presently, these partners have CT, OVC, and palliative care programs in Lubumbashi, Matadi, and Bukavu. The ROADS II activities in the Eastern Corridor initiative will continue to support 93 different associations, women's groups and CBOs with technical assistance in monitoring and evaluation and community mobilization /advocacy. The USG will aim to identify other CBOs and FBOs to support with similar capacity building approaches. These efforts will aim to provide local partners with strong enough managerial and technical expertise to be in a position to receive direct donor support by 2012.

FY09 support will continue to strengthen the DRC pharmaceutical and logistic system to ensure availability of HIV related commodities at the service delivery sites. *

Program Area Downstream Targets:

- 14.1 Number of local organization provided with technical assistance for HIV-related policy development: 7
- 14.2 Number of local organization provided with technical assistance for HIV-related institutional capacity building: 115
- 14.3 Number of individuals trained in HIV-related policy development: 4
- 14.4 Number of individuals trained in HIV-related institutional capacity building: 1,167
- 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction: 239
- 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment: 1,640

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5945.09	Mechanism: Support of Military Program and Policies
Prime Partner: Ministry of Defense, Democratic Republic of Congo	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 11828.28478.09	Planned Funds: \$20,000
Activity System ID: 28478	

Activity Narrative: NOT APPLICABLE

New/Continuing Activity: Continuing Activity

Continuing Activity: 18552

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18552	11828.08	Department of Defense	Ministry of Defense, Democratic Republic of Congo	8126	5945.08	Support of Military Program and Policies	\$20,000
11828	11828.07	Department of Defense	Ministry of Defense, Democratic Republic of Congo	5945	5945.07	Support of Military Program and Policies	\$20,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11424.09

Prime Partner: To Be Determined

Funding Source: GHCS (USAID)

Budget Code: OHSS

Activity ID: 27403.09

Activity System ID: 27403

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism: Policy Development

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5978.09

Prime Partner: Kinshasa School of Public Health

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 11860.28384.09

Activity System ID: 28384

Activity Narrative: Not applicable

New/Continuing Activity: Continuing Activity

Continuing Activity: 18363

Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$73,978

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18363	11860.08	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	8063	5978.08	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$73,978
11860	11860.07	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	5978	5978.07	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$73,978

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8039.09
Prime Partner: To Be Determined
Funding Source: GHCS (USAID)
Budget Code: OHSS
Activity ID: 21121.27388.09
Activity System ID: 27388
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 21121

Mechanism: Integrated HIV Program
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21121	21121.08	U.S. Agency for International Development	To Be Determined	8039	8039.08	Integrated HIV Program	██████████

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5878.09 **Mechanism:** ROADS II project
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 11816.27396.09 **Planned Funds:** \$75,000
Activity System ID: 27396
Activity Narrative: NOT APPLICABLE
New/Continuing Activity: Continuing Activity
Continuing Activity: 18223

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18223	11816.08	U.S. Agency for International Development	Family Health International	8004	5878.08	ROADS project	\$75,000
11816	11816.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$45,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8037.09 **Mechanism:** Pharmaceutical/Logistic management
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 18285.27344.09 **Planned Funds:** ██████████
Activity System ID: 27344
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18285

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18285	18285.08	U.S. Agency for International Development	To Be Determined	8037	8037.08	Drugs Forecasting	██████████

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8113.09

Mechanism: Providing AIDS Care and Treatment

Prime Partner: University of North Carolina

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 21120.28369.09

Planned Funds: \$71,343

Activity System ID: 28369

Activity Narrative: N/A

New/Continuing Activity: Continuing Activity

Continuing Activity: 21120

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21120	21120.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8113	8113.08	Providing AIDS Care and Treatment	

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$3,882,379

Program Area Narrative:

Management and Staffing

BACKGROUND

The Democratic Republic of Congo (DRC) is a non-focus country with extreme needs yet with an incredibly limited budget. Due to this extreme disparity in need versus resources, DRC's approach to staffing for results in HIV/AIDS is substantially different than that of a PEPFAR focus country.

STAFFING FOR RESULTS

The USG team in DRC (USAID, CDC, STATE and DoD) continues to work collaboratively to assure HIV/AIDS remains a priority to the US Mission. Prioritizing HIV/AIDS is not a simple task in a country with a fragile democracy, continued violence and armed conflict, massive poverty, and an almost completely decimated infrastructure. Despite these challenges, all agencies working on HIV/AIDS in DRC work collaboratively to realize the vision laid out in their 5-year PEPFAR strategy: to capitalize on the transition from conflict to peace and democracy by assisting the Congolese efforts to mitigate the impact of the HIV/AIDS epidemic.

The USG HIV/AIDS PEPFAR in-country team meets on an as-needed basis to share information, discuss strategy, and identify opportunities for collaboration. Across the four (4) agencies involved in PEPFAR, fewer than a dozen people work regularly on technical and strategic planning for PEPFAR, with less than 6 people across the USG team currently dedicated full-time to HIV/AIDS. The team believes that continuing to work as a small, cohesive unit is the most efficient way to use limited resources in order to achieve common results.

CURRENT STAFFING PATTERN

In focus countries with substantial resources, it may be realistic to recruit staff according to the PEPFAR program areas. However, given the extremely limited budget of the USG team and the many technical areas that USG staffs are expected to engage in with the Government of the Democratic Republic of Congo (GDRC), other donors, and implementing partners, staff must be able to work comprehensively across prevention, care, treatment, and other cross-cutting issues. The current staff working on PEPFAR primarily consists of a mix of individuals with public health, clinical and public diplomacy skills, with an emphasis on hiring staff who understand Congolese culture, government, and history. In a country where Global Fund and MAP programs are the largest contributors to national HIV/AIDS programs, USG staff are required to work with other programs to assure their success. Because USG programs alone cannot go to scale in DRC, working with the GDRC, Global Fund, and MAP is essential. While USG staff regularly provides technical assistance and leadership in prevention, care and treatment to other players, USG staff also applies skills in diplomacy, negotiation, and consensus-building.

The USG has made progress in filling key positions. The USG team initially decided not to hire a PEPFAR Coordinator last year due to the budget reduction. Based on anticipated funding through the Compact, the team is moving forward with the hiring process through a USAID/PSC mechanism. The closing date for the advertisement was November 1, 2008 and the team is hopeful the position will be able to be filled within the next few months. In the meantime, through CDC, an interim coordinator was contracted for three and a half months to provide assistance on the Mini-COP.

CDC is in the process of filling its Deputy Director position and hopes to have that person in country by early Spring 2009. They currently have two (2) other vacancies, a Laboratory Specialist (FSN) and Administrative Assistant (FSN). A total of four (4) CDC staff provides technical leadership to the GDRC as well as implementing partners: one (1) FTE (Chief of Party), and three (3) FSNs (Care/Treatment, Strategic Information/Lab and IT services) and two (2) ASPH Fellows providing M&E and HMIS technical assistance. Previously, there were two (2) FTE positions, but the Medical Epidemiologist moved to the Chief of Party position, thereby creating a significant void for technical assistance.

USAID has staffed its vacant positions. USAID currently has one full-time FSN dedicated to HIV/AIDS in addition to one FSN assigned 50% to HIV/AIDS since July 2008. The HIV/AIDS and Infectious Disease (ID) technical advisor position was filled by a Global Health Fellow in November 2008; he will dedicate 50% of his time to HIV. The new Health Officer is able to dedicate 40% of her time to PEPFAR.

There have been no changes in the Public Diplomacy section of DOS but the new FSN positions proposed in the reprogramming request are greatly anticipated.

FSNs are relied upon to provide technical leadership to the GDRC as well as to implementing partners. The DOD representative, who was a local hire and a fully engaged member of the USG Team, resigned and that position is currently being recruited. This void is also significant.

USG agencies contribute the following to achieving results in DRC:

1. Department of State: The Deputy Chief of Mission (DCM) chairs the Mission's interagency HIV/AIDS PEPFAR In-Country Team. The Public Diplomacy Officer (Public Diplomacy section) is part of the Strategic Planning group and participates actively on HIV/AIDS issues. Mission implementing agencies (USAID, CDC, and DOD) provide the technical expertise to manage programs, but final decisions are made by consensus of the HIV/AIDS PEPFAR In-Country Team members. The Chief of Mission, through the DCM, would make a final call if the best efforts of the task force did not result in a consensus position.

2. Centers for Disease Control and Prevention/ Department of Health and Human Services: CDC provides leadership in surveillance, Monitoring and Evaluation (M&E), laboratory strengthening, training and continuum of family-based HIV care (PMTCT, TB/HIV, Palliative Care and ART). CDC participates on a variety of task forces providing technical assistance on HIV (surveillance, PMTCT, ARV, and laboratory support task forces), TB task force, Blood Safety task force, Global Fund (CCM, M&E, technical assistance to UNDP/PR), and the National HIV M&E task force supported by the PNMLS. In addition, CDC provides technical assistance on other donor supported efforts such as the World Bank, GFATM, UNAIDS, and DFID.

3. United States Agency for International Development: USAID provides leadership in behavior change communication, the targeted social marketing and provision of condoms, and other primary prevention, home and community based care-and support for PLWHA and OVC, HIV counseling and testing, drug forecasting and other supply chain management issues, and PMTCT in rural health zones. USAID also focuses on linkages with other USG health and development programs, such as TB, family planning, education, child protection, and food and nutrition. USAID provides technical assistance to the Ministry of Social Affairs on OVC issues in collaboration with UNICEF. USAID is second vice-president of the CCM.

4. Department of Defense: DOD provides training to military physicians in the prevention, care and treatment of HIV/AIDS patients within the military community. It establishes a mechanism for surveillance, education and prevention of HIV through the strengthening of labs, VCT services and PMTCT within the eleven military regional hospitals. DOD fosters reputable leadership and improved civil-military relations in the course of field operations, through professional military education seminars and courses.

HOW THE USG TEAM PLANS TO IMPLEMENT STAFFING FOR RESULTS IN FY09

The USG team will continue to meet regularly as a cohesive unit to continue to plan strategically, troubleshoot, share information, and collaborate. New staffing proposals will be discussed at the Strategic Planning group meetings to assure that new positions are designed to contribute to the overall USG team's efforts. Some additional steps the team will consider taking in FY09 include: (1) hosting quarterly all USG partner meetings to discuss technical priorities, share successes and challenges, and identify opportunities for partnerships; (2) conduct interagency site visits when possible so that agencies benefit from learning about each other's programs and implementing partners benefit from technical expertise of all USG staff; and (3) sharing annual progress reports across agencies to identify successes and focus on challenges in achieving results. With USAID and CDC co-located as the main implementing agencies of HIV/AIDS funds, collaboration and joint-meetings will continue to be a regular occurrence.

NEW POSITIONS

Based on the potential of Partnership Compact funds, the following positions were proposed by the Interagency Team:

USAID – HIV Prevention Program Specialist, HIV/Health Advisor, HIV Program Assistant, Financial Analyst, and Contracting Specialist (Regional); State – PEPFAR Coordinator and PEPFAR Administrative Management Specialist; CDC – M&E Specialist, Surveillance Specialist, Prevention, Care and Treatment Program Specialist, Data Specialist and Financial Analyst.

During these staffing for results exercises, it was also agreed that additional technical areas were in need of high-level positions.

CDC put in a request for two (2) additional direct hire positions to fill the Medical Epidemiologist position as well as a Senior Laboratory Program Advisor. The two new FTEs were approved by CDC Headquarters and the NSDD-38 process has begun. These positions cannot be filled under the current CDC budget and must wait additional funding under the Compact budget. However, these positions still need to be discussed and agreed upon by the PEPFAR Country Team.

The budget for this program area exceed 10% of the budgetary requirement due to 2 main reasons including the relocation of CDC Office and the proposed staff increase based on the potential of Partnership Compact Funds.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8344.09 **Mechanism:** Management and Staffings Costs
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 19063.28385.09 **Planned Funds:** \$701,155
Activity System ID: 28385

Activity Narrative: Centers for Disease Control and Prevention/ Department of Health and Human Services: CDC provides leadership in surveillance, M&E, laboratory strengthening, training and continuum of Family-based HIV care (PMTCT, TB/HIV, Palliative Care and ART). CDC participates on a variety of task forces providing technical assistance on HIV (surveillance, PMTCT, ARV, laboratory support task forces), TB task force, Blood Safety task force, Global Fund (CCM, M&E, technical assistance to UNDP/PR), and the National HIV M&E task force supported by the PNMLS. In addition, CDC provides technical assistance on other donor supported efforts such as the World Bank, GFATM, UNAIDS, DFID.

Please see the staffing spreadsheet for a count of other non-technical CDC staff who are involved in the day-to-day support of HIV/AIDS through administrative support.

M&S costs comprise 35.8% of the total PEPFAR funds managed by CDC

New/Continuing Activity: Continuing Activity

Continuing Activity: 19063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19063	19063.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8344	8344.08	Management and Staffings Costs	\$611,817

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5946.09 **Mechanism:** Management and Staffings Costs
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 11829.28479.09 **Planned Funds:** \$54,018
Activity System ID: 28479

Activity Narrative: Department of Defense: DOD provides training to military physicians in the prevention, care and treatment of HIV/AIDS patients within the military community. It establishes a mechanism for surveillance, education and prevention of HIV through the strengthening of labs, VCT services and PMTCT within the eleven military regional hospitals. DOD fosters reputable leadership and improved civil-military relations in the course of field operations, through professional military education seminars and courses.

M&S costs comprise 15% of the total PEPFAR funds managed by DOD.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18555

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18555	11829.08	Department of Defense	US Department of Defense	8129	5946.08	Management and Staffings Costs	\$54,018
11829	11829.07	Department of Defense	US Department of Defense	5946	5946.07	Management and Staffing	\$60,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11643.09

Mechanism: CDC RELOCATION

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 28468.09

Planned Funds: \$250,000

Activity System ID: 28468

Activity Narrative: CDC GAP is currently leasing some office space in the USAID facilities. A memorandum of understanding has been signed by the two agencies in which it is requested from CDC to live they current office space by the 31st of June. CDC GAP office has identified some space at the ground floor of the same building and is in the process of assessing the costs for the relocation.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8349.09

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 19070.28485.09

Planned Funds: \$5,982

Activity System ID: 28485

Activity Narrative: PEPFAR's portion of DoD/DRC costs for services (financial, human resources, motor pool, security, etc) rendered by DOS (US Embassy/Kinshasa)

New/Continuing Activity: Continuing Activity

Continuing Activity: 19070

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19070	19070.08	Department of Defense	US Department of State	8349	8349.08	ICASS	\$5,982

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10642.09 **Mechanism:** CDC-GAP additional staff
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21125.28629.09 **Planned Funds:** \$296,649

Activity System ID: 28629

Activity Narrative: Management and Staffing costs for the Centers for Disease Control and Prevention/ Department of Health and Human Services additional staff: CDC provides leadership in surveillance, M&E, laboratory strengthening, training and continuum of Family-based HIV care (PMTCT, TB/HIV, Palliative Care and ART). CDC participates on a variety of task forces providing technical assistance on HIV (surveillance, PMTCT, ARV, laboratory support task forces), TB task force, Blood Safety task force, Global Fund (CCM, M&E, technical assistance to UNDP/PR), and the National HIV M&E task force supported by the PNMLS. In addition, CDC provides technical assistance on other donor supported efforts such as the World Bank, GFATM, UNAIDS, DFID.

Please see the staffing spreadsheet for a count of other non-technical CDC additional staff who are involved in the day-to-day support of HIV/AIDS through administrative support

New/Continuing Activity: Continuing Activity

Continuing Activity: 21125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21125	21125.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10642	10642.08		\$296,649

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10642.09 **Mechanism:** CDC-GAP additional staff
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21126.28630.09 **Planned Funds:** \$58,997

Activity System ID: 28630

Activity Narrative: Capital Security Cost Sharing for the CDC additional staff:

CDC contributes annually to the State Dept new construction fund to build a new Embassy in Kinshasa.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21126

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21126	21126.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10642	10642.08		\$58,997

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10642.09 **Mechanism:** CDC-GAP additional staff
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21127.28631.09 **Planned Funds:** \$60,854
Activity System ID: 28631
Activity Narrative: ICASS Costs for the CDC additional staff:

ICASS services include Basic ICASS Package, access to medical services, security measures (office guards), General Services (travel services, supplies, procurement, shipping and customs, residential leasing and maintenance, Information management, financial management services, human resources management, LES salary/benefits packages, community liaison office, non-residential building operations, short term lease residential building maintenance, ICASS overhead

New/Continuing Activity: Continuing Activity

Continuing Activity: 21127

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21127	21127.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10642	10642.08		\$60,854

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10644.09 **Mechanism:** DRC PEPFAR Coordinator
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21129.28625.09 **Planned Funds:** \$500,000
Activity System ID: 28625
Activity Narrative: The DRC PEPFAR Coordinator will ensure the coordination of activities related to the US President's Emergency Plan for AIDS Relief (the Emergency Plan/PEPFAR) in the Country. The PEPFAR Coordinator will assume responsibility for coordinating critical communications and compliance with the Office of the Global AIDS Coordinator (OGAC) policies and guidelines between and among various USG implementing departments and agencies (USAID, CDC, DOD, DoS, etc.). The PEPFAR Coordinator will facilitate the planning, implementation, and reporting of program performance of inter-agency programs. The PEPFAR Coordinator will report to the Deputy Chief of Mission (DCM).

New/Continuing Activity: Continuing Activity

Continuing Activity: 21129

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21129	21129.08	U.S. Agency for International Development	US Agency for International Development	10644	10644.08		\$500,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10643.09 **Mechanism:** USAID additional staff
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21128.28626.09 **Planned Funds:** \$69,000
Activity System ID: 28626
Activity Narrative: ICASS Costs for the USAID additional staff:
The PEPFAR's portion of USAID/DRC costs for services (financial, human resources, motor pool, security, etc) rendered by DOS (US Embassy/Kinshasa)
New/Continuing Activity: Continuing Activity
Continuing Activity: 21128

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21128	21128.08	U.S. Agency for International Development	US Agency for International Development	10643	10643.08		\$69,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10643.09 **Mechanism:** USAID additional staff
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21123.28627.09 **Planned Funds:** \$31,000
Activity System ID: 28627
Activity Narrative: IRM Tax for the USAID additional staff:
The PEPFAR's portion of USAID/DRC costs for the utilization of the Information Technology System maintained by IRM (USAID/Washington)
New/Continuing Activity: Continuing Activity
Continuing Activity: 21123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21123	21123.08	U.S. Agency for International Development	US Agency for International Development	10643	10643.08		\$31,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10643.09 **Mechanism:** USAID additional staff
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 21124.28628.09 **Planned Funds:** \$308,152
Activity System ID: 28628
Activity Narrative: Management and Staffing costs for the additional USAID staff:

USAID provides leadership in behavior change communication, the targeted social marketing and provision of condoms, and other primary prevention, home and community based care-and support for PLWHA and OVC, HIV counseling and testing, drug forecasting and other supply chain management issues, and PMTCT in rural health zones. USAID also focuses on linkages with other USG health and development programs, such as TB, family planning, education, child protection, and food and nutrition. USAID provides technical assistance to the Ministry of Social Affairs on OVC issues in collaboration with UNICEF. USAID is second vice-president of the CCM.

Please see the staffing spreadsheet for a count of other non-technical USAID additional staff who are involved in the day-to-day support of HIV/AIDS programs as part of their Mission responsibilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21124

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21124	21124.08	U.S. Agency for International Development	US Agency for International Development	10643	10643.08		\$350,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8345.09 **Mechanism:** CSCS
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 19064.28394.09 **Planned Funds:** \$282,116
Activity System ID: 28394

Activity Narrative: CDC contributes annually to the State Dept new construction fund to build a new Embassy in Kinshasa.

New/Continuing Activity: Continuing Activity

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8321.09

Mechanism: Management and Staffing Costs

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18998.28352.09

Planned Funds: \$573,044

Activity System ID: 28352

Activity Narrative: United States Agency for International Development: USAID provides leadership in behavior change communication, the targeted social marketing and provision of condoms, and other primary prevention, home and community based care-and support for PLWHA and OVC, HIV counseling and testing, drug forecasting and other supply chain management issues, and PMTCT in rural health zones. USAID also focuses on linkages with other USG health and development programs, such as TB, family planning, education, child protection, and food and nutrition. USAID provides technical assistance to the Ministry of Social Affairs on OVC issues in collaboration with UNICEF. USAID is second vice-president of the CCM.

Please see the staffing spreadsheet for a count of other non-technical USAID staff who are involved in the day-to-day support of HIV/AIDS programs as part of their Mission responsibilities.

M&S costs comprise 7.6% of the total PEPFAR funds managed by USAID.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18998

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18998	18998.08	U.S. Agency for International Development	US Agency for International Development	8321	8321.08	Management and Staffing Costs	\$573,044

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 8320.09

Mechanism: IRM

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18997.28353.09

Planned Funds: \$36,956

Activity System ID: 28353

Activity Narrative: PEPFAR's portion of USAID/DRC costs for the utilization of the Information Technology System maintained by IRM (USAID/Washington)

New/Continuing Activity: Continuing Activity

Continuing Activity: 18997

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18997	18997.08	U.S. Agency for International Development	US Agency for International Development	8320	8320.08	IRM	\$36,956

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5900.09 **Mechanism:** ICASS
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 18996.28354.09 **Planned Funds:** \$90,000
Activity System ID: 28354
Activity Narrative: PEPFAR's portion of USAID/DRC costs for services (financial, human resources, motor pool, security, etc) rendered by DOS (US Embassy/Kinshasa)
New/Continuing Activity: Continuing Activity
Continuing Activity: 18996

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18996	18996.08	U.S. Agency for International Development	US Department of State	8009	5900.08	ICASS	\$90,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	X	Yes	No	
If yes, Will HIV testing be included?	X	Yes	No	
When will preliminary data be available?			7/2/2010	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		Yes	X	No
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2009?	X	Yes	No	
When will preliminary data be available?				12/15/2009
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No	
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?				3/31/2010
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 2009?		Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
JUSTIFICATION FOR AWARD \$2M FINAL.doc	application/msword	11/13/2008	Single Partner Funding Justification uploaded by C.Gray on 11.13.08	Single Partner Funding	CGray
Public Health Evaluation (PHE) FINAL.doc	application/msword	11/13/2008	Public Health Evaluation (PHE) uploaded by C.Gray on 11.13.08.	Public Health Evaluation	CGray
Acronym List for Mini-COP FINAL.doc	application/msword	11/13/2008	DRC Acronym List uploaded by C.Gray on 11.13.08.	Other	CGray
AB Justification FINAL.doc	application/msword	11/14/2008	DRC AB Justification uploaded by C.Gray 11.14.08	Budgetary Requirement Justifications	CGray
FY 09 Staffing Analysis FINAL.xls	application/vnd.ms-excel	11/14/2008	DRC Staffing Analysis uploaded by C.Gray on 11.14.08	Staffing Analysis	CGray
Gender Narrative FINAL.doc	application/msword	11/14/2008	Gender Narrative uploaded by C.Gray on 11.14.08	Gender Program Area Narrative*	CGray
Global Fund Supplemental FINAL.doc	application/msword	11/14/2008	GF Supplemental uploaded by C.Gray on 11.14.08	Global Fund Supplemental	CGray
Human Resources for Health FINAL.doc	application/msword	11/14/2008	DRC HRH Narrative uploaded by C.Gray on 11.14.08	HRH Program Area Narrative*	CGray
DRC Ambassador's Cover Letter FINAL.doc	application/msword	11/19/2008	Ambassador Cover letter	Ambassador Letter	MLee
Summary Targets and Explanations Table.xls	application/vnd.ms-excel	11/28/2008	This document describe how Table 2.1 and table 3.3 targets have been calculated	Summary Targets and Explanation of Target Calculations	FMalele
USG Budgetary Requirements FINAL .xls	application/vnd.ms-excel	11/28/2008	DRC USG Budgetary requirements. 11.26.08	Budgetary Requirements Worksheet*	LKapesa
DRC CN_final.doc	application/msword	11/28/2008		Executive Summary	MLee
PPP table nov 24 final.xls	application/vnd.ms-excel	11/28/2008	DRC PPP supplement document, Laurent Kapesa on 11.26.08	PPP Supplement	LKapesa
Budget Justification for Care and Treatment Final Leon.doc	application/msword	11/28/2008	Care & Treatment Budgetary Justification	Budgetary Requirement Justifications	MLee
2008-28-11 UNC Funding Limit Justification-Leon.doc	application/msword	11/28/2008	This is the justification for single partner funding limit for UNC under PACT Funding mechanism	Single Partner Funding	LMotingia