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2009

Rwanda

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
RWANDA FY 2009 Executive Summary 25 Nov 2009.doc	application/msword	11/25/2008	FY 2009 Rwanda Executive Summary	KLantis

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
RWANDA FY 2009 Ambassador Letter.pdf	application/pdf	11/14/2008	RWANDA FY 2009 Ambassador Letter	KLantis

Country Contacts

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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	157,643			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	144,936	202,877	347,813
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	6,056	8,115	14,171
Care (1)				
End of Plan Goal	250,000	156,707	1,606	158,313
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	94,147	1,606	95,753
***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	2,133	1,606	3,739
8.1 - Number of OVC served by OVC programs	0	62,560	0	62,560
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	424,899	465,830	890,729
Treatment				
End of Plan Goal	50,000	42,667	32,127	74,794
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	42,667	32,127	74,794
Human Resources for Health				
End of Plan Goal	0	0	181	181
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	181	181

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	149,527	268,886	418,413
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,107	9,949	16,056
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	122,356	2,009	124,365
***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)	2,459	2,009	4,468
8.1 - Number of OVC served by OVC programs	61,560	0	61,560
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	507,791	472,803	980,594
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	52,699	36,651	89,350
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	715	715

(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:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12231.09
System ID: 12231
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: BASICS Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10940.09
System ID: 10940
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Blood Safety Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10931.09
System ID: 10931
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Capacity II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10545.09
System ID: 10545
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Prevention FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10528.09
System ID: 10528
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Couples Counseling FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10531.09
System ID: 10531
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: GBV-Police

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7799.09
System ID: 9168
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HIV/AIDS Reporting System/TRACNet

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10265.09
System ID: 10265
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Injection Safety Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10930.09
System ID: 10930
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Land - TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4713.09
System ID: 9173
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Lab

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10929.09
System ID: 10929
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Solar

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7636.09
System ID: 10519
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TRAC Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10933.09
System ID: 10933
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11802.09
System ID: 11802
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12236.09
System ID: 12236
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Basic Education/Youth Employment

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7621.09
System ID: 9103
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Biodiversity

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4696.09
System ID: 9184
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Biodiversity II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10532.09
System ID: 10532
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: CSP II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7556.09
System ID: 10485
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: PBF II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10538.09
System ID: 10538
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Africare Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3644.09
System ID: 9107
Planned Funding(\$): \$445,505
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Africare
New Partner: No

Mechanism Name: AABB

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4728.09
System ID: 9108
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10544.09
System ID: 10544
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Public Health Laboratories
New Partner: Yes

Mechanism Name: ARC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8692.09
System ID: 10482
Planned Funding(\$): \$224,285
Procurement/Assistance Instrument: Contract
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: American Refugee Committee
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: American Society for Clinical Pathology

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7587.09
System ID: 10492
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: Land - Leg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6140.09
System ID: 9172
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: ARD, Inc.
New Partner: No

Mechanism Name: AVSI Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3643.09
System ID: 9174
Planned Funding(\$): \$768,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Associazione Volontari per il Servizio Internazionale
New Partner: No

Mechanism Name: Legal Aid

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7620.09
System ID: 9175
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Avocats Sans Frontieres
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDS Relief

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 111.09
System ID: 9177
Planned Funding(\$): \$621,139
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Bungwe Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Bushenge Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Kibogora Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Karangara Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CRS Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1072.09
System ID: 9176
Planned Funding(\$): \$804,648
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: CRS Supplemental

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3493.09
System ID: 9178
Planned Funding(\$): \$4,130,009
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Bungwe Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name: Ibyiringiro

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6146.09
System ID: 9171
Planned Funding(\$): \$4,450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Columbia University

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 10484.09

System ID: 10484

Planned Funding(\$): \$1,230,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Columbia University

New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-PDCS	24755.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its Pediatric Basic Care and Support services.	\$33,944	\$125,000

Mechanism Name: Columbia/MCAP

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 120.09

System ID: 9179

Planned Funding(\$): \$4,600,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: Columbia University Mailman School of Public Health

New Partner: No

Sub-Partner: Treatment and Research AIDS Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: National Reference Laboratory

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	2787.20974.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its Adult Treatment services.	\$79,202	\$4,600,000

Mechanism Name: Columbia MCAP Supplement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 129.09

System ID: 9180

Planned Funding(\$): \$2,816,374

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Columbia University Mailman School of Public Health

New Partner: No

Sub-Partner: Karengera Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Muhima Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV

Sub-Partner: Shyira District Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kabaya Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Gisenyi Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Muhororo Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kibuye Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mugonero Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kirinda Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kicukiro Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Murunda Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	2734.20983.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its Laboratory Infrastructure support.	\$90,517	\$0
11-PDTX	2798.20982.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its Pediatric Treatment services.	\$11,315	\$82,819
14-HVCT	24764.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its Counseling and Testing services.	\$56,573	\$149,073
01-MTCT	4832.20976.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its PMTCT services, which are a crucial entry point for mothers and infants into other HIV services including ART and basic care and support.	\$260,236	\$579,731
12-HVTB	4839.20979.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its TB-HIV services.	\$260,236	\$698,765
08-HBHC	2799.20977.09	Columbia/ICAP's FY 2008 funding will end in February 2009. There is a potential gap of 4 months before ICAP may receive its FY 2009 planned funding. During this period of 4 months, ICAP will need funding to continue its clinical activities. More specifically, this early funding request will allow ICAP to continue its Basic Care and Support services.	\$339,439	\$989,040

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CHAMP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 169.09
System ID: 9181
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Community Habitat Finance International
New Partner: No

Mechanism Name: HIV Support to RDF

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 100.09
System ID: 9182
Planned Funding(\$): \$2,344,175
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Drew University
New Partner: No

Mechanism Name: EGPAF Bilateral

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7089.09
System ID: 8950
Planned Funding(\$): \$5,967,790
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: Cor Unum Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Ngarama Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kiziguro Health District

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muhima District Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Ngarama Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Masaka Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muhima Dispensary
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Butamwa Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Humure Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nzige Health Center, Rwanda

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Ruhunda Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyagasumbu Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gahini Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muyumbu Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Ryamanyoni Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rugarama Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gituza Health Center

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gahini Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyagahanga Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rukara Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gakenke Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kabarore Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muhura Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyamata Hospital, Rwanda

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kamabuye Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kibungo Prison
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Remera Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rubona Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nzangwa Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rukumberi Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kibungo Hospital, Rwanda

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rukoma Sake Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Mwogo Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gitiku Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-PDTX	15446.20048.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its ART services to pediatric patients.	\$47,361	\$397,709
08-HBHC	15226.20043.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its basic and care support services to adult PLHIV.	\$91,790	\$809,279
14-HVCT	15442.20046.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its testing and counseling (TC) services, which are a crucial entry point for PLHIV into other services including ART and basic care and support.	\$22,102	\$185,598
12-HVTB	15229.20045.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its TB services to PLHIV who are co-infected. Co-infection is a high cause of mortality in PLHIV so it is particularly important to continue support and ensure no disruption of services.	\$25,259	\$159,084

01-MTCT	15215.20042.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its PMTCT services, which are a crucial entry point for mothers and infants into other HIV services including ART and basic care and support.	\$62,045	\$371,195
09-HTXS	15446.20047.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its ART services adult PLHIV.	\$426,246	\$3,605,897
10-PDCS	15226.20044.09	EGPAF's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its basic and care support services to pediatric patients at supported sites.	\$10,198	\$239,028

Mechanism Name: FHI Bilateral

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7088.09

System ID: 9099

Planned Funding(\$): \$6,623,501

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Kabirize Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Cyahinda Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Byimana

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Buramba Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kabuga Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Birehe Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Gitwe Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kabgayi Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Gikondo Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Jenda Health Center
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Busanza Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gitarama Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gihara Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Biryogo Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Cyanika Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyarusiza Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muyunzwe Health Center
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kigoma Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Mukoma Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Mushubi Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kivumu Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kinazi Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyanatanga Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyarurama Health Center
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Nyarusange Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Mbuga Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Karangara Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kigeme Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kizibere Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kibeho Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Nyamagabe Health Center
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Nyabikenke Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Mugina Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kirambi Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Mushishiro Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Muganza Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Rugege Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Rutobwe Health Center
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Ruramba Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Ruhango Health Center, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kabgayi Hospital, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Munini Health District
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Remera-Rukoma Hospital, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Runyombi Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Shyogwe Health Center
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Kigeme Hospital, Rwanda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Mechanism Name: ROADS II LWA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10514.09
System ID: 10514
Planned Funding(\$): \$2,602,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Transport Corridor Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3451.09
System ID: 9183
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Handicap International NPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11178.09
System ID: 11178
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Handicap International
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Capacity

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 107.09
System ID: 9185
Planned Funding(\$): \$900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: IntraHealth Bilateral

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7090.09
System ID: 9100
Planned Funding(\$): \$5,769,200
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: Rushaki Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Tumba Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rwahi Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rukozo Health Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kinihira Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gisiza Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rutare Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rwesero Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kigogo Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Giti Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Byumba Hospital, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kiyanza Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kajevuba Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Mukono Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muyanza Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Munyinya Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Gikomero Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kibagabaga Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Rukoma Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Jali Health Center, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Nyagatare Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Kabuga Health District

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Muramba Health Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-HVCT	15443.20672.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before IntraHealth may receive its FY 2009 planned funding. During this period of three months, IntraHealth will need funding to continue its clinical activities. More specifically, this early funding request will allow IntraHealth to continue its testing and counseling (TC) services, which are a crucial entry point for PLHIV into other services including ART and basic care and support.	\$32,356	\$188,622
08-HBHC	15227.20669.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before IntraHealth may receive its FY 2009 planned funding. During this period of three months, IntraHealth will need funding to continue its clinical activities. More specifically, this early funding request will allow IntraHealth to continue its basic and care support services to adult PLHIV.	\$119,564	\$700,920
09-HTXS	15445.20673.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before IntraHealth may receive its FY 2009 planned funding. During this period of three months, IntraHealth will need funding to continue its clinical activities. More specifically, this early funding request will allow IntraHealth to continue its ART services to adult PLHIV.	\$624,013	\$3,664,656
12-HVTB	15230.20671.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before IntraHealth may receive its FY 2009 planned funding. During this period of three months, IntraHealth will need funding to continue its clinical activities. More specifically, this early funding request will allow IntraHealth to continue its TB services to PLHIV who are co-infected. Co-infection is a high cause of mortality in PLHIV so it is particularly important to continue support and ensure no disruption of services.	\$36,979	\$161,676

01-MTCT	15219.20668.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before IntraHealth may receive its FY 2009 planned funding. During this period of three months, IntraHealth will need funding to continue its clinical activities. More specifically, this early funding request will allow IntraHealth to continue its PMTCT services, which are a crucial entry point for mothers and infants into other HIV services including ART and basic care and support.	\$104,468	\$377,244
10-PDCS	15227.20670.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before EGPAF may receive its FY 2009 planned funding. During this period of three months, EGPAF will need funding to continue its clinical activities. More specifically, this early funding request will allow EGPAF to continue its basic and care support services to pediatric patients at supported sites.	\$13,285	\$271,892
11-PDTX	15445.20674.09	IntraHealth's FY 2008 funding will end in June 2009. There is a potential gap of three months before IntraHealth may receive its FY 2009 planned funding. During this period of three months, IntraHealth will need funding to continue its clinical activities. More specifically, this early funding request will allow IntraHealth to continue its ART services to pediatric HIV positive patients in their supported sites.	\$69,335	\$404,190

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Safe Injection

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 133.09

System ID: 9186

Planned Funding(\$): \$880,185

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: John Snow, Inc.

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HMIN	2804.21011.09	In FY 2009, JSI will maintain activities in four technical areas: logistics and central level procurement, training and capacity development, advocacy and behavior change communication and medical waste management. JSI will provide safe injection equipment such as auto-disposable syringes and safety boxes to all health facilities and needle cutters to 147 public health facilities through a continuing procurement partnership with CAMERWA. In order to continue the procurement of injection safety supplies and services, JSI will need early funding. It is important to maintain a constant source of supplies for injection safety so health care workers can maintain good injection safety practices.	\$440,000	\$880,185

Mechanism Name: Deliver II

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4707.09

System ID: 9109

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: John Snow, Inc.

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Rwanda Dairy Sector Competitiveness Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6150.09
System ID: 9106
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Land O'Lakes
New Partner: No

Mechanism Name: Measure DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3461.09
System ID: 9110
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: No

Mechanism Name: SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7584.09
System ID: 9111
Planned Funding(\$): \$760,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: HIV/AIDS Performance Based Financing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 170.09
System ID: 9112
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12228.09
System ID: 12228
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Rwanda
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12229.09
System ID: 12229
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Rwanda
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12244.09
System ID: 12244
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Rwanda
New Partner: No

Mechanism Name: MoH CoAg

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5108.09
System ID: 9113
Planned Funding(\$): \$1,050,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Rwanda
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: M2M NPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7643.09
System ID: 9114
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mothers 2 Mothers
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11906.09
System ID: 11906
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: Strengthening Blood Transfusion Services

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 115.09
System ID: 9115
Planned Funding(\$): \$3,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: National Program for Blood Transfusion, Rwanda
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: National Reference Laboratory

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3497.09

System ID: 9116

Planned Funding(\$): \$1,532,948

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: National Reference Laboratory

New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
16-HLAB	4976.20721.09	<p>Early Funding is requested for the National Reference Laboratory to ensure the uninterrupted of services provided to the Laboratory Network in Rwanda. The FY 2009 PEPFAR laboratory strategy builds on a tiered national laboratory system for creating sustainable infrastructure to support care and treatment of HIV-infected patients. In FY 2009, PEPFAR will support NRL to strengthen linkages in the national tiered laboratory system. This includes laboratories, in the national system, that are linked from NRL to regional sites to district hospital sites to primary care site laboratories. NRL supports 300 PMTCT, 305 VCT and 150 ARV sites. The laboratory Network is comprised of 364 health centers, 34 district hospitals, numerous private laboratories and 5 regional laboratories and 2 university teaching laboratories. We seek to ensure that these services continue until full funding is made available.</p>	\$600,000	\$1,532,948

Mechanism Name: Health Qual

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8699.09

System ID: 9187

Planned Funding(\$): \$220,000

Procurement/Assistance Instrument: Contract

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: New York AIDS Institute

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BASICS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4046.09
System ID: 9188
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Child HealthCare Inc.
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 11801.09
System ID: 11801
Planned Funding(\$): \$138,750
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4741.09
System ID: 9189
Planned Funding(\$): \$17,040,593
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: Behavior Change Social Marketing BCSM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8697.09
System ID: 9190
Planned Funding(\$): \$3,640,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Urunana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Episcopal Church of Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Society of Women Against AIDS, Rwanda

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Mechanism Name: PSI Healthy Schools

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 128.09

System ID: 10521

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Mechanism Name: PSI-DOD

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 132.09

System ID: 9191

Planned Funding(\$): \$939,000

Procurement/Assistance Instrument: Contract

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: GHFP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7539.09
System ID: 9192
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Public Health Institute
New Partner: No

Mechanism Name: Monitoring and Evaluation Management Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7585.09
System ID: 9104
Planned Funding(\$): \$750,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Social and Scientific Systems
New Partner: No

Mechanism Name: SPREAD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4714.09
System ID: 9193
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Texas A&M University System
New Partner: No

Mechanism Name: The American Society for Microbiology

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8698.09
System ID: 10493
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TRAC Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 97.09
System ID: 9194
Planned Funding(\$): \$2,289,040
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Treatment and Research AIDS Center
New Partner: No

Mechanism Name: Tulane Capacity Building

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8696.09
System ID: 9195
Planned Funding(\$): \$2,005,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tulane University
New Partner: No

Mechanism Name: Refugees UNHCR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4740.09
System ID: 10483
Planned Funding(\$): \$153,137
Procurement/Assistance Instrument: Grant
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Mechanism Name: Colorado Health

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7637.09
System ID: 9196
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of Colorado
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MEASURE Evaluation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6139.09
System ID: 9170
Planned Funding(\$): \$1,900,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3516.09
System ID: 9199
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: DCA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7623.09
System ID: 9197
Planned Funding(\$): \$0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID IRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7537.09
System ID: 9198
Planned Funding(\$): \$160,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12235.09
System ID: 12235
Planned Funding(\$): \$50,000
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: USAID Rwanda Mission

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 114.09
System ID: 9200
Planned Funding(\$): \$4,692,930
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC Country Office GAP/TA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 122.09
System ID: 9201
Planned Funding(\$): \$1,135,000
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 Country Office GHAI/TA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1527.09
System ID: 9202
Planned Funding(\$): \$4,416,244
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: DOD Rwanda Office

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 131.09
System ID: 9203
Planned Funding(\$): \$545,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: CDC CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7667.09
System ID: 9117
Planned Funding(\$): \$509,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: CDC ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7538.09
System ID: 9119
Planned Funding(\$): \$900,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: DOD ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7904.09
System ID: 9118
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7536.09
System ID: 9120
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4897.09
System ID: 9121
Planned Funding(\$): \$2,500,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: HIV/AIDS Reporting System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3494.09
System ID: 9204
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Voxiva, Inc.
New Partner: No

Mechanism Name: WFP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9328.09
System ID: 10486
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Food Program
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: WHO Stop TB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8267.09
System ID: 10522
Planned Funding(\$): \$70,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: WR Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 121.09
System ID: 9252
Planned Funding(\$): \$832,138
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Relief Corporation
New Partner: No

Sub-Partner: Campus pour Christ
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT -
Prevention: Counseling and Testing

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
111.09	9177	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Bungwe Health Center, Rwanda	N	\$0
111.09	9177	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Bushenge Health District	N	\$0
111.09	9177	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Karangara Health Center	N	\$0
111.09	9177	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Kibogora Health District	N	\$0
3493.09	9178	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Bungwe Health Center, Rwanda	N	\$0
120.09	9179	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	National Reference Laboratory	N	\$0
120.09	9179	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Treatment and Research AIDS Center	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gisenyi Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kabaya Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Karengera Health Center, Rwanda	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kibuye Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kicukiro Health Center, Rwanda	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kirinda Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mugonero Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muhima Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muhororo Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Murunda Health District	N	\$0
129.09	9180	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Shyira District Hospital	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Butamwa Health Center, Rwanda	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Cor Unum Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Gahini Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Gahini Health District	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Gakenke Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Gitiku Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Gituza Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Humure Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kabarore Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kamabuye Health Center	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kibungo Hospital, Rwanda	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kibungo Prison	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Kiziguro Health District	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Masaka Health Center, Rwanda	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Muhima Dispensary	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Muhima District Hospital	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Muhura Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Muyumbu Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Mwogo Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Ngarama Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Ngarama Health District	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nyagahanga Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nyagasumbu Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nyamata Hospital, Rwanda	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nzangwa Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nzige Health Center, Rwanda	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Remera Health District	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Rubona Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Rugarama Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Ruhunda Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Rukara Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Rukoma Sake Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Rukumberi Health Center	N	\$0
7089.09	8950	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Ryamanyoni Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Birehe Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Biryogo Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Buramba Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Busanza Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Byimana	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Cyahinda Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Cyanika Health Center	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Gihara Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Gikondo Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Gitarama Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Gitwe Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Jenda Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kabgayi Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kabgayi Hospital, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kabirize Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kabuga Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Karangara Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kibeho Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kigeme Health District	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kigeme Hospital, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kigoma Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kinazi Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kirambi Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kivumu Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Kizibere Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Mbuga Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Muganza Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Mugina Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Mukoma Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Munini Health District	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Mushishiro Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Mushubi Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Muyunzwe Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Nyabikenke Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Nyamagabe Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Nyanatanga Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Nyarurama Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Nyarusange Health Center, Rwanda	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Nyarusiza Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Remera-Rukoma Hospital, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Rugege Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Ruhango Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Runyombi Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Ruramba Health Center, Rwanda	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Rutobwe Health Center	N	\$0
7088.09	9099	Family Health International	U.S. Agency for International Development	GHCS (State)	Shyogwe Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Byumba Hospital, Rwanda	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Gikomero Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Gisiza Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Giti Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Jali Health Center, Rwanda	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kabuga Health District	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kajevuba Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kibagabaga Hospital	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kigogo Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kinihira Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kiyanza Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Mukono Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Munyinya Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Muramba Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Muyanza Health Center, Rwanda	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Nyagatare Health District	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Rukoma Health District	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Rukozo Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Rushaki Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Rutare Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Rwahi Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Rwesero Health Center	N	\$0
7090.09	9100	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Tumba Health Center	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
8697.09	9190	Population Services International	U.S. Agency for International Development	GHCS (State)	Episcopal Church of Rwanda	N	\$0
8697.09	9190	Population Services International	U.S. Agency for International Development	GHCS (State)	Society of Women Against AIDS, Rwanda	N	\$0
8697.09	9190	Population Services International	U.S. Agency for International Development	GHCS (State)	Urunana	N	\$0
121.09	9252	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Campus pour Christ	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: \$5,183,843

Program Area Narrative:

The 2005 Rwandan Demographic Health Survey-III determined that the mean HIV prevalence rate in Rwandan women of reproductive age was 3.6% (ranging from 8.6% in urban areas to 2.6% in rural areas). With an estimated 392,255 pregnancies in 2008, Rwanda will have approximately 12,635 HIV-infected pregnant women in need of PMTCT services and follow-up. Data from the preliminary Interim DHS 2007 report shows that 96% of pregnant women attend at least one antenatal clinic visit (ANC). The proportion of total births delivered by a health professional increased from 39% in 2005 to 52 % in 2007 (ranging from 70% in urban areas to 49% in rural areas).

As of September 2008, 318 sites (70.3% of all health care facilities) were providing PMTCT services for pregnant women in Rwanda of which 146 were PEPFAR supported. In FY 2009 PEPFAR will increase its support to 180 sites in 22 districts. Global Fund and UNICEF are directly supporting 152 and 20 sites respectively. PEPFAR-supported sites have combined PMTCT and ART services in 96 facilities. The goal of the GOR is to extend PMTCT services to all 483 health centers (FOSAs) in 30 districts by the end of 2011.

Between August 2007 and August 2008, 275,746 pregnant women (65.5% of all expected pregnant women) were HIV tested at PMTCT sites in Rwanda with a testing acceptance rate of 98.3%. Of those tested 8,761 (3.2 %) were HIV-infected. Mothers receiving ARV prophylaxis totaled 6,588 (75%) of whom 25% received HAART for PMTCT prophylaxis, 30% AZT+ Sd-NVP and 45% Sd-NVP. During the same period PMTCT sites reported 148,240 births (65.4% of all expected births), including 6,081 births from HIV-infected women. Of all infants born to HIV-infected women 80% were delivered at a PMTCT facility. About 86 % of infants born to HIV-infected mothers received NVP/AZT in accordance with the Rwanda policy for HIV-exposed infants. Of the 68% partners of pregnant women HIV-tested 3.3% tested positive for HIV. The discordance rate among tested couples was 2.8%. Approaches used to encourage partner testing included invitation letters, special week-end VCT days for men, involvement of men for example in decision-making through community health workers and political leaders.

As of September 2008, 78% of PMTCT sites are offering more efficacious PMTCT regimens throughout Rwanda. These regimens include AZT+Sd-NVP for HIV-infected pregnant women, HAART as prophylaxis for women accessing ANC after 34 weeks and Sd -NVP for infants at birth or within 72 hours and AZT for four weeks after birth.

The GOR, PEPFAR, and Global Funds are supporting Early Infant Diagnosis (EID) programs at their sites in order to identify early HIV-infected children and link them with early treatment. As of September 2008, 126 sites are offering EID, 75 of these are PEPFAR-supported sites. Dry blood spot (DBS) samples are sent to the National Reference Laboratory (NRL) for processing. From October 2007 to September 2008, 5,894 infants between the ages of six weeks and nine months were tested using HIV DNA PCR on DBS, of which 291 (4.9%) were HIV-infected. Out of 3,052 children 2,414 were tested at 18 months of age, of which 229 (7.5%) were HIV-infected.

In FY 2007, PEPFAR started to provide nutrition support to HIV-exposed infants during the weaning period. As of June, 2008, a total of 5,121 exposed infants (age 6-15 months) had received the fortified weaning food supplements (corn and soya blend).

Each PEPFAR-funded partner provides a standard comprehensive PMTCT package comprised of same day, opt-out testing and counseling using HIV rapid tests, infant feeding counseling and support, clinical and CD4 count- based staging, provision of HAART for eligible HIV-positive pregnant women and combination ARV prophylaxis regimens for non-eligible infected women. In addition, PEPFAR partners support the use of safe obstetric practices during delivery, HIV testing in labor and delivery wards for women of unknown status, and infant and mother follow-up, cotrimoxazole for OI prevention for infants and mothers, infant HIV testing and diagnosis when possible, and community-based services. Partners also promote family testing, and work to strengthen linkages and referral systems between PMTCT and ART programs, integrating PMTCT services into existing MCH programs.

Despite these achievements, the PMTCT program in Rwanda still faces many challenges. These include the need to increase program coverage at all levels of the health system and improve quality of services, including provision of more effective ARV regimens. Relatively low proportion of facility deliveries, a weak linkage and integration between PMTCT services, MCH and ART clinics and sub-optimal access to CD4 counts are the challenges faced. In addition support is required to address poor infant follow-up and EID, and reduce the turn-around time of DBS PCR tests from the only PCR-performing laboratory performing in the country (NRL) to the sites. Although Rwanda has high rates of breastfeeding, HIV-infected mothers have difficulty adhering to the recommended exclusive breastfeeding and early weaning. This is partly because they cannot afford weaning foods limited knowledge on alternative nutrition options for infants and young children and a lack of sustained infant feeding and nutrition counseling and support.

The Rwandan program will increase its efforts to address these challenges in FY 2009.

The GOR aims to extend PMTCT services to all 418 health facilities in the 30 districts by end of FY 2011, provide HIV counseling and testing for 98% of pregnant women and treat 85% of HIV-infected pregnant women with ARVs. In FY 2009 PEPFAR will maintain direct support to existing 186 sites in the 22 PEPFAR focus districts, providing approximately 149,436 pregnant women with PMTCT services. PEPFAR will also continue to provide support to TRACPlus – Center for Infectious Disease Control/MOH (CIDC) for policy and guideline revision (including wide use of finger-prick testing at PMTCT settings, in line with the updated counseling and testing guidelines), program coordination and management (including support to decentralization and district involvement) and capacity building.

In line with GOR and PEPFAR strategies and sustainability goals, PEPFAR partners will ensure that all PMTCT clients receive the standard package of comprehensive PMTCT services at all sites (detailed above). The program will support reorganization of districts to increase access to CD4 counts, EID and other lab functions. Support to build capacity of nurses at PMTCT sites will be provided to allow ART eligibility assessments to be conducted and possibly provide ART under the supervision of rotating physicians.

District Health Teams and site level teams will be supported through training and formative supervision to improve coordination of PMTCT/HIV services with other clinical and preventive services. This support aims to maximize effective referrals between HIV services, improve integration with MCH services, (for example, distribution of insecticide treated bed nets to prevent malaria, family planning counseling and referral, syphilis screening, nutrition counseling and support) and improve the quality of care at the most decentralized level.

The infant feeding and nutrition initiative will include support to program models for improving postnatal follow-up, counseling on infant feeding and procurement of fortified weaning foods that will be provided to all PEPFAR-supported sites for HIV exposed infants ages 6-18 months and pregnant and breastfeeding women in need of nutritional support. This initiative will be linked to on-going clinical assessments of mothers and growth monitoring/ clinical assessment of early weaned infants and will leverage OVC and Title II programs.

PEPFAR will further expand child follow-up and EID services, in collaboration with the GOR, Global Funds, the Clinton Foundation/UNITAID and other key partners. National implementation of the revised national immunization card will be supported to include HIV exposure status. Support to the implementation of the national EID scale-up plan being developed in FY 2008 (see pediatric section).

PEPFAR and GOR will also aim to strengthen the systematic follow-up of HIV infected mothers and reduce the high number of home deliveries through close collaboration with community workers, political leaders and associations of PLHIV. Promotion of PMTCT services in the communities and encouragement for early ANC attendance and delivery in health facilities will be the strategies employed. A variety of models including “Mother 2 Mother” and Peer Educators for Enhancing Adherence, Referrals and Linkages (PEARL) will be employed.

Case managers will continue to coordinate facility and community linkages and refer HIV-infected children from PMTCT sites and nutrition centers to ARV services. Male involvement in PMTCT activities will also continue to be supported. Women who are victims of violence will be referred to appropriate care and support.

Sustainability of services and improvements in program outcomes will be promoted through a combination of technical assistance and the performance-based financing (PBF) approach. Procurement, forecasting and distribution of ART, CTX and other PMTCT commodities will be further strengthened through SCMS, the MOH and CAMERWA.

PMTCT and pediatric care and treatment indicators will be included in the HealthQual model which is an integrated model for quality improvement in Rwanda. Quality improvement will also be strengthened through joint supervisory visits and appropriate laboratory QA for CD4 and HIV testing. CIDC is currently finalizing new indicators which include cotrimoxazole, ARV regimen types, pregnant women on ART and other key program indicators. PEPFAR will continue to assist CIDC to improve national M&E capacity for PMTCT and link with the national HMIS (TRACNET) system.

In FY 2009 PEPFAR will support basic program evaluations such as the evaluation of the HIV exposed infant follow up system including the early infant diagnosis program.

In FY 2009 the Public Health Evaluation entitled “Evaluation of nutrition interventions on PMTCT programs and infant outcomes” will continue along with participation in the multi-country PHE on “How to optimize PMTCT effectiveness” (HOPE study).

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 16885.20681.09	Planned Funds: \$100,000
Activity System ID: 20681	

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16885

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16885	16885.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtnng System	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

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 Mechanism

Mechanism ID: 7089.09

Mechanism: EGPAF Bilateral

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 15215.20042.09

Planned Funds: \$371,195

Activity System ID: 20042

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16732	15215.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$539,020
15215	15215.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$427,453

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$67,000

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 Mechanism

Mechanism ID: 7088.09

Mechanism: FHI Bilateral

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 15208.20660.09

Planned Funds: \$415,345

Activity System ID: 20660

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16739

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16739	15208.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$502,175
15208	15208.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$371,734

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

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 \$88,000

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7090.09

Mechanism: IntraHealth Bilateral

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 15219.20668.09

Planned Funds: \$377,244

Activity System ID: 20668

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16746

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16746	15219.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$525,549
15219	15219.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$530,856

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$370,000

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 Mechanism

Mechanism ID: 170.09

Mechanism: HIV/AIDS Performance Based Financing

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 2814.20706.09

Planned Funds: \$0

Activity System ID: 20706

Activity Narrative: This is a continuing activity from FY 2007. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12854

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12854	2814.08	U.S. Agency for International Development	Management Sciences for Health	6315	170.08	HIV/AIDS Performance Based Financing	\$298,972
7219	2814.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$746,240
2814	2814.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$600,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7643.09
Mechanism: M2M NPI
Prime Partner: Mothers 2 Mothers
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 17089.20718.09
Planned Funds: \$0
Activity System ID: 20718
Activity Narrative: This is a continuing activity from FY 2007. No narrative required.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17089	17089.08	U.S. Agency for International Development	Mothers 2 Mothers	7643	7643.08	M2M NPI	\$0

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6146.09
Mechanism: Ibyiringiro
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 16976.20952.09
Planned Funds: \$1,700,000
Activity System ID: 20952
Activity Narrative: This is continuing activity from FY 2008. No narrative required
New/Continuing Activity: Continuing Activity
Continuing Activity: 16976

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16976	16976.08	U.S. Agency for International Development	Catholic Relief Services	6287	6146.08	Ibyringiro	\$1,700,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$700,000

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 \$1,000,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3493.09

Mechanism: CRS Supplemental

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8185.20967.09

Planned Funds: \$348,152

Activity System ID: 20967

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12792

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12792	8185.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$497,068
8185	8185.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$688,338

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

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 Mechanism

Mechanism ID: 129.09 **Mechanism:** Columbia MCAP Supplement

Prime Partner: Columbia University Mailman School of Public Health **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: 4832.20976.09 **Planned Funds:** \$579,731

Activity System ID: 20976

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12806	4832.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$883,908
7179	4832.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$626,843
4832	4832.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$579,731

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 Mechanism

Mechanism ID: 169.09	Mechanism: CHAMP
Prime Partner: Community Habitat Finance International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 2805.20984.09	Planned Funds: \$0

Activity System ID: 20984

Activity Narrative: This is a continuing activity from FY 2007. No narrative required

New/Continuing Activity: Continuing Activity

Continuing Activity: 12813

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12813	2805.08	U.S. Agency for International Development	Community Habitat Finance International	6308	169.08	CHAMP	\$100,000
7181	2805.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$150,000
2805	2805.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$112,790

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 100.09

Mechanism: HIV Support to RDF

Prime Partner: Drew University

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8122.20992.09

Planned Funds: \$103,962

Activity System ID: 20992

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12822

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12822	8122.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$138,457
8122	8122.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$75,246

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$103,962

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4046.09

Mechanism: BASICS

Prime Partner: Partnership for Child HealthCare Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8697.21013.09

Planned Funds: \$0

Activity System ID: 21013

Activity Narrative: This activity is continuing from FY 2007. No narrative required

New/Continuing Activity: Continuing Activity

Continuing Activity: 12864

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12864	8697.08	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	6319	4046.08	BASICS	\$357,000
8697	8697.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	4342	4046.07	BASICS	\$200,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 97.09

Mechanism: TRAC Cooperative Agreement

Prime Partner: Treatment and Research AIDS Center

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: 2743.21033.09

Planned Funds: \$300,000

Activity System ID: 21033

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12876

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12876	2743.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$300,000
7244	2743.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$450,000
2743	2743.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$60,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

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 Mechanism

Mechanism ID: 1527.09	Mechanism: CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention	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: 8184.21062.09	Planned Funds: \$126,000
Activity System ID: 21062	

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12903

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12903	8184.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$166,300
8184	8184.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$42,300

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$126,000

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: 8692.09

Mechanism: ARC

Prime Partner: American Refugee Committee

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 19490.24516.09

Planned Funds: \$20,845

Activity System ID: 24516

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19490

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19490	19490.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$18,335

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

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 Mechanism

Mechanism ID: 4740.09 **Mechanism:** Refugees UNHCR

Prime Partner: United Nations High Commissioner for Refugees **USG Agency:** Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT

Budget Code: MTCT **Program Budget Code:** 01

Activity ID: 8696.24523.09 **Planned Funds:** \$13,897

Activity System ID: 24523

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12887	8696.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$16,407
8696	8696.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$35,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$13,897

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 Mechanism

Mechanism ID: 10538.09

Mechanism: PBF II

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 24730.09

Planned Funds: ██████████

Activity System ID: 24730

Activity Narrative: This is a new activity/mechanism in FY 2009.

Performance-based financing (PBF) is an innovative approach to financing health services that is focused on output and enhances quality of services leading to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of indicators, with a performance incentive for the production of more than agreed upon quantities of services. Full or proportionally reduced payment of HIV/AIDS indicators is determined by the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool. Financial incentives provided by PBF to motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. PEPFAR, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF and health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health facilities. Consistent with the principles of linking performance to incentives, MSH provided output-based financing to health facilities in six districts through sub-contracts with health centers and district hospitals for HIV/AIDS indicators. PEPFAR adopted a strategy in FY 2007 that combines both input and output financing to motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. In Rwanda, though performance has increased with PBF, TA and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national PBF roll-out. At the health center level, PEPFAR partners purchase a quantity of the 14 key HIV/AIDS indicators. Performance on these indicators is measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit. The quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are then merged during the quarterly District PBF Steering Committee meetings and the final payments are approved. At the health center level, MSH/PBF uses a 'fixed price plus award fee' contract model to purchase a quantity of PMTCT and other HIV indicators with a performance incentive. Examples of PMTCT indicators include number of pregnant women tested for HIV, number of couples and partners tested for HIV, mother and child pair treated according to national protocol, and children born to HIV-positive mothers tested for HIV. MSH/PBF also has sub-contracts at the district hospital level for a slightly different purpose and scope than with health centers. The focus of the contracts with district hospitals is on increasing quality service outputs, quality assurance, self-evaluation, and review by peers, similar to an accreditation scheme. There is payment for indicators from the National District Hospital PBF Scheme, which reinforces the supervisory role that hospitals play in district health networks.

In FY 2008, MSH/PBF continues supporting the MOH PBF department and the national PBF TWG. In addition, MSH/PBF provides TA to DHTs and implementing partners in 23 PEPFAR districts to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF also provides intensive TA to districts that introduced PBF in FY 2008. At the district level, MSH/PBF continues supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with the national family health steering committee during data collection/entry and control of indicators; 2) facilitating the quantity control function by providing TA and paying associated costs; and 3) supporting secretarial functions for the Family Health Unit at the district level. PEPFAR support to the district is critical for the proper functioning of the national PBF model. Monthly invoices approved by the health center PBF management committee (COGE) and MSH are then presented to the district steering committee for merging with the quality index and for final approval before payments are made.

In FY 2009, the MSH PBF mechanism is coming to an end. However, performance based financing has been successful in Rwanda and a priority of the GOR as it is linked to improved quality of HIV and other health services. Consequently, PEPFAR is in the process of designing a new mechanism that would build on the success of the MSH PBF project and potentially expand performance-based financing to the community level. In FY 2009, there will be additional need to support the GOR with technical assistance as sites continue to be graduated and as the PBF system is expanded into a community setting with the goal of increasing the quality and standardization of care at all entry points to the health system. As a result, the follow on mechanism will continue to purchase indicators in PMTCT. The follow on mechanism will also continue to provide technical assistance to build the capacity of staff at both the central level health institutions and the DHTs with the goal of improving the quality of PMTCT services.

PBF of HIV/AIDS services has been a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda PEPFAR five-year strategy for increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

New/Continuing Activity: New Activity

Continuing Activity:

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

████████

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7556.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 26448.09

Activity System ID: 26448

Mechanism: CSP II

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: ██████████

Activity Narrative: This is a new activity/mechanism in FY 2009.

In FY 2009, the Community HIV/AIDS Mobilization Program (CHAMP) will come to an end and be replaced by follow on mechanism(s). The follow on will be designed later this year and will seek to build on CHAMP's activities and ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. The CHAMP follow on mechanism will continue the institutional capacity building of Rwandan partner organizations working to ensure access to high quality, sustainable HIV and AIDS care services. The CHAMP follow on mechanism(s) will support the provision of community services in all PEPFAR-supported districts, especially around PEPFAR-supported health facilities.

Currently, CHAMP partners are training members of various community and faith-based organizations to promote PMTCT services in their communities by encouraging early ANC attendance, delivery in facilities, use of appropriate infant feeding practices, use of early infant diagnosis and male involvement in ANC and PMTCT. Like CHAMP, the follow on mechanism(s) will focus on building services and capacity at the community level. Recently, the MOH rolled out a new community health policy and will develop a cadre of approximately 27,000 additional community health workers (CHW) who will require training in a number of health topics. These CHWs will serve as the entry point into the health system.

The CHAMP follow on mechanism(s) will train CHW volunteers to promote and support exclusive breastfeeding for HIV-positive lactating mothers, support mothers during the cessation period, and provide information about appropriate weaning foods and nutrition counseling. In FY 2009, the follow on mechanism will also continue to provide training for community volunteers to promote PMTCT as part of their provision of care to OVC and PLHIV. The follow on (TBD) mechanism will work with PEPFAR-supported clinical partners to strengthen the referral system to ensure pregnant women access PMTCT services and assist the clinic-based case managers to ensure proper treatment adherence. The follow on to CHAMP will also link women in PMTCT and their families to other key community services, including PLHIV associations, income generating activities, community gardens, malaria prevention and treatment, child survival and health programs, and food assistance. The follow on mechanism will also promote positive male norms and encourage couples to test together, share their results and constructively address serodiscordance as appropriate. Finally, the follow on will seek to collaborate with Mothers 2 Mothers and ensure follow up of HIV pregnant women and their children in the community to prevent loss to follow up of both of these populations. As with CHAMP, the follow on mechanism will not have any direct targets in this area, but will contribute to increasing the number of women receiving PMTCT services by PEPFAR clinical partners by training community volunteers to promote the use of PMTCT services.

In the transition period from CHAMP to the follow on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. The follow on mechanism will learn from CHAMP's documentation of best practices and lessons and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow on mechanism may include other activities designed to strengthen community knowledge and access to PMTCT services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

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 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10940.09

Mechanism: BASICS Follow-on

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 26449.09

Planned Funds: ██████████

Activity System ID: 26449

Activity Narrative: This is a new activity/mechanism in FY 2009.

The identification and follow up of HIV positive infants has been a priority of the PEPFAR program since its inception in Rwanda. There are number specific challenges to ensuring the health of infants of HIV positive mothers, including loss to follow up, poor nutrition, and the early identification and referral of HIV positive infants to appropriate care and treatment. The PEPFAR program has addressed these challenges with technical support to the MOH and provider trainings at the district level. However, certain challenges persist.

The 2005 RDHS-III results indicate 45% of children under five are stunted due to chronic malnutrition. According to the Rwanda National Nutrition Plan 2005-2010, chronic malnutrition in under-fives is significantly associated with poor infant feeding practices. Although the 2005 RDHS-III indicates high rates of exclusive breastfeeding for infants less than six months, a UNICEF study indicates only 17.4% exclusive breastfeeding for infants of the same age. Both studies demonstrate insufficient introduction of complementary food for infants between 6 and 24 months. Since 2005, UNICEF, in collaboration with the Treatment Research AIDS Center, TRAC, has led the adaptation of the WHO/UNICEF Infant and young child feeding (IYCF) guidelines and development of training materials and tools in Rwanda for the strengthening of IYCF counseling and support in the context of PMTCT. In FY 2006, PEPFAR collaborated with UNICEF to support training at PMTCT sites in IYCF. However, UNICEF does not have the in-country capacity to ensure ongoing support, monitoring, and refresher training of sites in the country.

Consequently, since FY 2007, PEPFAR funds have supported an advisor through BASICS to provide TA to the MOH and TRAC for ongoing monitoring of IYCF, particularly in the following: rapid assessment of current provider knowledge and skills in IYCF; use of and adherence to AFASS guidelines and criteria during infant feeding counseling for pregnant HIV-positive women; and pre- and post-partum IYCF counseling and support; adapt monitoring tools, checklists and job aids for providers; conduct with TRAC and MOH an integrated TOT for IYCF and training of district supervisors in follow-up supervision of providers in IYCF counseling; adherence to AFASS protocols; lactation management specifically among symptomatic HIV-positive mothers; and support to HIV-positive mothers in adhering to their infant feeding choice.

BASICS activities are in accordance with national guidelines and support the integration of IMCI into HIV activities through technical assistance to the MOH. However, BASICS is coming to an end in FY 2008. However, the follow-on TBD mechanism will build on BASICS' work with the MOH over the last two years.

More specifically, in FY 2009, the follow on mechanism will: provide TA to the MOH to better follow up exposed infants until their serostatus has been established at 18 months; strengthen referrals within PMTCT to care and treatment and appropriate vaccinations; strengthen MOH's systems for routine infant screening and testing to monitor changes in serostatus over 18 months; and monitor growth and nutritional status in accordance with national guidelines.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * TB

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 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7089.09	Mechanism: EGPAF Bilateral
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 17059.29004.09	Planned Funds: \$200,000
Activity System ID: 29004	
Activity Narrative: This PHE activity, Evaluation of complementary foods program, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is RW.08.0110. Title: Evaluation of the Impact of Maternal and Infant Nutritions on PMTCT Programs This is a continuing activity spanning 24 months. In FY08 COP: 01-MTCT OGAC TBD (EGPAF) Mech: 8882.08 Activity #: 17059.08 Prime Partner: TBD (soon to be EGPAF) State/OGAC GHCS (State) \$200,000	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17059	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17059	17059.08	Department of State / Office of the U.S. Global AIDS Coordinator	To Be Determined	8882	8882.08	OGAC TBD (EGPAF)	■

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: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$5,706,700

Program Area Narrative:

PEPFAR will continue to implement a range of behavioral and biomedical prevention interventions that address the sources of new infections at the scale and quality necessary to reduce incidence. According to the Rwanda 2005 DHS, national HIV prevalence is 3%, and is higher in women than in men (3.6% versus 2.3%). Women are infected at younger ages than men, possibly resulting from cross-generational sex. HIV prevalence in youth aged 15-24 years is 1.5% for females compared to 0.4% in males (DHS 2005).

There are an estimated 150,000 infected individuals in Rwanda according to the EPP Spectrum 2008. Prevalence is significantly higher in urban areas than in rural areas (7.3% versus 2.2%), (DHS 2005). HIV in Rwanda is primarily transmitted through heterosexual contact (75%) and mother-to-child transmission (20%) (GFATM, Round 7 GOR application, 2007).

Modeling of DHS data suggests that over 90% of new heterosexually acquired HIV infections in Rwanda occurred within couples in cohabitation (Dunkle et al, Lancet 2008). Approximately 2% of heterosexual couples are serodiscordant. Condom use in the general population is very low. Among young people between the ages of 15-24 years who are sexually active, only 25% of women and 39% of men used a condom during their last sexual encounter (DHS 2005.)

Conservative estimates suggest that approximately 1,264,000 vulnerable children live in Rwanda, of whom 820,000 are orphans of all causes (DHS 2005 and 2002 GOR Census). Youth comprise 14.7% of PLHIV (Presentation from the Triangulation Training Workshop for Analysis and Use of Strategic Information; September 2008) indicating the pressing need to further support and enhance prevention activities for youth.

Multiple sexual prevention strategies are being used in Rwanda. These include: promotion of abstinence and delayed sexual debut among youth; enhanced condom distribution and promotion; targeted behavior change communication (BCC); male circumcision in the military; prevention activities for HIV-positive individuals; improved integration with family planning services; increasing male involvement in prevention and HIV/AIDS services; and, scaling up VCT, including couples CT.

Abstinence and fidelity (AB) activities focus on youth 10-24 and reach young people in a range of community settings (churches.

drop-in centers, rehabilitation centers, schools and universities). The activities include: provision of information on HIV risk and the importance of abstinence as an HIV prevention strategy. They also promote fidelity among married couples. Life skills including communication, negotiation, self-esteem and tools to address the social norms which affect sexual behavior are also part of AB programming. By the end of FY 2008, PEPFAR had reached over 1,086,387 individuals with AB messages; 701,510 youth with abstinence only messages and trained over 12,299 individuals in promoting the use of AB. The interventions used include: a range of mass media activities (radio dramas, public service announcements etc); interpersonal peer communication and education; working through churches to increase the capacity of religious leaders and parents to support young people to make and keep abstinence pledges; improving the capacity of youth clubs and cluster groups to implement BCC activities; programs in school; and working with the military through both AIDS support clubs and counseling and testing services.

A recent evaluation of abstinence and be faithful activities shows evidence that AB activities serve an important role in promoting social discourse about sexual practices that put young people at risk for HIV. AB was found to be consistent with traditional and religious beliefs and AB programs were found to be strong contributors to boosting confidence and skills among young people as well as a foundation for future healthy behaviors.

Other sexual prevention activities focus on targeting most at risk populations including sex workers and their clients, military and uniformed officers, married couples, people living with HIV/AIDS (PLHIV), discordant couples, mobile populations including refugees, OVC, young women in transactional and cross generational relationships, married men, and out of school youth. The activities include: partner reduction; provision of quality condoms and information on their use; promotion of counseling and testing- including couples counseling and testing; strengthening youth friendly health centers for high risk youth; male circumcision in the military; key messages for prevention with positives; and, integration of family planning, alcohol and gender issues into routine prevention activities. Emphasis will be placed on women's empowerment, male involvement and male norms. Alcohol screening has been added to VCT, incorporated into messaging with prevention with positives, and also incorporated into activities within the military. Clinical and community gender-based violence (GBV) activities create awareness and focus on changing societal norms related to GBV; they also promote the availability and uptake of prophylaxis for victims of sexual violence.

By the end of FY 2008, PEPFAR had reached over 830,068 individuals with HIV prevention messages beyond abstinence and being faithful and trained over 9,872 individuals in promoting condoms and other prevention. Over 3,399 outlets had been established to increase access to condoms, including drop in centers, peer educators and retail outlets. The interventions used include: a range of mass media radio dramas; interpersonal communication and peer education; working through community groups including out-of-school youth cluster groups, networks of commercial sex workers (CSWs) and trucker associations to increase their capacity to promote, demonstrate and use condoms. PEPFAR also supports commodity and logistics systems to ensure that condoms are available where they are needed the most. Counseling and testing also was used to impart valuable HIV prevention information.

Condom programming in Rwanda is entering a new, and important, phase. The GOR is placing emphasis and strong support behind integrated and structured condom programming, and has recently revived the condom steering committee to guide policy and ensure efficient programs. A recent condom assessment undertaken by the National AIDS Commission (CNLS) revealed major gaps in condom programming - from long term and secure funding to logistics and communication campaigns about condom use. PEPFAR is structuring its support to address some these gaps including increasing the funding available for condom procurement to ensure that there is adequate supply for MARPS, members of the military and the public sector. PEPFAR is also supporting Population Services International (PSI) and DELIVER to address supply, accessibility, visibility and consistent and correct use of condoms. Major communication campaigns will be rolled out with FY 2009 funds to promote condoms as dual protection; to help minimize stigma and lack of knowledge about condom use and to ensure that people know how to use them. Other activities reaching most at-risk populations (MARPs) will include rolling out a comprehensive package of prevention services for commercial sex workers- ensuring that they have access to STI screening and treatment, condom availability through community-based outreach, and referral to other HIV services. This package of services will be made available to other MARPS, including high-risk youth.

The Ministry of Health (MOH) recently rolled out a new community health policy and is developing a cadre of approximately 27,000 community health workers (CHWs) who require training in various health areas. These CHWs will serve as the entry point into the health system and will relieve much of the burden at health facilities by offering basic preventive and curative services at the community level. PEPFAR will support the community health roll out with training and capacity development for the CHWs. Through Peace Corps volunteers, PEPFAR will also support capacity building in rural communities by developing comprehensive HIV/AIDS prevention strategies.

Limited male circumcision activities began in FY 2008. In FY 2009, PEPFAR will support the roll out of male circumcision (MC) activities within the military, including training, minor infrastructure improvements to military operating theaters, provision of services, monitoring and evaluation of services, and communication campaigns to reinforce other prevention practices. Emphasis will be placed on communication to ensure that soldiers do not assume unsafe behavior following circumcision. These services are linked to other BCC and VCT activities in the military. MC services will be provided to approximately 3,000 men in FY 2009.

In FY 2009, PEPFAR will continue to support integrated prevention activities with key target groups, using emerging evidence and best practices. Operational research and evaluations will be undertaken to assure that current evidence continues forms that basis for prevention activities. This will include an understanding of the dynamics of HIV transmission in Rwanda. Data triangulation of different data sets - (2005 RDHS-III, the 2006 BSS and other behavioral data) was conducted yielding valuable information on risk groups and drivers of the epidemic. Surveillance (including behavioral) and population estimates of female sex workers and other at risk groups is currently underway, as is ongoing technical assistance to determine best practices for reaching sex workers (MARPS).

PEPFAR will reach 605,380 individuals with prevention messages and services promoting the use of abstinence and fidelity in FY 2009.

PEPFAR will reach 556,201 individuals with prevention messages and services, which go beyond AB in FY 2009.

This strategy fully supports and complements the GOR National HIV/AIDS Strategy.

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 121.09	Mechanism: WR Track 1.0
Prime Partner: World Relief Corporation	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 26440.09	Planned Funds: \$0
Activity System ID: 26440	

Activity Narrative: World Relief's "Mobilizing Youth for Life" project aims to 1) engage youth in interactive learning to establish standards of sexual protection, 2) equip influential adults to guide youth in making wise life choices, and 3) obtain commitments to abstinence before marriage and fidelity in marriage from youth aged 10-24 years old. Since the project's inception in March 2004, World Relief (WR) has reached over 800,000 youth through a combination of activities in over 2,380 churches, 520 schools, 684 clubs and other community settings. Over the past four years, the project expanded its activities into all 30 districts making it a national HIV prevention and stigma reduction program. Previous activities have included support to young people who had already made a commitment to abstinence and promotion of commitments to abstinence for other youth. WR trained 8,052 youth leaders, pastors, peer educators and teachers using the Choose Life curriculum to reach youth with abstinence only messages. WR also incorporated an alcohol and GBV approach into their programming, emphasizing the role of alcohol use in facilitating the transmission of HIV.

In FY 2009, WR will reach 58,900 new youth in schools, universities, churches and rehabilitation centers, helping them commit to abstinence. Modifications to the Mobilizing Youth for Life will be made to address key issues emerging from the mid-term evaluation, including topics on sexual abuse, alcohol and substance abuse, gender, faithfulness and the transition to marriage. Training will include emphasis on the importance of counseling and testing, and referrals of HIV infected youth will be made to care and treatment settings. WR will continue to train parents, reaching an additional 105 parents as "trainers of trainers" (TOTs) as part of a family focused intervention. WR will also use mass media to reach communities with information on HIV prevention with an emphasis on abstinence for youth and fidelity for married couples.

WR's agreement ends in June 2010, so in addition to the above mentioned activities, WR will devote considerable effort to planning for sustainability after the project closes, ensuring that partners have increased capacity to maintain the activities that WR been supporting.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4696.09	Mechanism: Biodiversity
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 25665.09	Planned Funds: ■
Activity System ID: 25665	

Activity Narrative: The Biodiversity project is a USAID four-year, \$3.8 million project focusing on the Nyungwe Forest National Park and its surrounding buffer areas in southwestern Rwanda. The project's primary objective is to encourage sustainable rural economic growth through the development of a tourism sector that is compatible with existing and potential community development activities. The project focuses 20% of its resources on community based health activities to raise awareness of the interlinking issues of population, health and the environment. The Biodiversity Project works in five districts with some of the highest population densities in the country (250-500/km²), reaching approximately 300,000 people. More than 90% of the people living in this catchment area are farmers. The people living around Nyungwe Park are highly marginalized with low education levels, large families, poor housing, frequent food insecurity, and limited access to basic health care and infrastructure. The communities living within 10 kms of the Nyungwe Forest National Park are considered high risk for many reasons: they live near the border and in communities characterized by high traffic of people entering or leaving Burundi and DR Congo; they are in constant interaction with employees from the tea factories who live away from their families; and as tourism increases, there is an influx of migration from private enterprises and increased tourists around the park. These populations have little access to information about HIV and will likely see an increase in income through the economic benefits of ecotourism, as well as increases in outside populations drawn to the Nyungwe area for work and livelihood. With funding in Family Planning and Infectious Disease funding and a total of \$150,000 (FY 2007) EP funding (HVAB - \$100,000 and HVOP - \$50,000), Project Nyungwe provides information about family planning and HIV/AIDS prevention to the populations around Nyungwe Park. Communities are encouraged to seek antenatal services, VCT, and facility-based deliveries. They receive HIV prevention messages focusing on abstinence, fidelity, partner reduction, alcohol use, and GBV through IEC print materials, interpersonal communications, and community drama. The shifting of social norms, particularly male behaviors, is emphasized through community events. An estimated 20,000 individuals have received direct AB messages, which reinforce the services and information provided at the health facilities in these communities. Project Nyungwe works to strengthen referrals to HIV/AIDS services and the linkages between the health facility and the community. The project coordinates closely with USG clinical partners who offer clinical services in the surrounding districts; CHAMP and the Child Survival Grants Project consortium- who work offering community services and linkages in the five Project Nyungwe districts. This activity supports the integration of HIV/AIDS and health through community-based services. This activity reflects the EP Five Year Strategy of involving the private sector and targeting vulnerable populations.

FY 2008 activities will continue building on the activities on FY 2007, strengthening the support given to youth to remain abstinent until marriage as well as creating social norms for fidelity in marriage. Through 330 trained peer educators, Project Nyungwe will reach 14,000 individuals with messages on AB, including a subset of 7,000 youth with messages on abstinence alone

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 26433.09	Planned Funds: \$85,000
Activity System ID: 26433	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

This activity will continue unchanged with a new prime partner. The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008 MEMS deploys a web-based database that facilitates USG data reporting, aggregation, analysis and use, as well as the development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 2009 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff work closely with the USG teams and implementing partners and are building their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS are training USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQA) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

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 Mechanism

Mechanism ID: 128.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 2795.24643.09

Activity System ID: 24643

Mechanism: PSI Healthy Schools

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: The overall goal of PSI's Healthy Schools Initiative is to reduce HIV incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, changing social norms among men and women, and improving communication among secondary school youth. Prevention programs for youth remain a high priority for both the GOR and the EP. Since the overall national prevalence is 3.1%, there is a great need for prevention programming in the largely HIV-negative population and an opportunity to affect the progression of the epidemic by reaching the youth population. In addition, though 2005 RDHS-III data reflect a very low HIV prevalence among nearly all youth groups, recent testing data from some youth centers suggest that HIV prevalence among out-of-school youth could be as high as 7% in some areas.

During FY 2007, PSI collaborated with the MINEDUC to implement health communications interventions in 60 secondary schools under the Healthy Schools Initiative. In order to reach higher risk youth populations in FY 2008, this prevention initiative will be extended to 30 additional schools as well as out-of-school youth, through provision of comprehensive prevention and testing services at four youth centers in Rwanda. This strategy will thereby provide a more integrated prevention program for youth in Rwanda, targeting a diverse mix of in- and out-of-school youth.

The first component of the Healthy Schools Initiative is an interpersonal communication intervention focusing on improving parent-child communication about HIV/AIDS. During a five-session training, parents develop the knowledge and skills necessary to speak confidently to their children about the realities of HIV/AIDS in Rwanda. Children learn to speak more openly with their parents about the problems they encounter in everyday life. Emphasis is placed on the special vulnerability of girls and young women vis-à-vis GBV and transactional and cross-generational sex, and about protection from HIV through abstinence and fidelity.

A second component includes training of anti-AIDS clubs and other youth groups in gender and HIV/AIDS, interactive drama, peer education, interpersonal communication, and life skills techniques. Through these trainings and ongoing formative supervision, the EP will contribute to strengthening the capacity of the anti-AIDS clubs to conduct outreach IPC interventions at their schools and in the communities.

Additionally, PSI produces the ABAJENE! youth call-in radio shows that focus on healthy lifestyles and reinforce the prevention messages communicated during peer education trainings. A related ABAJENE! youth magazine is also produced quarterly and disseminated to youth in secondary schools.

By the end of 2006, PSI had trained 1,626 peer educators who reached 62,620 students with AB messaging and information. An additional 40,000 students were reached in FY 2007 by the 1,000 peer educators trained in AB. In FY 2008, PSI will maintain its presence in the first 60 schools through intermittent support and refresher trainings and will expand the Healthy Schools Initiative to 30 additional secondary schools. 44,000 secondary school youth will be reached with AB messages through the Healthy Schools Initiative.

New in FY 2008 will be EP support to four youth centers where PSI offers comprehensive prevention and testing services. PSI will leverage its experience with youth-friendly services and employ innovative models to deliver high quality prevention messaging and TC to most at-risk youth. PSI will build the capacity of youth associations and out-of-school anti-AIDS clubs to conduct IPC and peer education activities. PSI will also conduct mobile video unit shows and special events at youth clubs and other youth venues promoting AB and OP as appropriate. Synergies between school based and out-of-school activities will be achieved through sharing of IEC materials and curricula as well as creation of linkages between the schools and testing services at the centers. Priority target groups reached by youth centers will include youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), youth frequenting hotspots, girls engaging in transactional sex, and OVC above 15. PSI will create linkages with the CHAMP project for referral of OVC to comprehensive services. Approximately 45,000 youth will be reached with AB messages at the four youth centers.

PSI will measure outcomes and objectives through an ongoing behavioral research study started in FY 2007. The behavioral tracking methodology utilizes in-depth surveys to assess factors that affect behavior change among the secondary school youth reached with behavior change prevention interventions. Information obtained from this research will help to refine project interventions during implementation.

Funding in this area is also provided to support the national HIV/AIDS hotline, which is managed by the CNLS. The objective of the hotline is to respond to client calls with information about behavior change to prevent HIV, provide psychosocial counseling for PLHIV, and refer clients to testing centers. Of the more than 30,000 calls received annually, more than half are for HIV prevention counseling. With this funding in FY 2008, an estimated 18,000 people will be reached with HIV prevention messages promoting abstinence and fidelity through the hotline. PSI will also conduct refresher trainings in behavior change prevention counseling for the six hotline staff who manage the calls.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12870

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12870	2795.08	HHS/Centers for Disease Control & Prevention	Population Services International	6321	128.08	PSI Healthy Schools	\$1,200,000
7226	2795.07	HHS/Centers for Disease Control & Prevention	Population Services International	4343	128.07	PSI Healthy Schools	\$550,000
2795	2795.06	HHS/Centers for Disease Control & Prevention	Population Services International	2571	128.06	HIV/AIDS School Based Program-Procurement	\$350,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10532.09

Mechanism: Biodiversity II

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 24692.09

Planned Funds: [REDACTED]

Activity System ID: 24692

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Building on the three year investment in Biodiversity Conservation and Ecotourism development in and around Nyungwe National Park(NNP), USAID will continue to support conservation of the Park's biodiversity through a multi-faceted approach including: (1) improved management of NNP, (2) increased ability of the office of tourism and national parks (ORTPN) to effectively manage increasing number of tourists in NNP and the wide range of demands for park resources; (3) increased community support for conservation of NNP both through environmental education; income generation from ecotourism and sustainable public health practices.

This integrated 'wrap around' seeks to build on previous accomplishments of the biodiversity project. Community-based family planning, HIV/AIDS, and maternal and child health are all integral components of this proposed activity. Activities will seek to reduce the rate of sexually transmitted infections along with HIV, improve family planning and strengthen maternal and child health. As family health improves and family members become more productive, they can take advantage of new economic opportunities in ecotourism and biodiversity conservation. The project area covers three districts (Rusizi, Nyamasheke and Nyamagabe) with a population of approximately 100,000 people.

In FY 2009 HIV prevention activities will be targeted at high risk populations including seasonal workers (approximately 85% of the tea plantation workers are men- who leave their families behind to come and work at tea plantations); military men from nearby army camps; ex-prisoners who are on work detail around the park, and increasing numbers of young women who flock to these locations seeking men who have increased disposable incomes. Limited access to health services also increases community vulnerability to disease.

FY 2009 activities will continue building on previous activities, strengthening the support given to youth to remain abstinent until marriage as well as creating social norms for fidelity in marriage.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education



Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10528.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 24663.09

Activity System ID: 24663

Mechanism: CDC Prevention FOA

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds:

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of this activity is to reduce HIV incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, changing behaviors and social norms among men and women, and improving and building life skills among secondary school and out-of-school youth. Prevention programs for youth remain a high priority for both the GOR and PEPFAR. With an overall national prevalence of 3.1%, there is a critical need for evidence-based prevention efforts in the largely HIV-negative population and an opportunity to affect the progression of the epidemic by reaching the youth population. Averting new infections in this age group, is not only cost effective, but is also the most sustainable way to turn the tide against HIV/AIDS.

Although 2005 DHS data reflect a very low HIV prevalence among nearly all youth groups, recent testing data from some youth centers suggest that HIV prevalence among out-of-school youth is as high as 7%. Data from the three PEPFAR supported studies: DHS 2005, PLACE and the recently concluded data triangulation exercise all indicate areas where programs need to improve prevention programming in Rwanda. The 2005 DHS indicates that 2.5% of young girls 20-24 are HIV positive, whereas only 0.5% of boys in the same age bracket are HIV positive. Substantially higher prevalence rates are present among older males; e.g., for men aged 40-44, the prevalence rate is 7.1%. Considered together, this data suggests that older men and younger women engage in trans-generational sex.

PEPFAR through the Healthy Schools Initiative has collaborated with the GOR to implement health communication interventions in 60 secondary schools and has scaled up comprehensive prevention and testing services for high risk youth at four youth centers in Rwanda. This strategy has provided an integrated prevention program for youth in Rwanda, targeting a diverse mix of in- and out-of-school youth.

In the activities proposed under this new mechanism, the partner (TBD) will develop and test a comprehensive prevention package tailored for particular population segments (in school, out-of-school, all the high risk groups) and develop and implement evidence-based behavioral interventions to these groups. The interventions will focus on personal skills building, self efficacy, and improving parent-child communication about HIV/AIDS and general sexual and reproductive health. The partner will also develop training for youth groups and implement gender and HIV/AIDS training for youth using interactive drama, peer education, interpersonal communication, and life skills techniques. Through these trainings and ongoing supportive supervision, PEPFAR will contribute to strengthening the capacity of youth to conduct outreach IPC interventions at their schools and in the communities.

Effective prevention interventions, just as ART, are not a "start-it-and-forget-it treatment", and require a sufficient 'dose', reinforcement to promote and sustain risk reduction, addressing factors that may contribute to prevention lapses, and ongoing monitoring to promote optimal outcomes. The partner will be required to use a multi-pronged approach focusing on combining both behavioral and biomedical prevention interventions.

During FY 2009 PEPFAR will support the scale-up of the youth centers to a total of six. These centers will be instrumental in providing prevention interventions for most-at-risk out of school youth and in school youth. Priority target groups reached by youth centers will include higher-risk youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), girls working in vulnerable employment places (such as bars, hotels), their employers, girls engaging in transactional sex, youth with multiple sex partners and street youth.

The partner will identify proven behavioral and best practices and tailor them to deliver high quality prevention messaging and TC to most at-risk youth. The partner will work with CNLS to balance and synergize in and out of school activities.

Funding will also support the national HIV/AIDS hotline, which is managed by the CNLS. The objective of the hotline is to respond to client calls with information about behavior change to prevent HIV, provide psychosocial counseling for PLHIV, and refer clients to testing centers. Program outcomes and effectiveness will be monitored through a rigorous M&E system to manifest trends and demonstrate program impact. In addition, the partner will also carry out periodic behavioral evaluations to assess program impact.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education



Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10514.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 24621.09

Activity System ID: 24621

Mechanism: ROADS II LWA

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$757,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity addresses HIV prevention, care and treatment activities with some of the most vulnerable populations located and moving along the transport corridors of East Africa. The recently ended ROADS project was a 5 year regional project whose goal was to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. The project targeted high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop information and services. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The LifeWorks Partnership, is an innovative strategy that was developed in the first ROADS project. It is designed to provide small business services to local community associations and cooperatives. LifeWorks works with the private sector to create and provide opportunity for small community groups to have access to income generating activities and markets for their products. LifeWorks is an important component of ROADS activities.

Building on the initial ROADS project, a new "leader with associate" award project, ROADS II (Road to a Healthy Future) was recently awarded to FHI. Its goal is improving African capacity to respond to key HIV/AIDS and health issues and improve health outcomes. PEPFAR will issue an associate award under this new mechanism in FY 2009. Activities will include addressing key risk groups in hotspots along the transport corridors, where mobility, poverty and inadequate and insufficient health services exacerbate the risk for HIV infection. Healthy behaviors that will be promoted include promoting abstinence among youth; provision of condoms to MARPS; counseling and testing; reduced alcohol consumption; improved HIV outcomes through referrals and support in care and treatment settings; improved access to economic, social and food security through IGAs and other community interventions and support; family planning information and referrals; malaria prevention and treatment referrals.

ROADS II will make use of community clusters and associations (including, low income women, youth, truckers, fishermen etc) to implement integrated health services as well as address some of the underlying factors that exacerbate risk.

In FY 2009, AB activities will focus on vulnerable youth, providing them with life skills, HIV prevention information and economic empowerment opportunities. Youth will be served through multiple channels (including, youth clusters and peer educators) with information and services that are age-specific and relevant, ensuring improved health seeking behavior and outcomes.

ROADS activities are currently implemented in 5 sites- Kigali city; Gatuna (Uganda border); Rusizi (DRC border); Rusomo (Tanzania border) and Bugarama (intersection of DRC, Rwanda and Burundi). FY 2009 ROADS II activities will expand to include Gisenyi (DRC/Goma border), pending an improvement of the security situation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

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 Mechanism

Mechanism ID: 7556.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 24713.09

Activity System ID: 24713

Mechanism: CSP II

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the Community HIV/AIDS Mobilization Program (CHAMP) will come to an end and be replaced by follow on mechanism(s). The follow on will be designed later this year and will seek to build on CHAMP's success and ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. The CHAMP follow on mechanism(s) will build the institutional capacity of community health workers and Rwandan partner organizations to ensure access to high quality, sustainable HIV and AIDS care services. The CHAMP follow on mechanism(s) will support the provision of community services in all PEPFAR-supported districts, especially around PEPFAR -supported health facilities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by PEPFAR.

The MOH has recently rolled out a new community health policy and will develop a cadre of approximately 27,000 community health workers (CHW) who require training in various health areas. These CHWs will serve as the entry point into the health system and will serve to relieve much of the burden of services at the health facility by offering basic preventative and curative services at the community level. The follow on mechanism(s) will support the community health roll out, and will train CHW volunteers to promote age-appropriate abstinence messages as well as partner reduction to youth and members of the community. The follow on mechanism(s) will also provide technical and financial assistance to Rwandan CBOs and FBOs to incorporate prevention messages into their programs. These activities will complement the behavior change communication activities under the Behavior Change Social Marketing (BCSM).

In FY 2009, the follow-on mechanism(s) will reach 45,000 OVC and PLHIV in the community with comprehensive AB messaging. The follow on mechanism(s) will support activities which will enable individuals to practice abstinence and/or faithfulness, such as life skills and income generating activities and will address the societal norms surrounding cross-generational and transactional sex. Messages will be delivered using a family-centered approach through face-to-face interactions. These messages will address the linkages between alcohol use; violence and HIV; stigma reduction and the importance of knowing your HIV status. The follow on mechanism(s) will seek to reinforce the norms of Rwandan society which have led to a relatively late age of sexual debut (20.3 among women and 20.8 among men). It will also address male norms and behaviors that are linked to risky behaviors.

In the transition period from CHAMP to the follow on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. The follow on mechanism will learn from CHAMP's documentation of best practices and lessons and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow on mechanism may include other activities designed to strengthen community knowledge and access to AB services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

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 Mechanism

Mechanism ID: 4740.09

Prime Partner: United Nations High
Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8700.24524.09

Activity System ID: 24524

Mechanism: Refugees UNHCR

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$9,445

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should continue to receive a comprehensive package of HIV prevention, care and treatment services.

Since FY 2005, PEPFAR has provided refugees with HIV/AIDS prevention and care services, providing linkages and referrals to local health facilities for treatment and services that were not available on site. In FY 2007, two of the camps began ART services and consequently were able to offer a full complement of HIV services including prevention with positives (PWP) to over 30,000 refugees. UNHCR promotes AB messages to the refugee community, including in- and out-of-school refugee youth, men, and vulnerable women of reproductive age. These activities continue in FY 2008.

In FY 2009, UNHCR will continue to provide training to peer educators using AB materials adapted for the refugee context. Interpersonal prevention activities that aim to increase youth access to prevention services, such as AIDS support groups, life-skills training, school-based HIV prevention education, and community discussions will also continue. Young girls in the refugee community, particularly female OVC who are vulnerable to sexual abuse by older men, domestic violence, and sexual harassment at school will be especially targeted under these activities. Messages will focus on abstinence and fidelity and also include topics on the relationship between alcohol use, violence, stigma reduction and male norms. There will be emphasis on changing the social acceptance of cross-generational and transactional sex

As many risky behaviors can often be linked to other contextual factors such as unemployment, poverty, trauma, and psychosocial needs, UNHCR will strengthen referrals and mechanisms in coordination with other partners to provide refugee clients and their family members access to IGA, OVC programs, food support through Title II and WFP, vocational training, trauma counseling, legal support, and mental health care and support for at-risk clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12888

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12888	8700.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$9,445
8700	8700.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$52,000

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$9,445

Water**Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 8692.09**Mechanism:** ARC**Prime Partner:** American Refugee Committee**USG Agency:** Department of State / Population, Refugees, and Migration**Funding Source:** GHCS (State)**Program Area:** Sexual Prevention: AB**Budget Code:** HVAB**Program Budget Code:** 02**Activity ID:** 19479.24517.09**Planned Funds:** \$10,555**Activity System ID:** 24517**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should continue to receive a comprehensive package of HIV prevention, care and treatment services.

Since FY 2005, PEPFAR has provided refugees with HIV/AIDS prevention and care services, providing linkages and referrals to local health facilities for treatment and services that were not available on site. In FY 2007, two of the camps began ART services and consequently were able to offer a full complement of HIV services including prevention with positives (PWP) to over 30,000 refugees. ARC promotes AB messages to the refugee community, including in- and out-of-school refugee youth, men, and vulnerable women of reproductive age. These activities are continuing in FY 2008.

In FY 2009, ARC will continue to provide training to peer educators using AB materials adapted for the refugee context. Interpersonal prevention activities that aim to increase youth access to prevention services, such as AIDS support groups, life-skills training, school-based HIV prevention education, and community discussions will also continue. Young girls in the refugee community, particularly female OVC who are vulnerable to sexual abuse by older men, domestic violence, and sexual harassment at school will be especially targeted under these activities. Messages will focus on abstinence and fidelity and also include topics on the relationship between alcohol use, violence, stigma reduction and male norms. There will be emphasis on changing the social acceptance of cross-generational and transactional sex

As many risky behaviors can often be linked to other contextual factors such as unemployment, poverty, trauma, and psychosocial needs, ARC will strengthen referrals and mechanisms in coordination with other partners to provide refugee clients and their family members access to IGA, OVC programs, food support through Title II and WFP, vocational training, trauma counseling, legal support, and mental health care and support for at-risk clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19479

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19479	19479.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$10,555

Emphasis Areas

Refugees/Internally Displaced Persons

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 \$10,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 121.09

Prime Partner: World Relief Corporation

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 2790.21262.09

Activity System ID: 21262

Mechanism: WR Track 1.0

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$832,138

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

World Relief's "Mobilizing Youth for Life" project aims to 1) engage youth in interactive learning to establish standards of sexual protection, 2) equip influential adults to guide youth in making wise life choices, and 3) obtain commitments to abstinence before marriage and fidelity in marriage from youth aged 10-24 years old. Since the project's inception in March 2004, World Relief (WR) has reached over 800,000 youth through a combination of activities in over 2,380 churches, 520 schools, 684 clubs and other community settings. Over the past four years, the project expanded its activities into all 30 districts making it a national HIV prevention and stigma reduction program. Previous activities have included support to young people who had already made a commitment to abstinence and promotion of commitments to abstinence for other youth. WR trained 8,052 youth leaders, pastors, peer educators and teachers using the Choose Life curriculum to reach youth with abstinence only messages. WR also incorporated an alcohol and GBV approach into their programming, emphasizing the role of alcohol use in facilitating the transmission of HIV.

In FY 2009, WR will reach 58,900 new youth in schools, universities, churches and rehabilitation centers, helping them commit to abstinence. Modifications to the Mobilizing Youth for Life will be made to address key issues emerging from the mid-term evaluation, including topics on sexual abuse, alcohol and substance abuse, gender, faithfulness and the transition to marriage. Training will include emphasis on the importance of counseling and testing, and referrals of HIV infected youth will be made to care and treatment settings. WR will continue to train parents, reaching an additional 105 parents as "trainers of trainers" (TOTs) as part of a family focused intervention. WR will also use mass media to reach communities with information on HIV prevention with an emphasis on abstinence for youth and fidelity for married couples.

WR's agreement ends in June 2010, so in addition to the above mentioned activities, WR will devote considerable effort to planning for sustainability after the project closes, ensuring that partners have increased capacity to maintain the activities that WR been supporting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12919

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12919	2790.08	U.S. Agency for International Development	World Relief Corporation	6336	121.08	WR Track 1.0	\$415,700
7270	2790.07	U.S. Agency for International Development	World Relief Corporation	4361	121.07	WR Track 1.0	\$429,408
2790	2790.06	U.S. Agency for International Development	World Relief Corporation	2566	121.06	WR Track 1.0	\$655,131

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8697.09	Mechanism: Behavior Change Social Marketing BCSM
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 24459.09	Planned Funds: \$100,000
Activity System ID: 24459	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
 In FY 2008, PEPFAR proposed to sign a MOU with Bralirwa, the local Heineken subsidiary and bottler of beer and soda, to expand the company's provision of HIV prevention services, especially among the farming community on whom they rely for raw materials. PSI, through the USAID BCSM mechanism was proposed as the prime technical partner to implement this PPP. However, the deal with Bralirwa has not been concluded, as the brewery is not prepared to commit to this activity, given that it has a substantial and complete workplace program that addresses its own staff. The company is also not prepared (financially or otherwise) to address its suppliers. The FY 2008 funding is therefore not yet obligated.

For FY 2009, PEPFAR Rwanda, recognizing the importance of PPP's and the potential for an activity of this sort to have significant impact is proposing to identify a new partner to work with, addressing key HIV prevention strategies as appropriate. PEPFAR intends to direct the FY 2008 funding from this activity to this new partner and activity. Funding in FY 2009 has therefore been place-marked to ensure that these new activities continue. PEPFAR proposes that whichever partner is identified, that PSI be the technical prevention partner. Key messages on abstinence and fidelity will be promoted and this funding is complemented by funding in the HVOP program area.

New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Workplace Programs	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	\$20,000
Water	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8697.09	Mechanism: Behavior Change Social Marketing BCSM
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02

Activity System ID: 24508**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

PEPFAR Rwanda recently awarded a consortium of partners, with Population Services International (PSI) as the prime, a five year cooperative agreement to implement integrated behavior change and social marketing (BCSM) activities for HIV. The COAG also covers other significant health issues including malaria, family planning and maternal & child health with funding from other USAID sources. The main objectives of the five year agreement are to develop and manage a cost-effective marketing, sales and distribution network that improves access to branded products related to HIV/AIDS, malaria, reproductive health and child survival; to develop and implement health communication activities that enhance behavior and promote health seeking behaviors among Rwandans; to develop and enhance services and referrals, particularly mobile HIV counseling and testing, to most at risk populations (MARPs); to improve the management and technical capacity of Rwandan institution(s) to manage and implement similar programs in the future through a transfer of technical skills and capacity building and to increase the availability of data and evidence available to inform programming in key health areas.

FY 2007/2008 BCSM activities focused on activities which promote healthy behaviors around abstinence, partner reduction, correct and consistent condom use, alcohol use, GBV, and counseling and testing services. Activities also focused on integration of services including family planning and reproductive health and the social marketing of condoms to most at risk populations. The target groups for these prevention activities include high risk populations (sex workers and their partners, married couples, PLHIV, discordant couples, mobile populations, young women in transactional and cross generational relationships, married men and out of school youth.

Under the AB program area, two key communication campaigns were initiated. One campaign targeted youth and their parents with messages focused on: improving communication between boys & girls as well as their parents; skills building to strengthen young people's negotiation, self-affirmation and the ability to resist peer pressure; and empowerment of young girls. Abstinence and fidelity among youth was highlighted during this campaign- helping young people increase their personal risk perception and understanding issues related to sex.

A second campaign targeted young women and their parents, older men and opinion leaders to begin shifting social norms on transactional and cross-generational sex. Using advocacy and mass media strategies, the campaign started a dialogue on the issue of cross generational sex, with an aim to change society's view of the practice and to promote a sense of responsibility among leaders to take a public stance on cross generational practices that put young women at greater risk.

PSI has also been working in partnership with Rwandan Partner Organizations (RPOs) to strengthen their capacity to deliver interpersonal communication (IPC) activities at the community level. Important health messages delivered at the community on abstinence for youth, gender norms and violence have been complementary to the national mass media campaigns that have been launched.

FY 2009 activities will maintain the AB messages developed for the campaigns, reinforcing them at the national, community, and interpersonal level. PSI will continue to promote abstinence among out of school youth through mass media activities and through youth drop in centers in hot spots. Activities addressing parent child communication will help facilitate dialogue between parents and children and increase the social support for abstinence. Life skills training will accompany communication campaigns to ensure that youth have the requisite skills for negotiation, decision making and self-efficacy. Activities with youth will be age specific and relevant to their context. PSI will also continue to promote activities that increase awareness about the risk of cross- generational & transactional sex, especially targeting young girls.

In response to emerging data that suggests new infections are occurring primarily among married couples, PSI will increase communication activities promoting fidelity and partner reduction in marriage, as well as activities targeted at serodiscordant couples. Findings from research to understand the link between gender, infidelity and alcohol will be integrated into activities. Related (HVCT) activities will promote couples counseling and testing to ensure sexual partners know each other's HIV status. To help respond to some of the data gaps identified in the data triangulation exercise which determined that there were several 'categories' of youth- some more at risk than others, PSI will work with TRACPlus – Center for Infectious Disease Control/MOH (CIDC) and others to identify which youth in fact comprise the most-at risk subpopulations.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$500,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 114.09

Mechanism: USAID Rwanda Mission

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 24514.09

Planned Funds: \$200,000

Activity System ID: 24514

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009 USAID/Rwanda will have one Global Health Fellows Program (GFHP) position at USAID- the Logistics & Commodities Advisor.

The Prevention Advisor and the PEPFAR Technical Advisor positions which were previously GHFP positions have been changed to Personal Services Contractor (PSC) positions. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. USAID/Rwanda has been providing local and international TA to GOR agencies and limited direct grants to local NGOs since FY 2004.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

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: 1527.09 **Mechanism:** CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention **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: 2849.21063.09 **Planned Funds:** \$20,000
Activity System ID: 21063
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

In FY 2009, CDC will continue to support two staff members of the PEPFAR prevention team. Working in a country with a national HIV prevalence rate of 3.1%, it is vital for PEPFAR to design and implement prevention strategies that can affect behavior change and reduce the number of new infections in order to stem the progression of the epidemic.

The prevention team will be responsible for evaluating prevention activities, monitoring the epidemic through analysis of available data, collaborating with the National Prevention TWG on development of best practices, and providing strategic guidance to the country program.

The Prevention Specialist will also manage the PEPFAR prevention and TC activities by providing general oversight, TA, and support for monitoring and reporting of supported activities. This will include management of and TA to the prevention follow-on activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12904

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12904	2849.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$390,000
7265	2849.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$0
2849	2849.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$0

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$20,000
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: 132.09	Mechanism: PSI-DOD
Prime Partner: Population Services International	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4004.21024.09	Planned Funds: \$150,000
Activity System ID: 21024	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of this activity is to decrease new HIV infections through behavior change communication. The focus is on abstinence and fidelity targeting military personnel.

PSI/Rwanda and the Directorate of Military Services (DMS) work together to promote HIV prevention among members of the Rwanda Defense Forces (RDF). While some soldiers practice sexual abstinence and fidelity, living away from their families, mobility and age make them vulnerable to HIV.

PSI/Rwanda is implementing community-based activities among soldiers, their sexual partners, and surrounding communities to increase safer sexual behaviors. Key prevention strategies are 1) capacity building of AIDS support clubs 2) peer education and IPC sessions (including cine-mobiles), and 3) promotion of counseling and testing services

Using the results of a behavioral survey conducted in late 2007, the DMS and PSI will update communication materials to reflect best practices in the following areas; AB; couples counseling and testing; integration of FP into HIV/AIDS prevention (including PMTCT); men as partners; GBV and prevention of alcohol abuse.

In FY 2009, these activities will continue with the program reaching at least 20,000 members of RDF with prevention messages. The military AIDS support clubs will work to sensitize surrounding communities about risky sexual behavior. The DMS will strongly encourage soldiers to get tested with their partners. MC activities (described in CIRC narratives) will be closely integrated into this activity.

This activity is related to HVOP and CIRC activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12873

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12873	4004.08	Department of Defense	Population Services International	6322	132.08	PSI-DOD	\$80,000
7230	4004.07	Department of Defense	Population Services International	4344	132.07	PSI-DOD	\$60,000
4004	4004.06	Department of Defense	Population Services International	2574	132.06	PSI-DOD	\$35,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$150,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4714.09

Mechanism: SPREAD

Prime Partner: Texas A&M University System

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8128.21031.09

Planned Funds: \$75,000

Activity System ID: 21031

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of the SPREAD project is to provide rural cooperatives and enterprises involved in high-value commodity chains with appropriate technical agribusiness assistance and access to health related services and information that will result in increased and sustained incomes and improved livelihoods. The SPREAD project has recently undergone some changes to its programming and focus and based on a rapid assessment of the key health needs and priorities among the target population, the activities below have been identified as priorities.

SPREAD aims to integrate health and agribusiness activities to make optimal use of resources both within the Project, as well as within the rural farming cooperatives and enterprises. SPREAD supports dissemination of a full package of integrated health information including antenatal care, PMTCT, counseling and testing, family planning, safe water & hygiene and malaria. In FY 2009 the Project will capitalize on its unique opportunity to target rural men with education on HIV/AIDS and reproductive health. Specifically, SPREAD supports Animateurs de Café and cooperative-paid extension agents to impart integrated health messages in and around coffee plantations, to ensure that coffee farmers and their families have access to HIV prevention information, including abstinence for youth, faithfulness and partner reduction for men and women, and access to condoms.

Rather than duplicate existing efforts, in FY 2009 SPREAD will also work closely with local government and health officials, local health centers and NGOs, such as Health Unlimited and ARBEF, to leverage health activities towards target communities. The SPREAD project will work in partnership with PSI to establish health kiosks that will sell socially marketed health products to the populations around the coffee plantations. The SPREAD project will continue to work with a local radio program Imbere Heza to ensure integration of health messages into their routine coffee talk show. SPREAD will also support the production of IEC materials to accompany IPC sessions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12771

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12771	8128.08	U.S. Agency for International Development	Texas A&M University System	6290	4714.08	SPREAD	\$110,000
8128	8128.07	U.S. Agency for International Development	Texas A&M University System	4714	4714.07	SPREAD	\$100,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7539.09

Mechanism: GHFP

Prime Partner: Public Health Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17063.21027.09

Planned Funds: \$0

Activity System ID: 21027

Activity Narrative: USAID/Rwanda has three continuing staff engaged through the Global Health Fellows Program, and will support a fourth position in FY 2008. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. Continuing Fellows are an HIV/AIDS Prevention Advisor, a Logistics Advisor and a Senior Technical Advisor in the Program Office. For FY 2008, EP Rwanda proposes to add a GFATM/Donor Coordination Advisor to be located in the GFATM office.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17063	17063.08	U.S. Agency for International Development	Public Health Institute	7539	7539.08	GHFP	\$200,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 114.09

Mechanism: USAID Rwanda Mission

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4967.21050.09

Planned Funds: \$70,000

Activity System ID: 21050

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, PEPFAR will continue to build local capacity and provide AB services in Rwanda. USAID anticipates continuing financial and technical support to Rwandan NGOs in sponsoring or attending conferences, workshops and technical meetings on HIV prevention. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS and MIGEPROF.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12895

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12895	4967.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$70,000
7253	4967.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$20,000
4967	4967.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$225,000

Emphasis Areas**Human Capacity Development****Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$70,000

Water**Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 3451.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 4776.20999.09**Activity System ID:** 20999**Mechanism:** Transport Corridor Initiative**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$0

Activity Narrative: This is a continuing activity from FY 2007.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop messages.

The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along the transport corridor. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through the LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans, and low-income women. This helps to secure the long-term economic health of individuals, families and communities and thereby reduce their vulnerability to HIV/AIDS.

Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide source financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight AIDS through their own corporate social responsibility platforms. ROADS provides TA in M&E and in community mobilization and advocacy to an estimated 150 different local associations, women's groups and CBOs.

ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border).

FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck drivers, mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming to improve HIV counseling by including alcohol abuse issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART; and a focused campaign with bar/lodging owners and religious leaders to reduce alcohol abuse among truckers and other men. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services.

In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities. By the end of FY 2007, ROADS will have trained 100 peer educators from the associations and reached 40,000 individuals with AB messages. In FY 2008, ROADS will continue to reinforce ongoing peer education and community mobilization activities to reach 85,400 individuals with AB messages. 305 peer educators will be trained to promote AB. The peer educators will be out-of-school youth, truck drivers, commercial sex workers, and other community members.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12831

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12831	4776.08	U.S. Agency for International Development	Family Health International	6310	3451.08	Transport Corridor Initiative	\$757,000
7199	4776.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$488,000
4776	4776.06	U.S. Agency for International Development	Family Health International	3451	3451.06	Transport Corridor Initiative	\$100,800

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 169.09

Mechanism: CHAMP

Prime Partner: Community Habitat Finance International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 2807.20985.09

Planned Funds: \$0

Activity System ID: 20985

Activity Narrative: The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by the EP.

CHAMP will provide technical and financial assistance to Rwandan CBOs and FBOs who will incorporate prevention messages – focused on abstinence and/or fidelity as appropriate - into their programs for community and religious leaders, youth, PLHIV and their families, OVC including child-headed households, and community caregivers. CHAMP-supported partners are reaching over 100,000 individuals with abstinence and/or faithfulness messages and training over 3,000 community volunteers to provide these messages in FY 2007. While much of the delivery of prevention messaging is being done by the new USAID award for BCC and SM, CHAMP will continue to provide technical and financial support to Rwandan partner organizations to include appropriate and targeted prevention messages in their programs for 52,500 OVC and PLHIV in communities in FY 2008.

Messages will be delivered using a family-centered approach through face-to-face interactions and will address the entire household. These messages will include the linkages between alcohol use, violence and HIV; stigma reduction; abstinence; fidelity; partner reduction; the vulnerability of young women; and, the importance of knowing your HIV status. This program will reinforce the norms of Rwandan society which have led to a relatively late age of sexual debut (20.3 among women and 20.8 among men). This is especially important as traditional family and community structures are affected by HIV and AIDS. In addition, the programs will support and/or link to activities which will enable individuals to practice abstinence and/or faithfulness, such as life skills and income generating activities, and will address the societal norms surrounding cross-generational and transactional sex.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12814

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12814	2807.08	U.S. Agency for International Development	Community Habitat Finance International	6308	169.08	CHAMP	\$360,000
7183	2807.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$720,000
2807	2807.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$1,780,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1072.09

Mechanism: CRS Track 1

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5233.20963.09

Planned Funds: \$282,562

Activity System ID: 20963

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CRS, in collaboration with its partner Caritas-Rwanda, implements the "Avoiding Risk, Affirming Life" project, which focuses on HIV prevention through abstinence, secondary abstinence and fidelity in marriage. The primary target groups are secondary school students, out of school youth, teachers, partners, religious leaders and PLHIV. The objectives of the activities are that young people will reduce their HIV risk by practicing AB; and that unhealthy sexual behaviors such as cross generational sex and sexual exploitation are reduced. CRS successfully integrates this AB prevention program into its other Track 1.0 programs for OVC and ART. CRS works closely with the GOR, the Catholic Church, EP-supported groups, and established community based groups such as Parent-Teacher Associations to implement activities. The "Avoiding Risk, Affirming Life" project began implementing activities in Rwanda in September 2005 with a knowledge, attitudes and practices (KAP) study. CRS then conducted a series of 18 focus groups in January 2006 to gather information about HIV knowledge, stigma, and first sexual encounter. Using the results of this research, CRS developed radio messages for specific target groups – in-school and out-of-school youth and married couples.

With FY 2008 funding, CRS continued to work with Caritas-Rwanda to implement project activities with an increased emphasis on life skills training instead of large scale community mobilization events. This strategy is to increase the impact of AB messages on behavior change. More than 220 new teachers, religious leaders, and peer educators were trained in HIV/AIDS prevention focusing on AB, who in turn reached more than 77,182 individuals with AB messages. In addition to providing AB messages through peer education, youth clubs and local Catholic Church structures, the project also worked to strengthen referrals to health facilities for TC and other HIV/AIDS services. CRS conducted a mid-term review of its' activities and will be incorporating some of the findings from that into its activities moving forward.

With FY 2009 funds, CRS will continue implementing the above-mentioned activities using the Choose Life and Faithful House manuals; training volunteers in the rights of children, especially fighting sexual exploitation; supporting at the parish level efforts on improving reproductive health and promoting family planning, and mobilizing the community to practice AB. CRS will also complete the development of a sustainability framework in collaboration with local partners, Caritas Butare and Caritas Nyundo, in preparation for the complete handover of project activities to the community. This framework will identify key program areas and critical capacities that need to be developed in order to sustain program results. The framework will also include measurable indicators and an expected timeline for achieving agreed upon goals. Progress on achieving sustainability plan goals will be assessed over the course of the year during regular quarterly planning meetings with partners. Sustainability activities to be implemented in FY 2009 will mainly focus on Caritas staff with skills building in the areas of fundraising and advocacy for strengthening AB prevention methods. Refresher trainings in Choose Life and Faithful House curricula will also take place for previously trained community members.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12788

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12788	5233.08	U.S. Agency for International Development	Catholic Relief Services	6301	1072.08	CRS Track 1	\$286,000
7157	5233.07	U.S. Agency for International Development	Catholic Relief Services	4324	1072.07	CRS Track 1	\$176,592
5233	5233.06	U.S. Agency for International Development	Catholic Relief Services	2587	1072.06	CRS Track 1	\$204,833

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

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 Mechanism

Mechanism ID: 6146.09

Mechanism: Ibyiringiro

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16856.20953.09

Planned Funds: \$15,000

Activity System ID: 20953

Activity Narrative: The USG, through Title II and WFP, support a number of partners to provide food assistance and address food insecurity, especially for PLHIV, in Rwanda. In order to better link this food assistance with ongoing HIV and AIDS care, treatment and prevention services, the EP will (beginning with FY 2007 funding) issue an RFA to support and incorporate care for PLHIV and OVC into ongoing food distribution. In FY 2008, this will be expanded to include prevention services. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance to support prevention and care activities.

These awards will include HIV prevention activities to youth and PLHIV associations as part of food distribution. HIV prevention activities will focus on increasing community support for young people to choose abstinence until marriage; for people in unions to remain faithful to their partner; for addressing gender related issues in the community; and, to increase community support for healthy sexual behavior, including correct and consistent condom use. Funding will also increase the demand and uptake for TC services through links to other USG clinical partners. The EP expects to reach approximately 35,450 people with AB.

These partners will primarily be working in food insecure areas and will coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16856	16856.08	U.S. Agency for International Development	Catholic Relief Services	6287	6146.08	Ibyringiro	\$153,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4897.09	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 16838.20726.09	Planned Funds: \$1,250,000
Activity System ID: 20726	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, Peace Corps reopened its program in Rwanda. Thirty-five Volunteers (20 of whom are PEPFAR funded) are scheduled to arrive in Rwanda in January 2009 to work at the sector and district levels focusing on health and community development. Specifically, they will help build the capacity of rural communities to develop comprehensive HIV/AIDS prevention strategies.

In its initial year, Peace Corps/Rwanda's (PC/R) PEPFAR program will concentrate on strategic assignment of Volunteers within PEPFAR priority districts and sectors to facilitate linkages between providers of HIV/AIDS prevention, care, treatment, and other wraparound services. Volunteers may be placed with other PEPFAR-funded organizations and institutions to help build their capacity to integrate HIV prevention into broader community development initiatives.

Volunteers will collaborate with the CNLS, PSI, CHAMP, and other PEPFAR-funded partners to strengthen AB prevention efforts at the community, sector and district levels; building the institutional capacity of C/FBOs and associations in strategic planning, monitoring and evaluation, and project development; development and strengthening of community-based activities focused on partner reduction; reducing trans-generational sex and informal transactional sex; increasing girls/women's empowerment, male involvement and male norms; strengthening youth friendly health centers; helping to establish discordant couples' groups and activities focused on prevention for positives; and promotion of testing and counseling.

In FY 2009, funds in the HVAB program area will support costs associated with 27-month of service of 20 new health and community development Volunteers. In addition, funds will cover HIV/AIDS training for Peace Corps-funded Volunteers, materials development, personnel services contracts for host country national staff, and office expenses. These costs will be split proportionally between the HVAB and HVOP program areas.

Because Peace Corps volunteers will undertake pre-existing HIV/AIDS and community health activities, and since they're will be attached to partners, their efforts will contribute to partner's targets. Therefore no targets will be set separately for Volunteers work to avoid double counting.

Planned Funds: \$1,250,000
Program Area: Condoms and Other Prevention Activities

ACTIVITY UNCHANGED FROM FY 2008

In FY 2008, Peace Corps reopened its program in Rwanda. Thirty-five Volunteers (20 of whom are PEPFAR funded) are scheduled to arrive in Rwanda in January 2009 to work at the sector and district levels focusing on health and community development. Specifically, they will help build the capacity of rural communities to develop comprehensive HIV/AIDS prevention strategies.

In its initial year, Peace Corps/Rwanda's (PC/R) PEPFAR program will concentrate on strategic assignment of Volunteers within PEPFAR priority districts and sectors to facilitate linkages between providers of HIV/AIDS prevention, care, treatment, and other wraparound services. Volunteers may be placed with other PEPFAR-funded organizations and institutions to help build their capacity to integrate HIV prevention into broader community development initiatives.

Volunteers will collaborate with the CNLS and PEPFAR-funded partners to strengthen AB prevention efforts at the community, sector and district levels; building the institutional capacity of C/FBOs and associations in strategic planning, monitoring and evaluation, and project development; development and strengthening of community-based activities focused on partner reduction; reducing trans-generational sex and informal transactional sex; increasing girls/women's empowerment, male involvement and male norms; strengthening youth friendly health centers; helping to establish discordant couples' groups and activities focused on prevention for positives; and promotion of testing and counseling.

In FY 2009, funds in the HVAB program area will support costs associated with 27-month of service of 20 new health and community development Volunteers. In addition, funds will cover HIV/AIDS training for Peace Corps-funded Volunteers, materials development, personnel services contracts for host country national staff, and office expenses. These costs will be split proportionally between the HVAB and HVOP program areas.

Finally, since Peace Corps volunteers will undertake pre-existing HIV/AIDS and community health activities, and since they're will be attached to partners, their efforts will contribute to partner's targets. Therefore no targets will be set separately for Volunteers work to avoid double counting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16838

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16838	16838.08	Peace Corps	US Peace Corps	6334	4897.08	Peace Corps	\$1,800,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$1,250,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 16982.20682.09	Planned Funds: \$0
Activity System ID: 20682	

Activity Narrative: This activity will continue unchanged with a new prime partner. The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In COP08 MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 09 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff will work closely with the USG teams and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY09. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16982

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16982	16982.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtg System	\$100,000

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

Total Planned Funding for Program Budget Code: \$5,664,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7585.09

Mechanism: Monitoring and Evaluation Management Services

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 16984.20683.09

Planned Funds: \$0

Activity System ID: 20683

Activity Narrative: This activity will continue unchanged with a new prime partner. The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In COP08 MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 09 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff will work closely with the USG teams and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY09. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16984

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16984	16984.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprting System	\$100,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4707.09
Prime Partner: John Snow, Inc.
Funding Source: GHCS (State)
Budget Code: HVOP
Activity ID: 8134.20700.09

Mechanism: Deliver II
USG Agency: U.S. Agency for International Development
Program Area: Sexual Prevention: Other sexual prevention
Program Budget Code: 03
Planned Funds: \$100,000

Activity System ID: 20700

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Through SCMS and DELIVER, PEPFAR continues to support the procurement and distribution of ARVs, test kits, laboratory supplies, OI drugs, and condoms for HIV prevention and contraceptive commodities for HIV-positive families. SCMS focuses on ARV procurement and central level support and works with district pharmacies and warehouses. DELIVER supports contraceptive commodities and public sector condom distribution.

In FY 2008, DELIVER, using the results of a baseline assessment of condom uptake at health facilities (2007) working with SCMS and the GOR on quantification and reporting, is supporting the integration of contraceptive commodities in HIV and coordinating with other PEPFAR partners to avoid duplication of training.

In FY 2008, DELIVER continues supporting the public sector contraceptive commodities and condom distribution program. The tasks include quantification, customs clearance, distribution, district level support and training in contraceptive logistics. In addition, PEPFAR provides additional support to the public sector commodity system in collaboration with other donors. The goal is to ensure condom availability at public sector clinical facilities. To accurately project condom quantification, DELIVER monitors condom uptake in these facilities. DELIVER also adapts distribution reporting tools to be used by all PEPFAR clinical sites, and PEPFAR partners integrate these data collection tools into their site-level reporting.

In FY 2009, DELIVER will continue its work on forecasting, quantification and logistical support to USG condom supplies. Activities will also include monitoring public sector condom distribution, along with follow up of day to day activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12759

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12759	8134.08	U.S. Agency for International Development	John Snow, Inc.	6280	4707.08	Deliver II	\$100,000
8134	8134.07	U.S. Agency for International Development	John Snow, Inc.	4707	4707.07	Deliver follow-on	\$100,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$20,000
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: 7088.09	Mechanism: FHI Bilateral
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 16741.20661.09	Planned Funds: \$250,000
Activity System ID: 20661	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FHI has been providing STI services for sex workers at two clinical sites in Kigali (Biryogo and Busanza). These locations were selected based on the sex worker populations in that area. In FY 2008, FHI worked closely with the OGAC prevention technical working group to define, implement and evaluate programming for prevention of HIV in MARPS. Specifically, a package of services for sex workers was defined and implemented. This package of services included: community-based outreach, condom programming, STI screening and treatment, referral to PMTCT and HIV treatment and care for those who are HIV-infected. In addition, the TWG and FHI are working together to help determine policy, training, procurement and data needs to facilitate comprehensive HIV prevention programs for Rwanda, and prepare tools that could assist all partners in implementing and expanding such programs.

In FY 2009, FHI will continue to provide the preventative package of care to 3,000 MARPS and extend the lessons learned from its experience to other partners that are providing services to sex workers. FHI will support national institutions to update existing guidelines on STI management using an enhanced syndromic approach. This approach will be targeted at most-at-risk populations, especially sex workers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16741

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16741	16741.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$150,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4897.09	Mechanism: Peace Corps
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 16841.20727.09	Planned Funds: \$1,250,000
Activity System ID: 20727	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, Peace Corps reopened its program in Rwanda. Thirty-five Volunteers (20 of whom are PEPFAR funded) are scheduled to arrive in Rwanda in January 2009 to work at the sector and district levels focusing on health and community development. Specifically, they will help build the capacity of rural communities to develop comprehensive HIV/AIDS prevention strategies.

In its initial year, Peace Corps/Rwanda's (PC/R) PEPFAR program will concentrate on strategic assignment of Volunteers within PEPFAR priority districts and sectors to facilitate linkages between providers of HIV/AIDS prevention, care, treatment, and other wraparound services. Volunteers may be placed with other PEPFAR-funded organizations and institutions to help build their capacity to integrate HIV prevention into broader community development initiatives.

Volunteers will collaborate with the CNLS, PSI, CHAMP, and other PEPFAR-funded partners to strengthen AB prevention efforts at the community, sector and district levels; building the institutional capacity of C/FBOs and associations in strategic planning, monitoring and evaluation, and project development; development and strengthening of community-based activities focused on partner reduction; reducing trans-generational sex and informal transactional sex; increasing girls/women's empowerment, male involvement and male norms; strengthening youth friendly health centers; helping to establish discordant couples' groups and activities focused on prevention for positives; and promotion of testing and counseling.

In FY 2009, funds in the HVAB program area will support costs associated with 27-month of service of 20 new health and community development Volunteers. In addition, funds will cover HIV/AIDS training for Peace Corps-funded Volunteers, materials development, personnel services contracts for host country national staff, and office expenses. These costs will be split proportionally between the HVAB and HVOP program areas.

Because Peace Corps volunteers will undertake pre-existing HIV/AIDS and community health activities, and since they're will be attached to partners, their efforts will contribute to partner's targets. Therefore no targets will be set separately for Volunteers work to avoid double counting.

Planned Funds: \$1,250,000
Program Area: Condoms and Other Prevention Activities

ACTIVITY UNCHANGED FROM FY 2008

In FY 2008, Peace Corps reopened its program in Rwanda. Thirty-five Volunteers (20 of whom are PEPFAR funded) are scheduled to arrive in Rwanda in January 2009 to work at the sector and district levels focusing on health and community development. Specifically, they will help build the capacity of rural communities to develop comprehensive HIV/AIDS prevention strategies.

In its initial year, Peace Corps/Rwanda's (PC/R) PEPFAR program will concentrate on strategic assignment of Volunteers within PEPFAR priority districts and sectors to facilitate linkages between providers of HIV/AIDS prevention, care, treatment, and other wraparound services. Volunteers may be placed with other PEPFAR-funded organizations and institutions to help build their capacity to integrate HIV prevention into broader community development initiatives.

Volunteers will collaborate with the CNLS and PEPFAR-funded partners to strengthen AB prevention efforts at the community, sector and district levels; building the institutional capacity of C/FBOs and associations in strategic planning, monitoring and evaluation, and project development; development and strengthening of community-based activities focused on partner reduction; reducing trans-generational sex and informal transactional sex; increasing girls/women's empowerment, male involvement and male norms; strengthening youth friendly health centers; helping to establish discordant couples' groups and activities focused on prevention for positives; and promotion of testing and counseling.

In FY 2009, funds in the HVAB program area will support costs associated with 27-month of service of 20 new health and community development Volunteers. In addition, funds will cover HIV/AIDS training for Peace Corps-funded Volunteers, materials development, personnel services contracts for host country national staff, and office expenses. These costs will be split proportionally between the HVAB and HVOP program areas.

Finally, since Peace Corps volunteers will undertake pre-existing HIV/AIDS and community health activities, and since they're will be attached to partners, their efforts will contribute to partner's targets. Therefore no targets will be set separately for Volunteers work to avoid double counting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16841

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16841	16841.08	Peace Corps	US Peace Corps	6334	4897.08	Peace Corps	\$700,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,250,000

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: 6146.09	Mechanism: Ibyiringiro
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 16857.20954.09	Planned Funds: \$15,000
Activity System ID: 20954	

Activity Narrative: The USG, through Title II and WFP, support a number of partners to provide food assistance and address food insecurity, especially for PLHIV, in Rwanda. In order to better link this food assistance with ongoing HIV and AIDS care, treatment and prevention services, the EP will (beginning with FY 2007 funding) issue an RFA to support and incorporate care for PLHIV and OVC into ongoing food distribution. In FY 2008, this will be expanded to include prevention services. The EP anticipates making awards to one to three partners that are able to leverage significant amounts of non-EP funded food assistance to support prevention and care activities.

These awards will include HIV prevention activities to youth and PLHIV associations as part of food distribution. HIV prevention activities will focus on increasing community support for young people to choose abstinence until marriage; for people in unions to remain faithful to their partner; for addressing gender related issues in the community; and, to increase community support for healthy sexual behavior, including correct and consistent condom use. Funding will also increase the demand and uptake for TC services through links to other USG clinical partners. The EP expects to reach approximately 38,838 people with prevention messages beyond AB.

These partners will primarily be working in food insecure areas and will coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16857

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16857	16857.08	U.S. Agency for International Development	Catholic Relief Services	6287	6146.08	Ibyringiro	\$180,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 169.09

Mechanism: CHAMP

Prime Partner: Community Habitat Finance International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 2808.20986.09

Planned Funds: \$0

Activity System ID: 20986

Activity Narrative: The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this 4-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by the EP.

CHAMP partners mobilize and support community-based HIV prevention efforts, including PFP and discordant couples, by incorporating these messages into their programs for community and religious leaders, youth, families affected by HIV/AIDS, and OVC including CHH. CHAMP partners are reaching 30,000 individuals with prevention messages that go beyond AB. CHAMP partners are also training 2,000 community volunteers to incorporate prevention messages, especially for high risk populations, into their community-based activities. While many of the general prevention activities are being implemented by the USAID RFA, CHAMP continues to provide technical and financial support to Rwandan partner organizations to include appropriate and targeted prevention messages in their programs for OVC and PLHIV in the community. These messages include the linkages between alcohol use, violence and HIV; stigma reduction; abstinence; fidelity; condom awareness and use; partner reduction; shifting social norms; and, the importance of TC for the entire family. CHAMP partners will continue to educate communities about risky behaviors and the correct and consistent use of condoms among appropriate target groups.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12815	2808.08	U.S. Agency for International Development	Community Habitat Finance International	6308	169.08	CHAMP	\$350,000
7184	2808.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$350,000
2808	2808.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$446,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3451.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4777.21000.09

Activity System ID: 21000

Mechanism: Transport Corridor Initiative

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$0

Activity Narrative: This is a continuing activity from FY 2007.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop messages.

The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along the transport corridor. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through the LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans, and low-income women. This helps to secure the long-term economic health of individuals, families and communities and thereby reduce their vulnerability to HIV/AIDS.

Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide source financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight AIDS through their own corporate social responsibility platforms. ROADS provides TA in M&E and in community mobilization and advocacy to an estimated 150 different local associations, women's groups and CBOs.

ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border).

FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck drivers, mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming to improve HIV counseling by including alcohol abuse issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART, and a focused campaign with bar/lodging owners and religious leaders to reduce alcohol abuse among truckers and other men. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services.

In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities. By the end of FY 2007, ROADS will have trained 470 peer educators from the associations, including 10 sex workers and 25 truckers trained specifically to provide prevention messaging beyond AB. They will have reached more than 13,019 individuals with ABC messages, information on STIs, and TC referral and provided over 200,000 condoms. FHI ROADS is also working with PSI to ensure that all condom outlets around the truck stops are stocked with condoms as well as identifying new outlets to open. FHI ROADS has fostered a relationship with the Rwandan private sector and in FY 2007, linked over 300 low income women to handicraft production projects. In FY 2008, ROADS will continue these HIV prevention activities, reaching an estimated 55,000 people with HIV/AIDS information and referral to services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12832

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12832	4777.08	U.S. Agency for International Development	Family Health International	6310	3451.08	Transport Corridor Initiative	\$275,000
7200	4777.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$150,000
4777	4777.06	U.S. Agency for International Development	Family Health International	3451	3451.06	Transport Corridor Initiative	\$100,800

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 114.09 **Mechanism:** USAID Rwanda Mission
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 16520.21051.09 **Planned Funds:** \$120,000

Activity System ID: 21051

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009 USAID/Rwanda will have one Global Health Fellows Program (GFHP) position at USAID- the Logistics & Commodities Advisor.

The Prevention Advisor and the PEPFAR Technical Advisor positions which were previously GHFP positions have been changed to Personal Services Contractor (PSC) positions. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. USAID/Rwanda has been providing local and international TA to GOR agencies and limited direct grants to local NGOs since FY 2004.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16520

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16520	16520.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$120,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

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: 4714.09 **Mechanism:** SPREAD
Prime Partner: Texas A&M University System **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 8136.21032.09 **Planned Funds:** \$75,000

Activity System ID: 21032

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of the SPREAD project is to provide rural cooperatives and enterprises involved in high-value commodity chains with appropriate technical agribusiness assistance and access to health related services and information that will result in increased and sustained incomes and improved livelihoods. The SPREAD project has recently undergone some changes to its programming and focus and, based on a rapid assessment of the key health needs and priorities among the target population, the activities below have been identified as priorities.

SPREAD aims to integrate health and agribusiness activities to make optimal use of resources both within the Project, as well as within the rural farming cooperatives and enterprises. SPREAD supports dissemination of a full package of integrated health information including antenatal care, PMTCT, counseling and testing, family planning, safe water & hygiene and malaria. In FY 2009 the project will capitalize on its unique opportunity to target rural men with education on HIV/AIDS and reproductive health. Specifically, SPREAD supports Animateurs de Café and cooperative-paid extension agents to impart integrated health messages in and around coffee plantations. This ensures that coffee farmers and their families have access to HIV prevention information, including abstinence for youth, faithfulness and partner reduction for men and women, and access to condoms. Activities will also address male norms and involvement.

Rather than duplicate existing efforts, in FY 2009 SPREAD will also work closely with local government and health officials, local health centers and NGOs, such as Health Unlimited and ARBEF, to leverage health activities towards target communities. The SPREAD project will work in partnership with PSI to establish health kiosks that will sell socially marketed health products to the populations around the coffee plantations. The SPREAD project will continue to work with a local radio program Imbere Heza to ensure integration of health messages into their routine coffee talk show. The support of IEC materials production to accompany IPC sessions will be provided in FY 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12772

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12772	8136.08	U.S. Agency for International Development	Texas A&M University System	6290	4714.08	SPREAD	\$55,000
8136	8136.07	U.S. Agency for International Development	Texas A&M University System	4714	4714.07	SPREAD	\$50,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

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: 132.09 **Mechanism:** PSI-DOD
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: 2803.21025.09 **Planned Funds:** \$144,000

Activity System ID: 21025

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of this activity is to decrease new HIV infections in the military through BCC with a focus on correct and consistent use of condoms.

PSI and the Directorate of Military Services (DMS) work together to promote HIV prevention among members of the Rwanda Defense Forces (RDF). While some soldiers practice sexual abstinence and fidelity, living away from their families, mobility and age increase their HIV risk.

PSI is implementing community-based activities among soldiers, their sexual partners, and surrounding communities to increase safer sexual behaviors. Key prevention strategies are 1) capacity building of AIDS support clubs 2) peer education and IPC sessions (including cine-mobiles), and 3) promotion of counseling and testing services

Using the results of a behavioral survey conducted in late 2007, the DMS and PSI will update communication materials to reflect best practices in the following areas: AB, couples counseling and testing, integration of FP into HIV/AIDS prevention (including PMTCT), condoms for dual protection, men as partners, Gender Based Violence and prevention of alcohol abuse.

In FY 2009, PSI will continue these activities, emphasizing correct and consistent condom use; ensuring condom access and availability including minimizing the stigma surrounding condoms; promoting condom negotiation skills with partners, and further emphasis on the role alcohol plays in risky behavior. Additional IEC materials promoting condom use will be developed. PSI will train 200 volunteers to reach 30,000 individuals with prevention messages. The military AIDS support clubs will work to sensitize surrounding communities about risky sexual behavior.

The DMS will strongly encourage soldiers to have HIV tests together with their partners. Male Circumcision activities (described in CIRC narratives) will be closely integrated into this activity. The DMS will also distribute approximately 2,000,000 condoms in FY 2009.

This activity is related to HVAB and CIRC activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12874

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12874	2803.08	Department of Defense	Population Services International	6322	132.08	PSI-DOD	\$144,000
7229	2803.07	Department of Defense	Population Services International	4344	132.07	PSI-DOD	\$60,000
2803	2803.06	Department of Defense	Population Services International	2574	132.06	PSI-DOD	\$35,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$144,000

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:** 1527.09**Prime Partner:** US Centers for Disease
Control and Prevention**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 16878.21064.09**Activity System ID:** 21064**Mechanism:** CDC Country Office GHAI/TA**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Sexual Prevention: Other
sexual prevention**Program Budget Code:** 03**Planned Funds:** \$60,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, efforts were begun to more precisely understand the drivers of the epidemic in Rwanda by estimating the size of the population of CSWs in Kigali. These activities will be continued and expanded in FY 2009. CDC will support technical activities for estimation of MARPS population including commercial sex workers, street youth, and drug users.

CDC will provide TA to work with partners and GOR in estimating the magnitude of these populations. These funds will also continue to support CDC staff in attending trainings in MARP estimation.

In FY 2008, FHI will work closely with the OGAC prevention technical working group to define, implement, and evaluate programming for prevention of HIV in Persons Engaged in High-Risk Behaviors (PEHRB). Specifically, multiple technical assistance visits will result in collaboration with FHI to define and implement a package of services for sex workers, including community-based outreach, TC, condom programming, STI screening and treatment, and referral to PMTCT and HIV treatment and care for those who are HIV-infected. In addition, the TWG and FHI will work together to determine policy, training, procurement and data needs to facilitate comprehensive HIV prevention programs for national coverage in Rwanda, and prepare tools which can assist all partners in implementing and expanding such programs.

Technical support from the TWG will also help to conduct population size estimations of two to three high risk groups including sex workers and men who have sex with men. Strategic information obtained by these estimations is necessary in order to determine prevalence and will contribute to the overall understanding of these groups in Rwanda and their need for HIV services.

The second component of this activity is to provide technical assistance to assure that activities provided for in FYs 2007 and 2008 requiring clinical and community partners to carry out Prevention for Positives are in fact carried out and conducted using the best methods available. The activity will provide for TA from US-based scientists to clinical and community partner organizations and their facilities. Funding for this activity includes travel for technical support.

Prevention for Positives is an essential part of a total prevention and care package to reduce the transmission of HIV disease.

Reinforcing existing programs by assuring training of physicians and community counselors who will be providing prevention counseling for HIV positives will help reinforce partner reduction and safer sex practices in this high risk group. In addition, assuring strategic placement of trained counselors and training physicians who are assigned and/or working at ART sites will help ensure that clients most in need will benefit from the counseling. Community counselors will promote couples counseling and provide prevention for positive messages to all their clients, but particularly PLHIV, to reduce their high risk behaviors through abstinence, being faithful to one partner or promoting "secondary abstinence" and counseling and discussing condom use for those discordant couples. Trained community counselors will benefit from training HIV positive individuals on aspects of health, including prevention to all their HIV positive clients.

In this activity, trainers will use a provider counseling manual currently being finalized at CDC and a DOD/OGAC manual based on the U.S. military program in practice since 1985. The program is based on one-hour modules for counselors to train/discuss with HIV positive patients issues including abstinence, safer sex, nutrition, drugs and alcohol, partner notification, disclosure, and medical aspects of HIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16878

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16878	16878.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$140,000

Emphasis Areas

Gender

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

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 3.3.03: Activities by Funding Mechanism

Mechanism ID: 131.09	Mechanism: DOD Rwanda Office
Prime Partner: US Department of Defense	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: 16954.21074.09	Planned Funds: \$0
Activity System ID: 21074	

Activity Narrative: The overall goal of this activity is to decrease new HIV infections through male circumcision in the Rwanda Defense Forces (RDF) by providing training and capacity building to perform the procedure safely. Circumcision will be offered as a part of an expanded approach to reduce HIV infections in conjunction with other prevention programs including AB messaging, TC, treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution.

The WHO and UNAIDS recommended that male circumcision (MC) be made available in countries highly affected by HIV/AIDS to help reduce transmission of the virus through heterosexual sex. According to final data from two NIH-funded studies conducted in Uganda and Kenya, routine male circumcision could reduce a man's risk of HIV infection through heterosexual sex by 65%. According to the WHO, implementing circumcision programs in sub-Saharan Africa could prevent about 5.7 million new HIV cases and three million deaths during the next two decades if combined with other prevention activities, such as condom use, responsible behavior, and knowing your and your partner's HIV status. WHO is encouraging access to no-cost male circumcision to countries in Southern and East Africa where HIV rates are high and circumcision rates are low. These countries are being asked to consider adopting male circumcision as "an important and urgent" health priority, with the target group being boys and men ages 13 to 30.

In FY 2007, several questions were added to a mini-DHS and service provision assessment to assess the acceptability of MC and readiness of clinical services and staff to safely perform the procedure in Rwanda. In FY 2008, proposed activities will include correct communication and messaging to the population that the benefits accrue over time and that MC does not provide complete protection. It is critical that the Rwandan military know that even if circumcised, one can still contract and transmit HIV. Therefore, circumcised men should continue to practice abstinence, have fewer sex partners and use condoms.

The communication approaches will occur at the national level through media campaigns that encourage safe male circumcision as part of a complete approach to prevention, as well as local and inter-personal communication strategies. Attention will be paid to the socio-cultural context, human rights and ethical principles, health services strengthening, training, development of national policy on MC, gender implications, service delivery and evaluation. Conducting MC in the Rwandan military is considered vital since the members are predominately male, typically young, highly mobile and are considered a high risk group. MC will be offered to HIV-negative soldiers on a voluntary basis.

Preliminary results from a study being conducted in Uganda and presented earlier this month to UNAIDS and WHO officials found that HIV-positive men undergoing circumcision might be more likely to transmit the virus to their female partners, if they have sex before the circumcision wounds have healed. Special attention will therefore be placed on pre- and post- circumcision counseling to reduce the likelihood of transmission during this crucial time period after the procedure.

DOD will work with the MOH to create a policy that recognizes circumcision as an effective HIV prevention method alongside the ABC strategy and ensures that this service is provided to the public in a safe manner. Likewise, the DOD will sensitize soldiers to practice abstinence, reduce sexual partners, or use a condom during sex even after circumcision. It is important to prevent the perception that it is okay to engage in risky sexual behavior after being circumcised.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16954

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16954	16954.08	Department of Defense	US Department of Defense	6331	131.08	DOD Rwanda Office	\$200,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3516.09 **Mechanism:** Central Contraceptive Procurement

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 4876.21049.09 **Planned Funds:** \$500,000

Activity System ID: 21049

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

PEPFAR continues to procure condoms for both private and public sector distribution.

In FY 2006, the Central Contraceptive Procurement (CCP) supplied three million free condoms for the public sector that allowed for a carryover in available condoms for FY 2007. In FY 2007, PEPFAR supported the procurement of an estimated 13 million socially marketed condoms. PEPFAR collaborated closely with Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) and United Nations Population Fund (UNFPA) to take into account the carryover and ensure the availability of condoms throughout Rwanda.

In FY 2008, PEPFAR continues to support the procurement of an estimated 14.5 million condoms for the public and private sectors.

In FY 2009 PEPFAR anticipates an increase in condom demand and use and will respond by procuring approximately 18 million condoms: 12 million for social marketing; 4 million condoms for the public sector and 2 million for the military. The Rwandan Defense Force (RDF) condom supply was previously supported by the World Bank/ MAP project, but as that project has ended, the RDF has made an emergency request for the USG to fill this gap in the military through the DOD program.

As part of the Rwanda strategic plan, private sector condoms will continue to be socially marketed by PSI. Public sector condoms will be managed by the GOR/CAMERWA, with quantification and logistical TA provided by DELIVER. Purchasing condoms supports the ABC approach outlined in the Rwanda PEPFAR five-year strategy. The CCP is a key partner in condom procurement, however, the targets for distribution and outreach will be attributed to PEPFAR partners providing direct services. As a result, there are no direct targets for this mechanism.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12894

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12894	4876.08	U.S. Agency for International Development	US Agency for International Development	6327	3516.08	Central Contraceptive Procurement	\$400,000
7251	4876.07	U.S. Agency for International Development	US Agency for International Development	4355	3516.07	Central Contraceptive Procurement	\$450,000
4876	4876.06	U.S. Agency for International Development	US Agency for International Development	3516	3516.06	Central Contraceptive Procurement	\$814,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8692.09

Mechanism: ARC

Prime Partner: American Refugee Committee

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19480.24518.09

Planned Funds: \$5,277

Activity System ID: 24518

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should continue to receive a comprehensive package of HIV prevention, care and treatment services.

Since FY 2005, PEPFAR has provided refugees with HIV/AIDS prevention and care services, providing linkages and referrals to local health facilities for treatment and services that were not available on site. In FY 2007, two of the camps began ART services and consequently were able to offer a full complement of HIV services including prevention with positives (PWP) to over 30,000 refugees. ARC promotes AB messages to the refugee community, including in- and out-of-school refugee youth, men, and vulnerable women of reproductive age. These activities are continuing in FY 2008.

In FY 2009, ARC will continue to provide training to peer educators using AB materials adapted for the refugee context. Interpersonal prevention activities that aim to increase youth access to prevention services, such as AIDS support groups, life-skills training, school-based HIV prevention education, and community discussions will also continue. Young girls in the refugee community, particularly female OVC who are vulnerable to sexual abuse by older men, domestic violence, and sexual harassment at school will be especially targeted under these activities. Messages will focus on abstinence and fidelity and also include topics on the relationship between alcohol use, violence, stigma reduction and male norms. There will be emphasis on changing the social acceptance of cross-generational and transactional sex

As many risky behaviors can often be linked to other contextual factors such as unemployment, poverty, trauma, and psychosocial needs, ARC will strengthen referrals and mechanisms in coordination with other partners to provide refugee clients and their family members access to IGA, OVC programs, food support through Title II and WFP, vocational training, trauma counseling, legal support, and mental health care and support for at-risk clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19480

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19480	19480.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$5,277

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$5,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4740.09

Prime Partner: United Nations High
Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8711.24525.09

Activity System ID: 24525

Mechanism: Refugees UNHCR

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$4,723

Activity Narrative: ACTIVITY IS MODIFIED IN THE FOLLOWING WAYS:

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should continue to receive a comprehensive package of HIV prevention, care and treatment services.

Since FY 2005, PEPFAR has provided refugees with HIV/AIDS prevention and care services, providing linkages and referrals to local health facilities for treatment and services that were not available on site. In FY 2007, two of the camps began ART services and consequently were able to offer a full complement of HIV services including prevention with positives (PWP) to over 30,000 refugees. UNHCR promotes AB messages to the refugee community, including in- and out-of-school refugee youth, men, and vulnerable women of reproductive age. These activities continue in FY 2008.

In FY 2009, UNHCR will continue to provide training to peer educators using AB materials adapted for the refugee context. Interpersonal prevention activities that aim to increase youth access to prevention services, such as AIDS support groups, life-skills training, school-based HIV prevention education, and community discussions will also continue. Young girls in the refugee community, particularly female OVC who are vulnerable to sexual abuse by older men, domestic violence, and sexual harassment at school will be especially targeted under these activities. Messages will focus on abstinence and fidelity and also include topics on the relationship between alcohol use, violence, stigma reduction and male norms. There will be emphasis on changing the social acceptance of cross-generational and transactional sex

As many risky behaviors can often be linked to other contextual factors such as unemployment, poverty, trauma, and psychosocial needs, UNHCR will strengthen referrals and mechanisms in coordination with other partners to provide refugee clients and their family members access to IGA, OVC programs, food support through Title II and WFP, vocational training, trauma counseling, legal support, and mental health care and support for at-risk clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12889

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12889	8711.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$4,723
8711	8711.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$25,000

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

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 Mechanism****Mechanism ID:** 10514.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 24620.09**Activity System ID:** 24620**Mechanism:** ROADS II LWA**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$625,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity addresses HIV prevention, care and treatment activities with some of the most vulnerable populations located and moving along the transport corridors of East Africa. The recently ended ROADS project was a 5 year regional project whose goal was to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. The project targeted high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop information and services. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The LifeWorks Partnership, is an innovative strategy that was developed in the first ROADS project. It is designed to provide small business services to local community associations and cooperatives. LifeWorks works with the private sector to create and provide opportunity for small community groups to have access to income generating activities and markets for their products. LifeWorks is an important component of ROADS activities.

Building on the initial ROADS project, a new "leader with associate" award project, ROADS II (Road to a Healthy Future) was recently awarded to FHI. Its goal is improving African capacity to respond to key HIV/AIDS and health issues and improve health outcomes. PEPFAR will issue an associate award under this new mechanism in FY 2009. Activities will include addressing key risk groups in hotspots along the transport corridors, where mobility, poverty and inadequate and insufficient health services exacerbate the risk for HIV infection. Healthy behaviors that will be promoted include promoting abstinence among youth; provision of condoms to MARPS; counseling and testing; reduced alcohol consumption; improved HIV outcomes through referrals and support in care and treatment settings; improved access to economic, social and food security through IGAs and other community interventions and support; family planning information and referrals; malaria prevention and treatment referrals.

ROADS II will make use of community clusters and associations (including, low income women, youth, truckers, fishermen etc) to implement integrated health services as well as address some of the underlying factors that exacerbate risk.

In FY 2009, AB activities will focus on vulnerable youth, providing them with life skills, HIV prevention information and economic empowerment opportunities. Youth will be served through multiple channels (including, youth clusters and peer educators) with information and services that are age-specific and relevant, ensuring improved health seeking behavior and outcomes.

ROADS activities are currently implemented in 5 sites- Kigali city; Gatuna (Uganda border); Rusizi (DRC border); Rusomo (Tanzania border) and Bugarama (intersection of DRC, Rwanda and Burundi). FY 2009 ROADS II activities will expand to include Gisenyi (DRC/Goma border), pending an improvement of the security situation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

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: 10528.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 24662.09

Activity System ID: 24662

Mechanism: CDC Prevention FOA

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of this activity is to reduce HIV incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, changing behaviors and social norms among men and women, and improving communication among secondary school and out-of-school youth. Prevention programs for youth remain a high priority for both the GOR and the PEPFAR. With an overall national prevalence of 3.1%, there is a critical need for prevention programming in the largely HIV-negative population and an opportunity to affect the progression of the epidemic by reaching the youth population. Averting new infections in this age group, is not only cost effective, but is also the most sustainable way to turn the tide against HIV/AIDS.

Although 2005 DHS data reflect a very low HIV prevalence among nearly all youth groups, recent testing data from some youth centers suggest that HIV prevalence among out-of-school youth is as high as 7%. Data from the three PEPFAR supported studies: DHS 2005, PLACE and the recently concluded data triangulation exercise all indicate areas where programs need to improve prevention programming in Rwanda. The 2005 DHS indicates that 2.5% of young girls 20-24 are HIV positive, whereas only 0.5% of boys in the same age bracket are HIV positive. Substantially higher prevalence rates are present among older males; e.g., for men aged 40-44, the prevalence rate is 7.1%. Considered together, this data suggests that older men and younger women engage in trans-generational sex.

PEPFAR through the Healthy Schools Initiative has collaborated with the GOR to implement health communication interventions in 60 secondary schools and has scaled up comprehensive prevention and testing services for high risk youth at four youth centers in Rwanda. This strategy has provided an integrated prevention program for youth in Rwanda, targeting a diverse mix of in- and out-of-school youth.

In the activities proposed under this new mechanism, the partner (TBD) will develop and implement evidence based behavioral interventions focusing on personal skills building, self efficacy, and improving parent-child communication about HIV/AIDS and general sexual and reproductive health. The partner will also develop training for youth groups and implement gender and HIV/AIDS training for youth using interactive drama, peer education, interpersonal communication, and life skills techniques. Through these trainings and ongoing formative supervision, PEPFAR will contribute to strengthening the capacity of youth to conduct outreach IPC interventions at their schools and in the communities.

Effective prevention interventions, just as ART, are not a "start-it-and-forget-it treatment", and require a sufficient 'dose', reinforcement to promote and sustain risk reduction, addressing factors that may contribute to prevention lapses, and ongoing monitoring to promote optimal outcomes. The partner will be required to use a multi-pronged approach focusing on combining both behavioral and biomedical prevention interventions.

During FY 2009, PEPFAR will support the scale-up of the youth centers to a total of 6. These centers will be instrumental in providing comprehensive HIV prevention interventions including counseling and testing, STI services (screening, diagnosis, and treatment) and referrals and linkages to care & treatment to most-at-risk out of school youth. Specifically, the partner will develop an STI/HIV integration model that screens high risk youth with STI for HIV, and those with HIV for STIs (including male clients of SWs & their sexual partners). Activities will promote "repeat testing" for high risk groups and develop innovative approaches to provide condoms. Additionally, the partner will deploy an STI/HIV integration model that screens high risk youth with STI for HIV, and those with HIV for STIs (including male clients of SWs & their sexual partners). All these interventions will be instrumental in reducing the incidence of HIV in these Most at Risk Populations (MARPs).

Priority target groups reached by youth centers will include higher- risk youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), girls working in vulnerable employment places (such as bars, hotels), their employers, girls engaging in transactional sex, and street youth. The partner will use proven interventions and tailor them to deliver high quality prevention messaging and TC to most at-risk youth. The partner will work with CNLS to synergize in and out of school activities.

Funding will also support the national HIV/AIDS hotline, which is managed by the CNLS. The objective of the hotline is to respond to client calls with information about behavior change to prevent HIV, provide psychosocial counseling for PLHIV, and refer clients to testing centers. Program outcomes and effectiveness will be monitored through a rigorous M&E system to manifest trends and demonstrate program impact. In addition, the partner will carry out periodic behavioral evaluations to assess program impact.

New/Continuing Activity: New Activity

Continuing Activity:

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 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7556.09	Mechanism: CSP II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 24721.09	Planned Funds: [REDACTED]
Activity System ID: 24721	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the Community HIV/AIDS Mobilization Program (CHAMP) will come to an end and be replaced by follow on mechanism(s). The follow on will be designed later this year and will seek to build on CHAMP's success and ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. The CHAMP follow on mechanism(s) will build the institutional capacity of community health workers and Rwandan partner organizations to ensure access to high quality, sustainable HIV and AIDS care services. The CHAMP follow on mechanism(s) will support the provision of community services in all PEPFAR-supported districts, especially around PEPFAR -supported health facilities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by PEPFAR.

The MOH has recently rolled out a new community health policy and will develop a cadre of approximately 27,000 community health workers (CHW) who require training in various health areas. These CHWs will serve as the entry point into the health system and will serve to relieve much of the burden of services at the health facility by offering basic preventative and curative services at the community level. The follow on mechanism(s) will support the community health roll out, and will train CHW volunteers to promote age-appropriate abstinence messages as well as partner reduction to youth and members of the community. The follow on mechanism(s) will also provide technical and financial assistance to Rwandan CBOs and FBOs to incorporate prevention messages into their programs. These activities will complement the behavior change communication activities under the Behavior Change Social Marketing (BCSM).

In FY 2009, the follow-on mechanism(s) will reach 45,000 OVC and PLHIV in the community with comprehensive AB messaging. The follow on mechanism(s) will support activities which will enable individuals to practice abstinence and/or faithfulness, such as life skills and income generating activities and will address the societal norms surrounding cross-generational and transactional sex. Messages will be delivered using a family-centered approach through face-to-face interactions. These messages will address the linkages between alcohol use; violence and HIV; stigma reduction and the importance of knowing your HIV status. The follow on mechanism(s) will seek to reinforce the norms of Rwandan society which have led to a relatively late age of sexual debut (20.3 among women and 20.8 among men). It will also address male norms and behaviors that are linked to risky behaviors.

In the transition period from CHAMP to the follow on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. The follow on mechanism will learn from CHAMP's documentation of best practices and lessons and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow on mechanism may include other activities designed to strengthen community knowledge and access to AB services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

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 Mechanism

Mechanism ID: 8697.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 24460.09

Activity System ID: 24460

Mechanism: Behavior Change Social
Marketing BCSM

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$1,645,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

PEPFAR Rwanda recently awarded a consortium of partners, with Population Services International (PSI) as the prime, a 5 year cooperative agreement to implement integrated behavior change and social marketing (BCSM) activities for HIV. The COAG also covers other significant health issues including malaria, FP and maternal & child health. The main objectives of the 5 year agreement are to develop and manage a cost-effective marketing, sales and distribution network that improves access to branded products related to HIV/AIDS, malaria, reproductive health and child survival; to develop and implement health communication activities that enhance behavior and promote health seeking behaviors among Rwandans; to develop and enhance services and referrals, particularly mobile HIV counseling and testing, to most at risk populations (MARPs); to improve the management and technical capacity of Rwandan institution(s) to manage and implement similar programs in the future through a transfer of technical skills and capacity building and to increase the availability of data and evidence available to inform programming in key health areas.

FY 2007/2008 BCSM activities focused on activities which promote healthy behaviors around abstinence, partner reduction, correct and consistent condom use, alcohol use, GBV, and counseling and testing services. Activities also focused on integration of services including family planning and reproductive health and the social marketing of condoms to most at risk populations. The target groups for these prevention activities include high risk populations (sex workers and their partners, married couples, PLHIV, discordant couples, mobile populations, young women in transactional and cross generational relationships, married men and out of school youth.

Under the HVOP program area, PSI has been implementing activities aimed at increasing condom uptake and use, addressing distribution and positioning of condoms as dual protection; communication activities to address the stigma associated with condom purchase and use as well as providing skills to high risk groups on how to use condoms correctly and consistently. PSI has also been addressing HIV prevention activities at the workplace, including 'high-risk' workers such as bar maids, domestic workers and commercial sex workers. PSI has also been working in partnership with Rwandan Partner Organizations (RPOs) to strengthen their capacity to deliver interpersonal communication (IPC) activities at the community level. Important health messages delivered at the community around abstinence for youth, gender norms and violence have been complementary to the national mass media campaigns that have been launched.

PSI has also gathered evidence on sexual behaviors in prisons- highlighting some of the behaviors that put prisoners at risk for HIV, as well as an in-depth gender norms qualitative analysis (using the GEM model), that will provide guidance for improving programming addressing gender and male norms. PSI participated in the Rwandan Behavior Surveillance Study (2008), focusing on mapping commercial sex workers and identifying the behaviors that put them at risk.

With support from the Global Fund, PSI launched a new line of studded condoms, targeting a niche market of the urban man with discretionary income, who is most at risk for high-risk sex. It is expected that the new studded condom will help improve overall perceptions of condoms to more favorable.

FY 2009 activities will maintain these condom and other prevention activities reinforcing them at the national, community, and interpersonal level. Activities to increase condom visibility will include the placement of brand promotional items as well as a new condom communication campaign that seeks to minimize the stigma that currently surrounds condoms and improve correct and consistent use of condoms. MARPS including high risk youth will be the focus of these interventions. Activities will take place in the workplace including places where high risk behavior might occur (hotels and bars), focusing on high- risk groups like bar maids, truckers, men away from their families.

In response to emerging data that suggest new infections are occurring primarily among married couples, PSI will increase communication activities promoting fidelity and partner reduction in marriage, as well as activities targeted at serodiscordant couples. Related (HVCT) activities will promote couples counseling and testing to ensure sexual partners know each other's HIV status. Related (HBHC) activities will continue to actively promote and encourage condom use under prevention with positives activities. PSI will work with JSI Deliver and SCMS to support CAMERWA (the national warehouse and procurement body) in active distribution of public sector condoms, to ensure that all health facilities and community based distribution agents, particularly those offering treatment to PLHIVs have condoms and are distributing them to clients seeking care.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$500,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8697.09

Mechanism: Behavior Change Social Marketing BCSM

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 24510.09

Planned Funds: \$100,000

Activity System ID: 24510

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, PEPFAR proposed to sign a MOU with Bralirwa, the local Heineken subsidiary and bottler of beer and soda, to expand the company's provision of HIV prevention services, especially among the farming community on whom they rely for raw materials. PSI, through the USAID BCSM mechanism was proposed as the prime technical partner to implement this PPP. However, the deal with Bralirwa has not been concluded, as the brewery is not prepared to commit to this activity, given that it has a substantial and complete workplace program that addresses its own staff. The company is also not prepared (financially or otherwise) to address its suppliers. The FY 2008 funding is therefore not yet obligated.

For FY 2009, PEPFAR Rwanda, recognizing the importance of PPP's and the potential for an activity of this sort to have significant impact is proposing to identify a new partner to work with, addressing key HIV prevention strategies as appropriate. PEPFAR intends to direct the FY 2008 funding from this activity to this new partner and activity. Funding in FY 2009 has therefore been place-marked to ensure that these new activities continue. PEPFAR proposes that whichever partner is identified, that PSI be the technical prevention partner. Key messages on abstinence and fidelity will be promoted and this funding is complemented by funding in the HVAB program area.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$100,000

Water**Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 128.09**Prime Partner:** Population Services
International**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 4837.24644.09**Activity System ID:** 24644**Mechanism:** PSI Healthy Schools**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Sexual Prevention: Other
sexual prevention**Program Budget Code:** 03**Planned Funds:** \$0

Activity Narrative: The overall goal of PSI's Healthy Schools Initiative is to reduce HIV incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, changing social norms among men and women, and improving communication among youth. During FY 2007, PSI collaborated with MINEDUC to implement health communication interventions in 60 secondary schools under the Healthy Schools Initiative. In FY 2008, PSI will expand this activity to 30 additional secondary schools while maintaining presence in the first 60 schools through intermittent support and refresher trainings. By end of FY 2008, this coverage will extend to all 23 EP districts plus Huye and Musanze where two of the youth centers are located.

Prevention programs for youth remain a high priority for both the GOR and the EP. Since the overall national prevalence is 3.1%, there is a great need for prevention programming in the largely HIV-negative population and an opportunity to affect the progression of the epidemic by reaching the youth populations. In addition, though 2005 RDHS-III data reflect a very low HIV prevalence among nearly all youth groups, recent testing data from some youth centers suggest that HIV prevalence among out-of-school youth could be as high as 7% in some areas. In order to reach this higher risk population in FY 2008, this prevention initiative will be extended to out-of-school youth, through provision of comprehensive prevention and testing services at four youth centers in Rwanda. This strategy will thereby provide a more integrated prevention program for youth in Rwanda, targeting a diverse mix of in- and out-of-school youth.

The components of the school-based activities include an interpersonal communication intervention focusing on improving parent-child communication about HIV/AIDS, capacity building and training of anti-AIDS clubs in BCC, distribution of IPC tool kits, and production of the ABAJENE! youth call-in radio shows and youth magazines. With youth over age 15, a portion of the BCC interventions will focus on correct and consistent condom use for those who are sexually active, and specifically helping youth to develop condom negotiation skills. 11,000 secondary school youth will be reached with condoms and other prevention messaging.

New in FY 2008, the EP will extend support to four youth centers where PSI will offer comprehensive HIV prevention and testing services. In addition, STI services (including screening, diagnosis, and treatment) and family planning counseling will be provided, thereby ensuring that youth who access the centers receive a comprehensive package of services, all of which can contribute to prevention of HIV. PSI will also conduct mobile video unit shows and special events at youth clubs and other youth venues promoting AB and OP as appropriate, including at high risk youth workplaces and in hotspots and bars. Priority target groups reached by youth centers will include youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), youth frequenting hotspots, girls engaging in transactional sex, and OVC above 15. PSI will create linkages with CHAMP for referral of OVC to comprehensive OVC services. 25,000 youth will be reached at the youth centers with condoms and other prevention messaging.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12871

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12871	4837.08	HHS/Centers for Disease Control & Prevention	Population Services International	6321	128.08	PSI Healthy Schools	\$200,000
7228	4837.07	HHS/Centers for Disease Control & Prevention	Population Services International	4343	128.07	PSI Healthy Schools	\$100,000
4837	4837.06	HHS/Centers for Disease Control & Prevention	Population Services International	2571	128.06	HIV/AIDS School Based Program-Procurement	\$200,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10532.09

Mechanism: Biodiversity II

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 24691.09

Planned Funds: ██████████

Activity System ID: 24691

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Building on the three year investment in Biodiversity Conservation and Ecotourism development in and around Nyungwe National Park(NNP), USAID will continue to support conservation of the Park's biodiversity through a multi-faceted approach including: (1) improved management of NNP, (2) increased ability of the office of tourism and national parks (ORTPN) to effectively manage increasing number of tourists in NNP and the wide range of demands for park resources; (3) increased community support for conservation of NNP both through environmental education; income generation from ecotourism and sustainable public health practices.

This integrated 'wrap around' seeks to build on previous accomplishments of the biodiversity project. Community-based family planning, HIV/AIDS, and maternal and child health are all integral components of this proposed activity. Activities will seek to reduce the rate of sexually transmitted infections along with HIV, improve family planning and strengthen maternal and child health. As family health improves and family members become more productive, they can take advantage of new economic opportunities in ecotourism and biodiversity conservation. The project area covers three districts (Rusizi, Nyamasheke and Nyamagabe) with a population of approximately 100,000 people.

In FY 2009 HIV prevention activities will be targeted at high risk populations including seasonal workers (approximately 85% of the tea plantation workers are men- who leave their families behind to come and work at tea plantations); military men from nearby army camps; ex-prisoners who are on work detail around the park, and increasing numbers of young women who flock to these locations seeking men who have increased disposable incomes. Limited access to health services also increases community vulnerability to disease.

FY 2009 activities will continue building on previous activities, strengthening the support given to youth to remain abstinent until marriage as well as creating social norms for fidelity in marriage.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education



Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1527.09

Mechanism: CDC Country Office GHAI/TA

Prime Partner: US Centers for Disease Control and Prevention

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: 24741.09

Planned Funds: \$60,000

Activity System ID: 24741

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the program will need support activities to provide technical assistance to assure that activities provided for in FY 2008, requiring partners to carry out Prevention with Positives, are in fact carried out and conducted using the best methods available. The activity will provide for TA from US-based scientists to clinical and community partner organizations and their facilities. Funding for this activity includes travel for technical support.

The US-based scientists will train trainers in the MOH and in partner organizations to assure that Prevention with Positives is extensively and appropriately employed. Particular emphasis will be placed on PLHIV, to reduce their high risk behaviors through abstinence and being faithful to one partner or promoting "secondary abstinence". These scientists will also train trainers for community counselors to assure promotion of couples counseling discussing condom use for those discordant couples. This TA will also focus on developing an M& E system for Prevention with Positives activities.

New/Continuing Activity: New Activity

Continuing Activity:

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 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7585.09

Mechanism: Monitoring and Evaluation Management Services

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26475.09

Planned Funds: \$85,000

Activity System ID: 26475

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

This activity will continue unchanged with a new prime partner. The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist PEPFAR and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008 MEMS is deploying a web-based database that facilitates USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 2009 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff will work closely with the USG teams and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on indicator definitions and reporting requirements, as well as other key dimensions of data quality, to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Total Planned Funding for Program Budget Code: \$3,635,001

Program Area Narrative:

BioMedical Prevention

Blood Safety

The goal of the National Center for Blood Transfusion (NCBT) of Rwanda is to reduce the risk of medical transmission of HIV and other blood borne pathogens and to ensure adequate supplies of safe blood and blood products. The NCBT is responsible for all transfusion services in Rwanda. With TA from the American Association of Blood Banks (AABB), the NCBT will work towards these goals through the implementation of blood safety activities in FY 2009. PEPFAR strategy currently supports the NCBT and AABB through direct funding to improve blood transfusion safety and prevent HIV infections and other infections transmissible through blood.

In the period covering 2007 to 2008, the NCBT had many notable accomplishments. There have been no blood shortages over the past 12 months and the Centers in Kigali, Butare and Ruhengeri have collected over 32,000 units of blood. Blood donations in Rwanda remain 100% voluntary and non-remunerated. All blood units are screened for HIV, Hepatitis B&C, and Syphilis. From April 2007 to March 2008, 0.51% of all donated blood units tested HIV-positive. The NCBT was also granted autonomous status by the MOH. Furthermore, key local blood safety staff have been identified and trained. Motor vehicles (double cabins) and a mini-bus have been purchased and mobile teams use them for blood donor mobilization and collections. MOH/NCBT signed a Memorandum of Understanding (MOU) with Rwandan Centre for Purchase of Drugs and other Consumables –CAMERWA, a parastatal institution working under the auspices of the MOH. This MOU has enabled NCBT to have a steady supply of consumables. The rehabilitation of Kigali regional blood transfusion centre was completed, and the Musanze-Ruhengeri center was started. Quality assurance manuals and standard operating procedures (SOPs) were developed and validated, and are now ready for implementation, monitoring and evaluation.

Along with ongoing blood collection, screening and transfusion services, targeted activities in FY 2009 will expand and strengthen blood safety in Rwanda. There will be an emphasis on building local capacity through the training of blood safety staff at the NCBT in the areas of blood transfusion medicine, technical components, management, and quality assurance (QA) activities. New protocols will be implemented to improve donor recruitment in conjunction with community mobilization and sensitization projects that aim to increase the number of low-risk donors. To ensure donor coverage to a greater percentage of the country, the western province's center in Kibuye will be rehabilitated. Quality indicators will be developed for blood safety. Finally, the NCBT will work towards linking blood transfusion to counseling and testing services through the donor notification system, which will inform sero-positive donors of their HIV status.

Injection Safety

The goal of the PEPFAR Safe Injection Program is to prevent the transmission of HIV and other blood borne pathogens by reducing the number of unsafe and unnecessary injections and minimizing contact with infectious medical waste. With PEPFAR support, Rwanda will continue its safe injection activities by: 1) developing and implementing national policies on safe injection, 2) improving medical practices through the training of healthcare workers and medical waste handlers, 3) procuring necessary materials for safe injections, 4) improving the safe management of sharps and medical waste and, 5) reducing unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies.

John Snow, Inc. (JSI), the implementing partner for HMINT, continues to successfully implement safe injection and medical waste management activities in Rwanda. Since 2004, the Making Medical Injections Safer (MMIS) Program has reached all 30 districts in the country. In FY 2009, JSI will maintain activities in four technical areas: logistics and central level procurement, training and capacity development, advocacy and behavior change communication and medical waste management. JSI will provide safe injection equipment such as auto-disposable syringes and safety boxes to all health facilities and needle cutters to 147 public health facilities through a continuing procurement partnership with CAMERWA and BUFMAR. Centralized procurement and supply chain management will be scaled-up to ensure consistent delivery and quality of injection safety supplies to health facilities throughout Rwanda. JSI will conduct trainings of trainers for healthcare professionals in injection safety and medical waste management. In FY 2009, PEPFAR will continue to reinforce partnerships between clinical sites and schools of nursing.

In previous years, JSI has been effective at implementing activities that reach the healthcare and general communities with clear and consistent messaging surrounding safe injection behavior change. These interventions will be sustained in FY 2009 to reduce the overall number of unnecessary injections.

In FY 2009, JSI will also track safe injection practices and monitor accidental needle sticks of healthcare staff in all public hospitals and health centers. JSI will begin to work more closely with USG partners to incorporate messages and work practices of injection safety into their programs.

Supplies needed for injection safety will be purchased by SCMS in FY 2009. JSI will assist SCMS to identify the appropriate materials and help to develop specifications for the products to ensure that safety injection supplies and distribution of supplies in Rwanda will be maintained by CAMERWA as a sustained activity.

Male Circumcision (MC):

The overall goal of this activity is to decrease new HIV infections through male circumcision. The program will start with targeted populations such as the military. However, the long term goal is to scale-up circumcision to the general population. This activity will be undertaken as a part of an expanded approach to reduce HIV infections in conjunction with other prevention programs, including HIV testing and counseling, treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution.

The PEPFAR program has worked closely with the MOH and other donors in a national task force to develop a policy that recognizes the MC is an effective HIV prevention method alongside the ABC strategy. The MOH has also requested donor support for the initiation of MC services beginning with the Rwanda military (one of Rwanda's most at-risk populations).

In FY 2008, PEPFAR supported the provision of safe male circumcision practices, which included ensuring that MC-provider training needs are met, and that access to post-circumcision care, the ability to manage and report adverse events, and a system of risk compensation are in place prior to commencing the MC activity in the Rwanda Defense Force (RDF). In FY 2009 alone, it is projected that 13,000 MC procedures will occur in the RDF.

This activity supports the PEPFAR and GOR Prevention priorities

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 10931.09	Mechanism: Blood Safety Follow-on
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 26071.09	Planned Funds: ██████████
Activity System ID: 26071	
Activity Narrative: THIS IS A NEW ACTIVITY FOR FY 2009.	

PEPFAR has been providing assistance to countries to ensure a safe and adequate blood supply. The National Blood Transfusion Service (NBTS) of Rwanda provides leadership for Rwanda to reduce the risk of medical transmission of HIV and other blood borne pathogens and to ensure adequate supplies of safe blood and blood products. Although the NBTS agreement is ending in FY 2009, PEPFAR will continue to support safe blood activities in Rwanda. A new funding announcement will be issued to continue USG PEPFAR support to Rwanda for blood safety and transfusion services and to support capacity building within the NBTS to manage blood transfusion programs. Much progress has been made over the last four years but much work remains to be completed including the strengthening of the program and building human resource capacity in Rwanda's NBTS.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 12231.09	Mechanism: N/A
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 29792.09	Planned Funds: ██████████
Activity System ID: 29792	

Activity Narrative: THIS IS A NEW ACTIVITY FOR FY09.

PEPFAR has been providing assistance to countries to ensure a safe and adequate blood supply. The National Blood Transfusion Service (NBTS) of Rwanda provides leadership for Rwanda to reduce the risk of medical transmission of HIV and other blood borne pathogens, and to ensure adequate supplies of safe blood and blood products. The American Association of Blood Banks (AABB) has been providing technical assistance to the NBTS in the following areas: assessing current infrastructure needs for a national, regionalized blood transfusion system; developing generic and site-specific protocols for obtaining, handling and storing, transporting, and distributing blood for use; developing generic national and site-specific protocols for testing blood for HIV, hepatitis and syphilis; developing and implementing national guidelines for the appropriate use of blood and blood products, nationally and regionally; developing and providing training programs and continuing education programs for health care professionals involved with blood transfusion services; and implementing a system for reviewing and adjusting program activities based on monitoring information. As the agreement with AABB, to provide technical assistance, is coming to an end in FY09, PEPFAR would like to continue supporting technical assistance to the NBTS in Rwanda. A new funding announcement will be proposed in FY 09 to provide technical assistance for the blood transfusion service.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1527.09

Mechanism: CDC Country Office GHAI/TA

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 23205.09

Planned Funds: \$35,000

Activity System ID: 23205

Activity Narrative: THIS IS A NEW ACTIVITY FOR FY 2009.

CDC provides direct support for Blood Safety activities through CDC technical staff in-country as well as through short-term TA from CDC headquarters. In FY 2009, CDC GAP HIV Prevention Branch will provide TA to support the National Center for Blood Transfusion (NCBT) in best practices of blood safety. The TA will also provide consultation on applying PEPFAR's new technical considerations in blood safety for Rwanda. The CDC will support the NCBT by providing TA for the management and operation of the transfusion service. CDC technical support to the NCBT is consistent with the five-year strategic plan to strengthen blood collection and distribution, to standardize technical standards and to implement QA of HIV-related services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4728.09

Mechanism: AABB

Prime Partner: American Association of Blood Banks

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 8860.20699.09

Planned Funds: \$500,000

Activity System ID: 20699

Activity Narrative: THE ACTIVITIES ARE MODIFIED IN THE FOLLOWING WAYS:

1. Elaboration of activities

In FY 2009, the American Association of Blood Banks (AABB) will continue to provide technical assistance to advance the National Center for Blood Transfusion's (NCBT) strategic goals and to support the rapid strengthening of blood transfusion services in Rwanda. Specifically, AABB will provide technical assistance in support of the following: development of processes, procedures, documentation and training related to quality management systems; training on equipment and facility preventative maintenance procedures; support for NCBT donor mobilization efforts through knowledge, attitudes, perceptions (KAP) survey; continued technical support for expansion of regional facility operations; ongoing training activities for the rational use of blood in hospitals; development of processes, procedures, recordkeeping systems and related training for Leukoreduction and Pathogen Reduction; facilitating the development of twinning arrangements between NCBT and other blood transfusion facilities for the pursuit of certification of NCBT; and ongoing support for the use of blood bank management software.

AABB will continue to provide technical assistance to the NCBT's efforts to improve the quality of existing services and their pursuit of certification through the development of processes, procedures, documents and recordkeeping systems for Quality Management Systems. This includes training on these processes and procedures and support for integrating improved M & E systems into the Quality Management Systems and related staffing. An important component to the FY 2009 activities will be the continued expansion of the NCBT's implementation of process control and quality control procedures into both the operations of the Kigali and regional facilities and across all operational areas inclusive of donor collections, blood processing, storage, and distribution and laboratory operations.

It is anticipated that continued technical assistance will be needed to support the ongoing operation and maintenance of the NCBT's use of computer blood bank management software.

Further, AABB will support the NCBT through the development of processes, procedures, documents and recordkeeping systems and training for equipment and facility preventative maintenance.

AABB proposes to provide support to the NCBT's efforts for increasing donor mobilization and expanded blood safety services in all five regions of the country through the performance of a Knowledge, Attitudes and Perceptions (KAP) survey. This survey would provide valuable information on potential donors that would allow the NCBT to effectively and efficiently mobilize and retain donors with low risk related to HIV and other transfusion transmitted infections (TTIs).

AABB will provide technical support for development of processes and procedures and training to NCBT staff for the introduction of leukoreduction and pathogen reduction intended to improve blood safety. Additionally, the AABB will provide experts to assist in training of physicians on rational blood utilization and component therapies.

Finally, AABB will recruit, retain and train in-country staff fluent in the local languages, culture and customs to coordinate the above activities and technical assistance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12782

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12782	8860.08	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	6297	4728.08	AABB	\$500,000
8860	8860.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4728	4728.07	AABB	\$400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

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: 115.09

Prime Partner: National Program for Blood
Transfusion, Rwanda

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 2786.20719.09

Activity System ID: 20719

Mechanism: Strengthening Blood
Transfusion Services

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Biomedical Prevention: Blood
Safety

Program Budget Code: 04

Planned Funds: \$3,000,000

Activity Narrative: THE ACTIVITIES ARE MODIFIED IN THE FOLLOWING WAYS:

1. Elaboration of activities

In FY 2009, the National Center for Blood Transfusion (NCBT) will continue its activities in blood collection, processing and distribution throughout Rwanda. The NCBT is planning to introduce new activities regarding blood safety, including: expanding blood components according to the needs of patients; initiating a certification program; implementing a plan for the rational use of blood in hospitals; hiring new staff in newly rehabilitated centers; and promoting human resources development; and creating a partnership with other Transfusion Centers (twinning). The NCBT will also initiate collaborations with the private sector (private clinics, MTN, Rwandatél, Bralirwa) and formalize collaboration with other Ministries (Mineduc, Minadef, Minaloc, Minispoc, Miniyouth)

The NCBT will introduce new technologies aimed at improving blood safety. These are leukoreduction, viral inactivation and blood components fractionation at 100%. The NCBT will also ensure rational use of blood and blood components in all Rwandan hospitals through provision of guidelines regarding rational use of blood and will supervise its effective use.

Concerning the twinning program, the NCBT is planning to establish new partnerships with other blood transfusion centers that are advanced in transfusion practices in order to implement best practices leading to certification of our National Blood Services. In addition, the NCBT will hire new personnel for its newly rehabilitated centres and ensure staff capacity building.

The NCBT will continue implementing its blood safety protocols which involve screening for Transfusion Transmissible Infections (TTIs), procurement of blood safety supplies, and staff supervision and training for blood safety activities in the 47 National Hospitals and private clinics

One of the main goals for FY 2009 is to expand blood safety services. This will be achieved through site rehabilitation and community outreach activities which will aim to increase the overall number of blood donations and encourage more low-risk individuals to donate, particularly those with minimal exposure to HIV. The CNTS will be expanding its blood transfusion-related services to all five regions of the country. In addition to services already provided in the Southern and Northern Provinces plus Kigali City and Kibuye (Western Province), the NCBT will expand to a new Center in Rwamagana (Eastern Province) and therefore increase the number of collection sites and expand transfusion capacity to better serve the outlying regional hospitals and reduce the demand on the Kigali center.

Another goal for FY 2009 includes ongoing improvement of the quality of existing services and increasing local capacity. A major area of emphasis will continue to be on quality assurance (QA). This will include implementing QA policies, documenting blood transfusion standards and norms, implementing procedure manuals for the blood collection process, training staff in standard operating procedures, evaluating and validating current standard operating procedures, continuing quality control for blood screening tests on a national level, improving the information system for data collection, and documenting procedures for the preventative maintenance of laboratory equipment. There will be a focus on building local capacity, based on national safety standards and blood safety policies, through the training of Rwandan blood safety staff in the areas of QA, laboratory best practices, donor recruitment, blood storage, monitoring and evaluation, platelet production, and blood transfusion management.

NCBT staff will be trained in Voluntary Counseling and Testing so that a donor notification program will be implemented. In FY 2009, the CNTS will evaluate and improve intake forms to help identify low-risk donors, will inform all donors that their blood will be tested for various transfusion-transmissible infections (TTIs) including HIV, Hepatitis B & C, and Syphilis, and will inform positive donors of their test results. This program will enable better prevention efforts and ensure that donors positive for HIV will be referred to the appropriate medical services for care, treatment, and follow-up.

Finally, the NCBT aims to conduct more general mobilization activities to inform the public about the universal benefits of blood donation and to encourage more donations. The NCBT will implement community mobilization activities through collaborations with the Rwandan media, particularly the Rwanda Health Communication Center, local radio stations, opinion leaders and use the champion model for the donors who have donated more blood than others to encourage retention of repeat blood donors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12862

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Elaboration of activities

While the John Snow, Inc. Making Medical Injection Safer (MMIS) project is coming to an end, the Rwanda program will institute and emphasize sustainable strategies that will have an impact beyond the life of the current program. From October 2008 to September 2009, MMIS is focusing on transferring competencies to local institutions and their staff. Activities focused on transferring competencies include the following: training (trainers, in-service training, and pre-service training); supervision; sharing best practices among districts; planning for the management of medical waste; recruiting a BCC focal person at the district level; continuing to purchase safety syringes and sharps containers; and integrating safe injections and the management of medical waste into the Rwanda national health system. MMIS collaborates with the Ministry of Health (MOH), BUFMAR, CAMERWA, COPED, Rwanda Association of Diabetics and professional associations of health in undertaking its activities. In FY 2008, a transition plan is being developed for the continuation of injection services by the Ministry of Health's Environmental Health Division and by a partner that is yet to be identified.

MMIS plans to train 29 trainers from reference hospitals, 1,457 healthcare workers and 514 waste handlers on safe injections and the management of medical waste. To strengthen pre-service training, MMIS is training 175 students in their final year of nursing school in safe injection and the management of medical waste. In addition, prior to September 2009, MMIS is sensitizing 194 students in their second year to the practice of safe injection and the management of medical waste. Further, MMIS is implementing an orientation module for new, permanent healthcare staff that has not been trained on safe injections and the management of medical waste.

As a continuing activity, MMIS is planning eighteen visits to districts with the goal of exchanging best practices in safe injections and management of medical waste. More specifically, in order to assure the good management of safety syringes and sharps containers at the district pharmacies and health facilities, MMIS is organizing combined supervisory visits with the Pharmacy Task Force of the MOH on the utilization of these material at the health center level and will conduct pharmacy visits in the districts to exchange best practices and put in place an orientation module on the logistics at new pharmacies in the districts and in hospitals. Also, to strengthen competencies in the quantification and procurement of supplies at the central level, MMIS is assisting CAMERWA and BUFMAR to roll out a process of payment for safety syringes and sharps containers in order to guarantee the availability of these products.

To promote BCC strategies, MMIS plans to train 40 BCC focal points at the district hospital level (previously identified) on the importance of safe injection practices. This training is also being extended to focal points at the health center level. The focal points at the health centers are identified by the local health authorities in collaboration with the BCC focal person based at the district hospital. MMIS supports the Rwanda Association of Diabetics in the sensitization of diabetics on good injection practices and the management of used syringes at each of its 16 sites. To prevent infection through phlebotomy, MMIS is producing a guide book for health workers and a separate guide book is being developed for waste handlers.

In order to promote correct management of medical waste during the combined supervisory visits, MMIS actively sensitizes the health authorities of the districts to create a budget line at the health facility level to collect and transport sharps containers from health centers to hospitals for destruction. MMIS continues its support to the MOH, not only for the supervision of De Montfort incinerators already in use, but also for the identification, construction and supervision of new incinerators for health facilities (hospitals and health centers). MMIS encourages la Compagnie Pour la Protection de l'Environnement et Développement (COPED) to introduce syringes into its system of recycling plastic waste. In this same collaboration with COPED, MMIS will provide technical support to COPED to make sharps containers from recycled waste.

To reinforce the system of medical waste management at the health center level, MMIS will provide waste receptacles to 400 health centers (two per health center) and will install three separate waste pits and a grinder for containers in 150 health centers.

In the area of monitoring and evaluation, MMIS in collaboration with MOH, provides supervision at the health facility level. MMIS is elaborating a performance evaluation tool for health facilities that will focus on safe injections and management of medical waste and link injection safety and waste management practices to performance based financing (PBF). Lastly, MMIS holds quarterly meetings with the members of the Task Force in order to evaluate the progress of activities, their needs and implement corrective actions. MMIS proposes, in addition to its monitoring exposure to biological liquids and accidental punctures, to sensitize the MOH on the integration of these activities into their system of data collection.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17255

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17255	2804.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	7708	133.08	Safe Injection	\$1,785,808
7209	2804.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4336	133.07	Safe Injection	\$0
2804	2804.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	2575	133.06	Safe Injection	\$2,115,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1527.09 **Mechanism:** CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention **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: 23913.09 **Planned Funds:** \$35,000
Activity System ID: 23913
Activity Narrative: ACTIVITY IS NEW IN FY 2009.

PEPFAR provides direct support for Injection Safety activities through CDC technical staff in-country as well as through short-term TA from CDC headquarters. In FY 2009, CDC GAP HIV Prevention Branch will provide TA to support the Government of Rwanda (GOR) in applying and implementing best practices for injection safety. The Prevention Branch will also provide guidance for the transition of injection safety support from a central mechanism to a country mechanism. Additionally, the TA will consult and advise the Rwanda program on new PEPFAR technical considerations for injection safety. The CDC will also support the MOH's Departments of Environment and Hygiene by providing TA for the management and operation of Injection Safety services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 10930.09	Mechanism: Injection Safety Follow-on
Prime Partner: To Be Determined	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: 26168.09	Planned Funds: ██████████
Activity System ID: 26168	
Activity Narrative: ACTIVITY IS NEW IN FY 2009	

PEPFAR has been providing assistance to countries to implement programs to ensure safe injection practices, to eliminate unnecessary medical injections and to manage the disposal of infectious medical waste. John Snow, Inc. (JSI) provided leadership for Rwanda by maintaining activities in four technical areas: logistics and central level procurement, training and capacity development, advocacy and behavior change communication and medical waste management. As JSI's Making Medical Injections Safer (MMIS) program comes to an end in Rwanda, PEPFAR is transitioning to a program that will be managed and guided by the Ministry of Health's (MOH) Department of Environmental Health. A new funding announcement is being issued to continue PEPFAR support to Rwanda for injection safety and medical waste management and to expand capacity building efforts within the MOH to manage injection safety programs. While significant progress has been made over the last four years, the injection safety program in Rwanda continues to require financial and technical support, particularly to strengthen the overall program and to build human resource capacity in Rwanda's MOH.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 11801.09	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05

Activity ID: 26070.09

Planned Funds: \$138,750

Activity System ID: 26070

Activity Narrative: ACTIVITY IS NEW IN FY 2009

The Partnership for Supply Chain Management (PFSCM) will procure injection safety commodities including: needles, syringes, safety boxes for health facilities in Rwanda. In FY 2008, injection safety supplies are being procured through John Snow, Inc. (JSI) headquarters and distributed in Rwanda by CAMERWA. CAMERWA is the para-statal organization in Rwanda charged with the procurement, storage and management of health related commodities. This activity is being transferred to Rwanda in FY 2009. Supply Chain Management System (SCMS) will continue to work with CAMERWA on the storage and distribution of injection safety supplies in Rwanda.

New/Continuing Activity: New Activity

Continuing Activity:

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: \$1,250,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 100.09

Mechanism: HIV Support to RDF

Prime Partner: Drew University

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 24515.09

Planned Funds: \$700,000

Activity System ID: 24515

Activity Narrative: ACTIVITY IS NEW IN FY 2009.

The overall goal of this activity is to decrease new HIV infections in the Rwanda Defense Forces (RDF) through the expansion of male circumcision (MC) services with emphasis that MC be offered as part of an expanded approach to reduce HIV infections in conjunction with other prevention programs, including HIV testing and counseling, treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution. MC will not replace other known methods of HIV prevention and will be considered as part of a comprehensive HIV prevention package.

In FY 2008, PEPFAR worked closely with the Rwanda Ministry of Health (MOH) and other donors in a national task force to develop policy that recognizes the MC as an effective HIV prevention method alongside the ABC strategy. The MOH has also requested donor support for the expansion of MC services beginning with the Rwanda military (one of Rwanda's most at-risk populations). Conducting MC in the Rwanda military is considered vital since the military is predominately male, typically young, highly mobile and is considered a high risk group. The RDF provides an ideal institutional setting to begin the roll out of MC as an HIV prevention intervention as it has taken the lead in controlling HIV transmission among Rwandan troops.

In FY 2009, Drew University will ensure that male circumcision efforts are rolled out in the RDF as an additional method for HIV prevention. With the help of Drew University, through PEPFAR support, the RDF has expanded HIV care and treatment to three military-operated hospitals and five brigade clinics. Drew University will build capacity for MC in the RDF through the development of treatment protocols, training of providers, sensitization of soldiers and their partners for circumcision, and the enhancement of physical infrastructure of clinical sites so that proper circumcision may be conducted. MC will be conducted on a voluntary basis on HIV-negative soldiers and services will be attentive to socio-cultural context, human rights and ethical principles, health services strengthening, training, gender implications, service delivery, and program evaluation.

These activities address the key legislative issues on gender, particularly with respect to male norms and stigma reduction. Additionally, prioritizing prevention efforts on the military is a key strategy of both PEPFAR and the Government of Rwanda as reflected in the Rwanda PEPFAR Five-Year Strategy.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 131.09

Mechanism: DOD Rwanda Office

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 24531.09

Planned Funds: \$250,000

Activity System ID: 24531

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Activities have been elaborated
2. This activity has been moved from HVOP in FY 2009 to CIRC

The overall goal of this activity is to decrease new HIV infections in the Rwanda Defense Forces (RDF) through the expansion of male circumcision (MC) services with emphasis that MC be offered as part of an expanded approach to reduce HIV infections in conjunction with other prevention programs, including HIV testing and counseling, treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution. MC will not replace other known methods of HIV prevention and will be considered as part of a comprehensive HIV prevention package.

The World Health Organization (WHO) and UNAIDS recommend that male circumcision (MC) be made available in countries highly affected by HIV/AIDS to help reduce transmission of the virus through heterosexual sex. According to published studies conducted in Uganda and Kenya, routine MC could reduce a man's risk of HIV infection through heterosexual sex by 65%. According to WHO, implementing MC programs in sub-Saharan Africa could prevent about 5.7 million new HIV cases and three million deaths during the next two decades if combined with condom usage, responsible behavior, and knowing the HIV status of one's partner. WHO encourages countries in Southern and Eastern Africa where HIV rates are high and circumcision rates are low to provide access to no-cost MC, for men aged 13-30 and to consider adopting MC as "an important and urgent" health priority. Rwanda would benefit from MC as an additional HIV prevention strategy because it has a low male circumcision rate (2-5%) and a generalized HIV epidemic (3.1%).

PEPFAR has worked closely with the Rwanda Ministry of Health (MOH) and other donors in a national task force to develop policy that recognizes the MC as an effective HIV prevention method alongside the ABC strategy. The MOH has also requested donor support for the initiation of MC services beginning with the Rwanda military (one of Rwanda's most at-risk populations). Conducting MC in the Rwanda military is considered vital since the military is predominately male, typically young, highly mobile and is considered a high risk group.

In FY 2008, the Department of Defense (DoD) prioritized the training of enough health providers to perform a sufficient amount of circumcisions to have the kind of public health impact needed to reduce the incidence and prevalence of HIV in the Rwanda Defense Forces (RDF). Furthermore, the DoD emphasized the need for the provision of safe male circumcision practices, which includes ensuring that MC-provider training needs are met, and that access to post-circumcision care, the ability to manage and report adverse events, and a system of risk compensation are in place prior to commencing the MC activity in the RDF.

In FY 2009, these activities will continue. Additional programming will include MC communication and messaging to the general population encouraging safe MC as part of a complete approach to prevention, emphasizing that the benefits accrue over time, and that MC does not provide complete protection. This activity will utilize interpersonal communication strategies as well as local- and national-level mass media campaigns and will be attentive to socio-cultural context, human rights and ethical principles, health services strengthening, training, gender implications, service delivery and evaluation.

These activities address the key legislative issues on gender, particularly with respect to male norms and stigma reduction. Additionally, prioritizing prevention efforts on the military is a key strategy of both PEPFAR and the Government of Rwanda as reflected in the Rwanda PEPFAR Five-Year Strategy.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4741.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 24530.09	Planned Funds: \$100,000
Activity System ID: 24530	
Activity Narrative: ACTIVITY IS NEW IN FY 2009.	

The overall goal of this activity is to decrease new HIV infections in the Rwanda Defense Forces (RDF) through the expansion of male circumcision (MC) services with emphasis that MC be offered as part of an expanded approach to reduce HIV infections in conjunction with other prevention programs, including HIV testing and counseling, treatment for other sexually transmitted infections, promotion of safer-sex practices, and condom distribution. MC will not replace other known methods of HIV prevention and will be considered as part of a comprehensive HIV prevention package.

In FY 2009, SCMS, in collaboration with Drew University and the Rwandan Center for Essential Drug Procurement (CAMERWA), will quantify and procure male circumcision (MC) kits for Rwandan military personnel and their families. Drew University forecasts that an average of 50 males per week in five sites (250 total procedures per week) will be circumcised. It is thus estimated that 13,000 MC kits per year will be needed. The demand for MC procedures and kits could vary and will be closely monitored.

The provision of male circumcision procedures and male condoms for military personnel and their families, is in direct support of PEPFAR and Government of Rwanda prevention strategies

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 97.09

Mechanism: TRAC Cooperative Agreement

Prime Partner: Treatment and Research AIDS Center

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 24532.09

Planned Funds: \$50,000

Activity System ID: 24532

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Activities have been elaborated
2. This activity has been moved from HVOP in FY 2009 to CIRC

The overall goal of this activity is to decrease new HIV infections through male circumcision (MC) in the general population with emphasis that MC be offered as a part of an expanded approach to reduce HIV infections in conjunction with other prevention programs, including HIV testing and counseling, treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution.

The World Health Organization and UNAIDS recommended that MC be made available in countries highly affected by HIV/AIDS to help reduce transmission of the virus through heterosexual sex. In FY 2008, the Government of Rwanda (GOR) and PEPFAR are supporting the expansion of MC interventions in the military and will start training for providers on safe MC program activities.

In FY 2009, PEPFAR will support the GOR and the TRACPlus – Center for Infectious Disease Control/MOH (CIDC) in developing a policy for MC as an effective HIV prevention method alongside the ABC strategy. PEPFAR will also support CIDC/TRACPlus to work with a prevention partner to develop appropriate messaging to the general population on MC.

These new activities will complement current PEPFAR-supported MC activities in the military, the development of a strategy for roll-out of MC in the general population beginning with students, and formative work on MC roll out to the general population.

These activities support PEPFAR and GOR prevention priorities as outlined in the Rwanda PEPFAR Five-Year Strategy.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 132.09

Mechanism: PSI-DOD

Prime Partner: Population Services International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 24533.09

Planned Funds: \$150,000

Activity System ID: 24533

Activity Narrative: ACTIVITY IS NEW IN FY 2009.

The overall goal of this activity is to decrease new HIV infections in the Rwanda Defense Forces (RDF) through male circumcision (MC) with emphasis that MC be offered as a part of an expanded approach to reduce HIV infections in conjunction with other prevention programs, including HIV testing and counseling (TC), treatment for other sexually transmitted infections, promotion of safer-sex practices and condom distribution. Male circumcision will not replace other known methods of HIV prevention and will be considered as part of a comprehensive HIV prevention package.

In FY 2009, Population Services International (PSI) will conduct MC communication and messaging activities targeting the general population. The activities will utilize interpersonal communication strategies as well as local- and national-level media campaigns that encourage safe MC as part of a complete approach to prevention, that the benefits accrue over time, and that MC does not provide complete protection.

Additionally, PSI will conduct a study tour to the Society for Family Health Zambia (a PSI Affiliate that began piloting MC services in September 2007, and launched mobile MC in March 2008) to assess their fixed and mobile MC/TC programs for piloting in Rwanda. This partner will also develop and integrate MC counseling messaging into all military BCC and VCT activities. These messages will focus on: MC myths and misconceptions; emphasizing that MC will not fully prevent HIV transmission; reinforcing condom and partner reduction messaging; the need to know HIV status before receiving MC; and the need to abstain from sexual activity to allow for complete wound healing.

In FY 2008, PEPFAR worked closely with the Rwanda Ministry of Health (MOH) and other donors in a national task force to develop policy that recognizes the MC as an effective HIV prevention method alongside the ABC strategy. The MOH has also requested donor support for the expansion of MC services beginning with the Rwanda military (one of Rwanda's most at-risk populations). Conducting MC in the Rwanda military is considered vital since the military is predominately male, typically young, highly mobile and is considered a high risk group.

These activities address the key legislative issues on gender, particularly with respect to male norms and stigma reduction. The activity supports the Rwanda PEPFAR five-year strategy by collaborating with the GOR to implement prevention activities for the military. Focusing prevention efforts on the military is a key strategy of both PEPFAR and Government of Rwanda.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Total Planned Funding for Program Budget Code: \$10,823,667

Program Area Narrative:

The Government of Rwanda (GOR), in collaboration with international donors, implementing partners, and local organizations, continues the rapid scale up of HIV prevention, care, and treatment services. According to EPP/Spectrum data from 2008, the median estimate of the number of HIV-infected individuals in Rwanda is 149,000. Of these, 71,799 are estimated to be in need of ART. (Source: 2008 Epidemic Update; MOH and CNLS).

Statistics:

Cumulative national cohort through March 2008:

- As of September 2008, 63,878 patients had initiated ART, of which 6,095 (9.5%) were children (Sources: TRACnet; CIDC/MOH)
 - o Of these, 58,082 (91%) patients were currently on ART (Note: likely overestimation).
 - o Approximately 1% of adult patients were on second line regimens (Source: CIDC, HIV/AIDS/STI (HAS) Unit)
- As of March 2008, 51,387 patients were currently on ARV treatment, including 5,058 children, at 176 health facilities across Rwanda (Sources: TRACnet; CIDC/MOH)
 - o Of these, 30,370 (59%) were on ART at sites supported by PEPFAR partners.
 - o Of health facilities, 114 (65%) were directly supported by PEPFAR.
- National ART coverage: in 2007 was estimated at 70%; will likely reach or exceed the national target of 80% by the end of 2008.
- ART Outcomes - of adult patients who initiated ART during 2004 and 2005, roughly 86% and 92% were alive on ART after 6 and 12 months, respectively. By 6 months, 3.6% were dead, 3.1% were LTFU, 0.2% had stopped treatment, and 1.3% had transferred out; by 12 months, 4.6% were dead, 4.9% were LTFU, 0.27% had stopped treatment, and 4.3% (were transferred out. (Source: TRACPlus Report on the Evaluation of Clinical and Immunologic Outcomes from the National Antiretroviral Treatment Program in Rwanda, 2004 – 2005; MOH) – More recent data are not currently available.
- The National Treatment Plan aims to extend ART treatment services to >67,000 patients, including >6,400 pediatric patients by December of 2008 – surpassing the PEPFAR target of 50,000 on ART by the end of FY 2009.
- CTX prophylaxis – there are no reliable data regarding the coverage of cotrimoxazole prophylaxis among eligible HIV-infected patients, either nationally or within PEPFAR-supported clinical settings.

Key Policy Changes during FY2007-2008:

In FY 2007, TRACPlus - Center for Infectious Disease Control/MOH (CIDC) disseminated new clinical guidelines for HIV care and treatment. Significant changes include a recommendation for routine viral load testing at 12 months however this recommendation has not been fully implemented by clinical partners for a variety of reasons, including lack of training, inadequate laboratory capacity, and cost. In addition, in FY 2008, the CIDC HAS Unit intends to change from preferred zidovudine- and stavudine-containing first-line ART regimens to preferred tenofovir (TDF)-containing first-line ART regimens. PEPFAR partners expect that this change will begin implementation in late FY 2008, and that it will have implications for FY 2009, particularly given the immediate cost increases associated with transition to TDF.

In FY 2007, the GoR made significant strides towards establishing an effective policy basis for HIV pre-ART care in Rwanda, including revised cotrimoxazole prophylaxis (CTX) guidelines, new opportunistic diagnostic and treatment guidelines, and new guidelines for diagnosis and treatment of sexually transmitted infections. These guidelines have been elaborated in draft form and will be finalized in FY 2008. In addition, Mildmay International and the African Palliative Care Association have provided support to the MOH for development of a national policy on opioid drugs, which will lay the foundation for implementation and scale-up of effective pain management strategies. A new national policy on task shifting to support nurse ART prescription is also expected in FY 2008. In FY 2008, performance based financing, a key aspect of the PEPFAR Rwanda strategy for ensuring program sustainability and quality which has been rolled out to all health centers, will be scaled up to include all District and referral hospitals, as well as community-based services.

Treatment:

In FY 2008, PEPFAR will continue supporting all levels of the decentralized ART network, starting from central level institutions and extending to the community as the most peripheral point of service. PEPFAR will scale-up ART support by putting 11,922 newly eligible patients including 1,106 children on ART at 157 PEPFAR-supported sites. As the number of patients rapidly grows, PEPFAR will continue to work with GOR and other donors to evaluate and ensure the quality of HIV-related services. This includes programs designed to provide site and program-level feedback regarding quality of clinical services and support at central levels to update guidelines, training materials, and job aids. PEPFAR will also provide training to assist clinicians to identify patients in need of 2nd-line regimens by evaluating clinical, adherence-related and immunological criteria, as well as the use of targeted viral load testing (until laboratory capacity has been expanded to enable compliance with the current guidelines). At the central level, PEPFAR will continue working with CIDC, the National Reference Laboratory (NRL), and other key Units in MOH through direct cooperative agreements and a number of its partners. PEPFAR will continue to support MOH to revise national guidelines, tools, curricula, and conduct training of trainers. In FY 2009, with PEPFAR funding, MOH will coordinate joint supervisory visits to clinical sites in coordination with the district health teams (DHTs) to provide promote data quality and use. At the district level, PEPFAR partners will continue providing financial and technical support to their respective DHTs to strengthen linkages, referrals, transportation of patients and specimens, communications, forecasting, drugs and commodities distribution, and financial systems. In addition, PEPFAR partners will strengthen district level supervisory, management, mentoring and reporting capabilities. Each USG partner has been assigned districts where they are charged with providing support to all of their health care facilities and personnel. In districts where other donors are supporting some HIV-related clinical services (e.g. VCT by GFATM), PEPFAR partners are still responsible to work with donors to establish functional linkages that support continuity of care across sites and services. Each partner also is charged with providing direct mentoring and capacity building support to their

district health team, thus building capacity to decentralize supervisory and quality assurance activities.

At site level, PEPFAR partners will provide a standardized package of ARV services through support and development of a coordinated network of HIV/AIDS services linking ART with PMTCT, TB, FP, MCH and other services. Following a tiered approach to service delivery, USG partners will provide comprehensive ART services at larger facilities and a basic ART services at satellite health centers. Nurses will serve as the primary HIV service provider at these more distal sites of the health care system and have physician back-up at district level facilities. PEPFAR will continue supporting task shifting by strengthening nurse training through pre-service and in-service training, use of simplified protocols, and assigning district hospital physicians to support nurses in managing ART cases through regular mentoring visits and remote support via telephone for urgent questions. At the community level, PEPFAR partners will ensure continuity of care and adherence support through case managers, community health workers (CHWs), and peer support groups. Through community mobilization activities, home visits, and monitoring and evaluation tools, community health workers will facilitate communication and linkage between facilities and communities in order to improve patient retention. CHWs will provide adherence counseling, patient education, and referrals for drug side effect management. In FY 2009, PEPFAR will continue to expand efforts to provide nutritional support to qualifying adults and pregnant and lactating women. In FY 2009, PEPFAR will support basic program evaluation activities, such as an evaluation of patient outcomes in the national HIV care and treatment program.

Basic Care and Support:

Consistent with the guidance from the PEPFAR Basic Care and Support TWG, the Rwanda country team defines Basic Care and Support as the delivery of at least 1 clinical and 1 non-clinical intervention to an HIV-infected individual. PEPFAR and its implementing partners have supported and will continue to support access to a comprehensive range of basic care and support (BCS; formerly "palliative care"; also referred to as "care") services, including clinical and non-clinical (prevention, psychological, spiritual, and social care services) interventions at both the facility and community level. To date, the majority of prevention, care, and treatment services for PLHIV have been provided in the health facility setting, with implicit linkages to community care.

Clinical services include the provision of CTX for eligible adults

(revised national guidelines now call for universal prophylaxis for all HIV-infected individuals, regardless of clinical and immunologic status), CD4 testing and clinical staging, diagnosis and treatment of common opportunistic infections (OIs), adherence counseling, clinical monitoring, nutritional assessment and support, prevention counseling, including "prevention for positives", and referrals to community-based care and support services. While social care services have been primarily provided through community-based activities, some clinical partners also provide patients with health "mutuelles" (a basic type of health insurance), transportation support, income generation through PLHIV associations, and linkages to food support. Coordination of community-based BCS activities continues to be a challenge. PEPFAR Rwanda and partners are working with the national Palliative Care TWG, and relevant GOR entities, such as the Community Health Task Force in MOH, to ensure that HIV/AIDS community services are integrated into overall community health planning.

Prevention, psychological, social, and spiritual services in the community are provided through 12 Rwandan faith- and community-based organizations, and hundreds of PLHIV associations in 20 districts (out of 30). All care providers (facility- and community-based) have incorporated prevention messages and appropriate prevention counseling into their care activities, especially for HIV-positive individuals and their families. In FY 2007, PEPFAR supported an assessment of facility-community linkage models developed by clinical partners (report currently pending). In addition, the "Rwanda Community Health Needs Assessment" was completed in September 2008. Findings from these assessments will inform BCS programming in FY 2008 and 2009. Specifically, PEPFAR will continue to promote a linkages model, which utilizes facility-based staff, and community- and home-based volunteers. The model aims to improve the communication and coordination between clinical and community levels to ensure a continuum of care for HIV-positive individuals and their families. Robust supervision, monitoring and evaluation of these linkages will be essential.

To date, PEPFAR-Rwanda has counted persons as receiving care through the reporting of clinical partners only, not community-based partners. Each clinical partner is responsible for a unique set of districts and, overall, PEPFAR supports clinical services in 23 of 30 districts in Rwanda. In addition to of service provision, PEPFAR is augmenting the capacity of Rwandan community-based organizations to ensure the sustainability of care services, including technical and organizational capacity for the 12 Rwandan partner organizations currently under CHAMP. This community services project will be ending with FY 2008 funding, and PEPFAR is planning to design and award a new community services activity for FY 2009.

PEPFAR procures all BCS-related commodities through the Supply Chain Management System (SCMS), including drugs for the prevention and treatment of OIs, and laboratory and diagnostic kits for improved and expanded OI diagnosis, and in coordination with the GOR's central procurement agency, CAMERWA. The exceptions are: the provision of bed-nets for PLHIV, which is being done through JSI/DELIVER; and the provision of Sur Eau, which is being procured and distributed by PSI through the POUZN project.

For a variety of reasons, a standard "package" of BCS services has not been identified, either by GOR stakeholders or implementing partners. Nonetheless, PEPFAR Rwanda will continue to promote coverage of key clinical interventions (CTX, bed-nets, safe water products, etc.) that have been demonstrated to reduce morbidity and mortality of PLHIVs. In FY 2009, PEPFAR will also continue to emphasize the use of a family-centered approach for care; improvement of pain management; improved prevention counseling for HIV-positives through the provision of targeted risk reduction and behavior change messages (in both clinical and community settings); support for caregivers; and, improved linkages (community to clinic, within clinical services and wrap-arounds). On-going wrap-around activities in FY 2009 include: the provision of bed-nets (through PMI), provision of safe water product and hygiene education (through POUZN); a new award to leverage food aid for PLHIV (Title II and WFP); support for economic growth and livelihoods (IGA assessment with EGAT; Land O'Lakes dairy IGA project); and links to services for gender based violence. Improvement of psychosocial support, including mental health screening and treatment within HIV services, is an increasing priority for the GOR, and one that PEPFAR plans to support in FY 2009. Finally, PEPFAR Rwanda will support basic program evaluation activities, including assessment of patient outcomes in pre-ART settings and the impact of community-based clinical services.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7556.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16960.24539.09

Activity System ID: 24539

Mechanism: CSP II

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: ██████████

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

In FY 2009, the Community HIV/AIDS Mobilization Program (CHAMP) will come to an end and be replaced by TBD follow-on mechanism. The follow on will be designed in January 2009 and will seek to build on CHAMP's current activities and best practices. The follow on mechanism to CHAMP will also ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. Chief among its activities, the CHAMP follow on mechanism will continue to build the institutional capacity building of the MOH and its institutions as well as Rwandan organizations working to ensure access to high quality, sustainable HIV and AIDS care services. The CHAMP follow on mechanism(s) will also build on the provision of community services in all PEPFAR-supported districts, especially around health facilities, in order to strengthen linkages between facility and community-based services.

Like CHAMP, the follow on mechanism is expected to provide PLHIV with HIV-related basic care and support services, including income generating activities, psychosocial and spiritual support, improved nutrition and links to food assistance, community gardens, HIV prevention, HBC, and legal and human rights support. Also, basic care and support services for PLHIV will continue to include: provision of nutrition support by liaising with MOH, TRAC and districts to effectively implement community-based nutrition programs; nutrition counseling and education; nutrition needs assessment and surveillance for malnourished individuals; support for household production of high-nutrient local staples; HBC for bedridden patients; provision of business development services for PLHIV families and associations; technical and financial support for viable and marketable services by PLHIV cooperatives; and linkages to health facilities, especially for testing and care. The program has historically found it difficult to establish a strong continuum of care from the health facility to the community. Consequently, the CHAMP follow on mechanism will also ensure that communities are aware of and have access to other PEPFAR supported clinical services.

In 2007, the MOH rolled out a new community health policy and will develop a cadre of approximately 27,000 community health workers (CHW) who require training in a number of health topics. These CHWs will serve as the entry point into the health system and link clinical and community initiatives such as PMI, child survival and health programs, and food assistance. The CHAMP follow on mechanism will provide targeted support to enhance the services of CHWs and is projected to reach over 22,000 individuals with a comprehensive menu of services in FY 2009. The CHAMP follow on will also train or offer refresher training to community health workers and caregivers. The CHAMP follow on mechanism will also promote MOH modules and tools to strengthen the systems, skills and attitudes of community health workers, upgrade their psychosocial, pastoral, grief and bereavement counseling skills and support for CHW associations.

In order to ensure sustainability of these programs, the CHAMP follow on may also use a TOT or other approach in line with GOR policy to further standardize training for community health workers and caregivers. These community health workers and caregivers will take a family-centered approach during home visits to PLHIV, monitoring and referring the children of HIV-affected households to OVC community services as necessary and encouraging parents and guardians to test their children. In this way, volunteers will help identify more HIV-infected children and family members and link them to appropriate care and treatment.

The CHAMP follow on will also work to increase male involvement in providing care as well as support women and girls as they tend to be the majority of primary care givers. The follow on mechanism to CHAMP is also expected to provide continued support to the PCAR to build its capacity to ensure the future of quality care services in Rwanda. The follow on mechanism will also work with GOR and other implementing partners in the roll out of community PBF and other measures to strengthen the quality of clinical and non-clinical services at the community level. The CHAMP follow on mechanism will work PEPFAR implementing partners and the GOR to conduct appropriate M&E, data collection and use, and management of resources in order to improve the quality of HIV care and support services at the community level.

In the transition period from CHAMP to the follow on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. The follow on mechanism will learn from CHAMP's documentation of best practices and lessons and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow on mechanism may include other activities designed to strengthen community knowledge and access basic care and support services.

This activity supports the PEPFAR five-year strategy and the new GOR national strategy on HIV/AIDS to integrate HIV prevention, care and treatment, expand pediatric HIV care, and mobilize community coordinated action.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16960

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16960	16960.08	U.S. Agency for International Development	To Be Determined	7556	7556.08	CSP II	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10514.09

Mechanism: ROADS II LWA

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 24623.09

Planned Funds: \$250,000

Activity System ID: 24623

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

This activity addresses HIV prevention, care and treatment activities with some of the most vulnerable populations located and moving along the transport corridors of East Africa. The recently closed ROADS project was a 5 year regional project whose goal was to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. The project targeted high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop information and services. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The LifeWorks Partnership, is an innovative strategy of the ROADS project, designed to provide small business services to local community associations and cooperatives. LifeWorks works with the private sector, to create and provide opportunity for small community groups to have access to income generating activities and markets for their products. LifeWorks is an important component of ROADS activities.

A new leader with associate award project, ROADS II (Road to a Healthy Future) was recently awarded to FHI, with the goal of improving African capacity to respond to key HIV/AIDS and health issues and increase the number of people served and improving the health outcomes of the population served. PEPFAR Rwanda will issue an associate award under this new mechanism in FY 2009. Activities addressed under this new award will include addressing key risk groups in hotspots along the transport corridors, where mobility, poverty and inadequate and insufficient health services exacerbate the risk for HIV infection. Healthy behaviors that will be promoted include promoting abstinence among youth; provision of condoms to MARPS; counseling and testing; reduced alcohol consumption; improved HIV outcomes through referrals and support in care and treatment settings; improved access to economic, social and food security through IGA's and other community interventions and support; family planning information and referrals; malaria prevention and treatment referrals. ROADS II will make use of community clusters and association members (associations of low income women, youth, truckers, fishermen etc) to implement integrated health services as well as address some of the underlying factors that exacerbate risk- alcohol consumption and violence against women as examples.

ROADS II activities will focus on people living with HIV/AIDS, and provide them with life skills, HIV care and treatment information and economic & educational empowerment opportunities. PLHA will be served through multiple channels (PLHA associations and cooperatives, low income women's clusters etc) with information and services ensuring improved health seeking behavior and outcomes. An important shift in Rwanda is the concerted move towards community based health services delivery, increasing the focus of health interventions at the community level. Under ROADS, volunteers will be trained to provide care at the community level to PLHA focusing on OI & ART adherence; to impart information on the role of alcohol on HIV risk behavior and ART treatment adherence as well as provide counseling and referrals. ROADS will also work with pharmacists to support PLHA in the community with information on HIV drug regimens for PMTCT; adherence support, and the monitoring and management of ART related side effects. These activities are also related to the Prevention with Positives (PWP) activities that are being rolled out in clinical as well as community settings beginning in FY 2008. ROADS will provide technical and administrative support to associations of PLHA as they transition into cooperatives, also mandated by the GOR.

Activities are currently implemented in 5 sites- Kigali city; Gatuna (Uganda border); Rusizi (DRC border); Rusomo (Tanzania border) and Bugarama (intersection of DRC, Rwanda and Burundi). FY 09 activities will expand to Gisenyi (DRC/Goma border), pending an improvement of the security situation.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10538.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 24709.09

Activity System ID: 24709

Mechanism: PBF II

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: ██████████

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

Performance-based financing (PBF) has been an innovative approach to financing health services based on output that aims to enhance quality of services and lead to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of high-quality health services with a performance incentive for the production of more than agreed upon quantities of services. The quality of these health services is ensured through the use of a score obtained using the standardized national Quality Supervision tool. This score determines whether payment for HIV/AIDS indicators is full (high quality services) or proportionally reduced (quality needs to be improved). (Note: The definition of "quality" used in PBF is different from the definition used in other national quality improvement (QI) initiatives, including HealthQual). Financial incentives provided by PBF motivate health facilities to improve both the quantity and the quality of their performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. PEPFAR, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF for health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance. MSH/PBF undertook output-based financing to health centers and district hospitals in six districts through direct performance sub-contracts with these facilities for HIV/AIDS indicators. PEPFAR adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. While PBF clearly increases performance, basic input support – such as training, materials, equipment and TA - is still needed, especially in the current context of rapid decentralization and accelerated national roll-out of the PBF model by the GOR. At the health center level, EP partners purchase a quantity of indicators with a performance incentive. Examples of basic health care indicators include the number of HIV-infected clients who tested their CD4 levels six-monthly, number of HIV-infected clients treated with cotrimoxazole each month, number of HIV infected women who are using family planning, and number of HIV-infected clients who have been screened for STIs. Performance on these indicators is measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit. Quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are merged during the quarterly district PBF steering committee meetings and the final payment is approved. At the district hospital level, MSH/PBF will have sub-contracts with slightly different purpose and scope from that of health centers. In addition to the focus on increasing quality service outputs, there is an emphasis on quality assurance, self-evaluation, and review by peers (similar to an accreditation scheme). The National District Hospital PBF Scheme also supports the payment for indicators which reinforces the supervisory role of hospitals in district health networks.

In FY 2008, MSH/PBF continued providing support to the MOH PBF department and the national PBF TWG. In addition, MSH/PBF provided TA to district health teams (DHTs) in all PEPFAR-supported districts and implementing partners to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF also provided intensive technical assistance to districts that will be introducing PBF in FY 2008. At the District level, MSH/PBF continued to support the national model by 1) placing a district coordinator within the Family Health Unit to work with national family health steering committee during data collection/entry and control of indicators, 2) facilitating the quantity control function by providing TA and paying associated costs, and 3) supporting secretarial functions for the Family Health Unit at the District level. Support to the District is critical for the proper functioning of the national PBF model since monthly HIV/AIDS invoices approved by the health center PBF management committee and MSH are presented to the district steering committee for merging with quality index and final approval before payments are made.

In FY 2009, the MSH PBF mechanism is coming to an end. However, scale-up of performance based financing has been successful in Rwanda and is a priority of the GOR as it is considered linked to improved quality of HIV and other health services. Consequently, PEPFAR is in the process of designing a new mechanism that would build on the success of the MSH PBF project and potentially expand into performance-based financing at a community level. In FY 2009, there will be additional need to support the GOR with technical assistance as sites continue to be graduated and as the PBF system is expanded into a community setting with the goal of increasing the quality and standardization of care at all entry points to the health system. As a result, the follow on mechanism will continue to purchase health indicators and to provide technical assistance to build the capacity of staff at both the central level health institutions and the DHTs. The follow-on to MSH PBF will continue to purchase indicators for basic care and support and also continue to build the capacity of health facilities to improve the quality of their services. The MSH PBF follow-on mechanism will also support the roll out of community PBF in PEPFAR supported districts and work with the TBD mechanism that will provide community services.

PBF of HIV/AIDS services has been a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda PEPFAR five-year strategy for increasing institutional capacity for a district-managed network model of HIV clinical treatment and care services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1527.09	Mechanism: CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention	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: 23914.09	Planned Funds: \$75,217
Activity System ID: 23914	
Activity Narrative: ACTIVITY IS NEW IN FY 2009 The aim of this funding is to support technical assistance, training, and basic program evaluation activities to improve basic care and support services, both clinical and non-clinical, for PEPFAR implementing partners in Rwanda. CDC Direct funding has not been previously applied in this critical and broad area. CIDC has recently completed draft guidelines for opportunistic and sexually transmitted infections, as well as revised guidelines for cotrimoxazole prophylaxis, and TA will help to support on-going implementation of these guidelines and evaluation of scale-up activities. This will include TA to support expansion elaboration of national cervical cancer screening guidelines and implementation and scale-up plans. Additional activities will include TA to evaluate the success of linkage between and referrals from HIV care and treatment services and long-lasting insecticide-treated bed-nets, and patient outcomes in pre-ART services.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4740.09	Mechanism: Refugees UNHCR
Prime Partner: United Nations High Commissioner for Refugees	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8718.24526.09	Planned Funds: \$5,559
Activity System ID: 24526	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic, and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should be monitored closely and they continue to require a comprehensive package of HIV prevention, basic care and support (BCS), and treatment services.

Since 2005, PEPFAR has supported UNHCR and African Humanitarian Action (AHA) to provide HIV prevention and care services in Kiziba refugee camp with linkages and referrals for treatment. FY 2009 funding for this activity will continue support the provision of BCS services to 200 PLHIV and the training of 48 health providers, laboratory technicians, and community volunteers in Kiziba refugee camp health clinics and communities.

UNHCR/AHA will ensure the provision of, or referrals for diagnosis and treatment of OIs and other HIV-related illnesses (including TB), routine clinical staging and systematic CD4 testing, medical records for all HIV-positive patients and infants, and referrals to community-based BCS services. Infants born to HIV-positive mothers will be provided CTX; early infant diagnosis through PCR; and ongoing clinical monitoring and staging for ART. In collaboration with PEPFAR clinical partners, UNHCR/AHA will work with the Karongi DHT to ensure that health clinic providers receive training or refresher training in basic management of PLHIV, including training in ART adherence support, and in the identification and management of pediatric HIV. UNHCR/AHA will monitor and evaluate basic care activities through ongoing supervision, QA, and data quality controls. They will continue to build the capacity of local refugee health care providers to monitor and evaluate HIV/AIDS basic care activities through ongoing strengthening of routine data collection and data analyses for basic care.

SCMS will procure and distribute through CAMERWA all BCS and OI drugs, laboratory supplies and diagnostic kits. UNHCR/AHA will work with SCMS and the districts to ensure appropriate storage, management and tracking of commodities, including renovation of pharmacy units at the health centers for adequate ventilation and security.

This activity supports the PEPFAR five-year strategy by providing prevention, care, and treatment to vulnerable and high-risk populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12890

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12890	8718.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$8,204
8718	8718.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$44,000

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8692.09

Prime Partner: American Refugee Committee

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 19487.24519.09

Activity System ID: 24519

Mechanism: ARC

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$8,338

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic, and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should be monitored closely and they continue to require a comprehensive package of HIV prevention, basic care and support (BCS), and treatment services.

Since 2005, PEPFAR has supported American Refugee Committee (ARC) to provide HIV prevention and care services in Gihembe and Nyabiheke refugee camps with linkages and referrals for treatment. FY 2009 funding for this activity will continue support the provision of BCS services to 300 PLHIV and the training of 72 health providers, laboratory technicians, and community volunteers in Gihembe and Nyabiheke refugee camp health clinics and communities.

ARC will ensure the provision of, or referrals for diagnosis and treatment of OIs and other HIV-related illnesses (including TB), routine clinical staging and systematic CD4 testing, medical records for all HIV-positive patients and infants, and referrals to community-based psychosocial and palliative care services. Infants born to HIV-positive mothers will be provided CTX; early infant diagnosis through PCR; and ongoing clinical monitoring and staging for ART. In collaboration with PEPFAR clinical partners, ARC will work with the Gicumbi and Ngarama DHTs to ensure that health clinic providers receive training or refresher training in basic management of PLHIV, including training in ART adherence support, and in the identification and management of pediatric HIV. ARC will monitor and evaluate basic care activities through ongoing supervision, QA, and data quality controls. They will continue to build the capacity of local refugee health care providers to monitor and evaluate HIV/AIDS basic care activities through ongoing strengthening of routine data collection and data analyses for basic care.

SCMS will procure and distribute through CAMERWA all BCS and OI drugs, laboratory supplies and diagnostic kits. ARC will work with SCMS and the districts to ensure appropriate storage, management and tracking of commodities, including renovation of pharmacy units at the health centers for adequate ventilation and security.

This activity supports the PEPFAR five-year strategy by providing prevention, care, and treatment to vulnerable and high-risk populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19487

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19487	19487.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$9,167

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 8697.09**Prime Partner:** Population Services
International**Funding Source:** GHCS (State)**Budget Code:** HBHC**Activity ID:** 19488.21022.09**Activity System ID:** 21022**Mechanism:** Behavior Change Social
Marketing BCSM**USG Agency:** U.S. Agency for International
Development**Program Area:** Care: Adult Care and Support**Program Budget Code:** 08**Planned Funds:** \$400,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. redirection of activities to bilateral mechanism
2. elaboration of activities

Research has shown that 90 % of PLWHA are affected by diarrhea which results in significant morbidity and mortality. Hand washing, sanitation and water disinfection and safe storage have been proven to significantly reduce diarrhea rates. According to the 2005 Rwanda Demographic and Health Survey, only one-third of surveyed households had access to a protected source of drinking water. A significant cause of exposure to diarrheal disease-causing pathogens is inadequate access to safe water. Only 40% of the Rwandan rural population and 60% of the urban population have access to safe water. The objectives of the point of use (POU) activities are to ensure consistent use of POU water treatment products by PLHIV; to increase access to POU water treatment products by PLHIV; and to improve knowledge of POU and its effectiveness, hygiene, and safe water storage.

Sur- Eau point of use water treatment product was re-launched in FY 2007, through four main channels (commercial sector, government health centers, community-based health workers and mutuelle offices in 2 districts in conjunction with the Health System's 20/20 program). PLHIV associations in PEPFAR's 22 focus districts have been identified as outlets for the sale of Sur Eau. Three major umbrella organizations (ASOFERWA, SWAA and PROFEMME) partner with PSI to provide outreach, education and program monitoring to these PLHIV associations. Original starter stock was purchased from PSI, provided to the associations who sell it and use the funds to obtain additional stock from surrounding health facilities. Mass media and IPC are an integral part of the activities for safe water and hygiene. PSI has begun and will continue to integrate safe water and Sur'Eau information into existing VCT and care and support materials in collaboration with GOR, USG clinical partners and community partners.

Activities in FY 2009 will continue to build on these activities. Additional starter stock will be provided to associations to expand distribution to PLHIV associations trained by trainers supported by PSI. Water signage will be produced for placement at water points in the PEPFAR districts, to avoid product stigma and to target safe water messages to water distribution points where communities gather. Trainings will expand through Rwandan Partner Organizations targeting PLHIV, as will interpersonal communications outreach through VCT and ARV sites, to ensure consistent delivery of product and messages to people who present for testing.

This activity complements PSI's child survival activities around preventing diarrheal disease in children under 5.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19488

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19488	19488.08	U.S. Agency for International Development	Population Services International	8697	8697.08		\$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 97.09

Mechanism: TRAC Cooperative Agreement

Prime Partner: Treatment and Research AIDS Center

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: 2744.21034.09

Planned Funds: \$90,000

Activity System ID: 21034

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

In FY 2008, PEPFAR supported CIDC in central activities to ensure quality of HIV basic care and support (BCS) services. CIDC created a forum for information exchange between facility-based BCS service providers to identify weaknesses and constraints as well as methods for program improvement (including quarterly workshops for health center staff, district supervisors, CIDC and DSS). CIDC defines the roles of different types of health facilities in OI and STI service delivery in accordance with the network model (i.e. health center versus hospital) and monitors OI and STI service delivery sites to determine the sustainability of activities. In addition, in order to integrate palliative care at both facility and community levels to ensure a continuum of care, PEPFAR-supported national policy and guidelines adaptation on palliative care. CIDC is also revising and integrating into the national HIV training curriculum modules on psychosocial support, nutritional assessment, counseling and management of malnutrition and screening diagnosis and management of STI.

By the end of FY 2008, CIDC will have designed BCS-related tools (including PLHIV case management tools, patient assessment and follow-up forms, and referrals) and counter-referral forms from facility to community and vice versa. In addition CIDC will have finalized the list of OI drugs, including use of opioids at clinic and community level for pain management. In FY 2008 CIDC will conduct training of trainers' sessions on BCS for 200 doctors; and 100 nurses, social workers, HIV case managers, and nutritionists. In addition, PEPFAR will continue to support CIDC through a national nutrition advisor position to oversee all nutrition programming activities at the national level; and providing supervision of training and nutrition activities implementation at site and community levels.

In FY 2009, CIDC will also implement prevention with positive activities and integrate them into care and treatment. The activities will reinforce and follow up programs started in 08, by assuring training of physicians and community counselors who will be providing prevention counseling for HIV positives. The activities will also reinforce the Five Prevention Steps for HIV Infected individuals. In addition, they will assure training and incorporate Prevention with Positives activities as a Standard of Care in ART site. This will help ensure that People Living with HIV/AIDS will benefit from the tailored interventions to reduce transmission rates to HIV uninfected populations. Clinical and Lay Community Counselors will promote Couples Counseling and Testing and provide prevention for positive messages to all their clients, but particularly PLHIV, to reduce their high risk behaviors through abstinence, being faithful to one partner or promoting "secondary abstinence" and counseling and discussing condom use for those discordant couples. Trained Lay Community Counselors will benefit from training HIV positive individuals on aspects of health, including prevention interventions to all their HIV positive clients.

PEPFAR will also support CIDC for a new staff specialist on STIs. This staff will work with STI specialists at CDC and clinical partners to coordinate training, data analysis and use to better understand the epidemiology of STI in Rwanda in order to inform HIV prevention partners on special groups at higher risks. The CIDC specialist on STIs will ensure that site staff are well trained and the tools are available to screen diagnose treat clients with STIs and their partners and that sociodemographic data are available on those clients to indicate appropriate prevention strategies.

CIDC will supervise decentralized training on palliative care both for facility-based providers and community-based providers. CIDC will also design, in collaboration with PBF and the MOH Community Health Unit, key HIV program-related indicators to monitor for PBF at community level. Lastly, CIDC in collaboration with SCMS will provide timely and accurate data on OI and STI drug and diagnostics consumption, and OI and STI-related morbidity and mortality to the CPDS for drugs and reagent quantification. These activities support the PEPFAR five-year strategic goals of promotion of a continuum of HIV care and Rwandan national plan for palliative care and integration prevention and HIV care interventions.

CIDC will also supervise decentralized training on Prevention with Positives both for facility-based providers and community-based providers. CIDC will also design, in collaboration with Health QUAL and the MOH Community Health Unit, key HIV program-related indicators to monitor for prevention with positives at community level and facility levels.

These activities support the PEPFAR five-year strategic goals of promotion of a continuum of HIV care and Rwandan national plan for BCS and integration of prevention and HIV care interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12877

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12877	2744.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$200,000
7245	2744.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$100,000
2744	2744.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$0

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 114.09	Mechanism: USAID Rwanda Mission
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4968.21052.09	Planned Funds: \$230,000
Activity System ID: 21052	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

USAID/Rwanda has been providing local and international technical assistance to GOR agencies and limited direct grants to local NGOs since FY 2004. In FY 2009, PEPFAR will continue to build local capacity and provide HBHC services in Rwanda. USAID anticipates continuing direct financial and technical support to Rwanda NGOs in sponsoring or attending conferences, workshops and technical meetings on HIV treatment. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS which oversees community and home-based care activities in Rwanda.

In addition, in FY 2008 PEPFAR supported an assessment of IGAs. Through Title II food assistance, and economic growth activities, PEPFAR is engaged in promoting IGAs in Rwanda to improve livelihoods through increased incomes from running profitable businesses. USG supports a range of IGAs including a ten year investment in the specialty coffee value chain for farmers to one-time small grants to community associations for livestock or arts and crafts. Many of the PEPFAR and other donor financed IGAs target vulnerable populations including people living with HIV. As part of the USGs commitment to a multi-sectoral comprehensive care approach to PLHIVs, PEPFAR will incorporate best practices of IGAs into the design of a new community care program starting in FY 2009.

USAID issued a contract in 2008 through an existing IQC mechanism managed by USAIDs Economic Growth, Agriculture and Trade office to evaluate previous activities in small scale IGAs. While this assessment was fully funded by PEPFAR, USAIDs Economic Growth team was substantially involved in designing and managing the assessment. It is envisioned that follow-on IGA activities in community care will be managed by the Economic Growth team and provide opportunities for wrap around programming. USAID is interested in identifying how many of these IGAs are operated by PLHIVs and/or associations funded through PEPFAR as well as the impact of these programs. This will enable PEPFAR to move to a more structured approach to IGA programs and ensure long-term sustainability of those programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12896

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12896	4968.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$330,000
7254	4968.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$35,000
4968	4968.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$35,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 100.09	Mechanism: HIV Support to RDF
Prime Partner: Drew University	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 2752.20993.09	Planned Funds: \$270,018
Activity System ID: 20993	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

Under the Rwanda Defense Force (RDF), there are a total of three military hospitals and five brigade clinics throughout the country. Drew University began working in two military hospitals and three brigade clinics in FY 2005 with PEPFAR support. The support modalities include TA and training on ARV and basic care and support (BCS), M&E, and lab infrastructure. Drew is considered a full PEPFAR clinical partner working in ARV, TB/HIV, PMTCT, Basic Care and Support, and Prevention for Positives. It collaborates with CHAMP for services in military communities such as OVC, and receives drug procurement from PFSCM. In line with national policies, the hospitals started performance-based financing as incentives for facilities.

Drew University improves the capacity of the RDF to provide quality HIV treatment and care for military personnel, their partners and families of military personnel, and community members who live in the surrounding areas. The package includes clinical staging and baseline CD4 count for all patients, control CD4 count every six months, prevention of opportunistic infections through prophylaxis with cotrimaxazole to eligible patients based on national guidelines and their diagnosis and treatment, psychosocial counseling including counseling and referrals for positive female victims of domestic violence and referrals of PLWHA in care to community-based BCS services based on their individual need.

In FY 2008, Drew University provided the same package of palliative care to 2,500 PLWHA enrolled at three military hospitals and five brigade clinics. Drew University developed and distributed HIV care package to all HIV+ individuals receiving care in RDF sites and also paid for "mutuelles" health insurance for all individuals receiving HIV care in RDF sites. Through PEPFAR support, Drew University ensured the provision of improved quality of HIV treatment and care services, trained 40 RDF providers at the facility level in diagnosis and treatment of STI/OIs/mental health disorders diagnosis by integrating these services into the 5 brigade clinics. To improve the health of HIV+ patients, Drew University implemented a mobile treatment and care unit (MTCU) affiliated to the health facility, which conducted outreach HIV staging, clinical evaluation and treatment initiation and follow-up to hard-to-reach HIV+ patients. The MTCU ensured the provision of a continuum of care and treatment services, which includes but not limited to: basic HIV laboratory tests, STIs/OIs screening and treatment, provision of CTX prophylaxis, ART, ART adherence support, psychosocial support, family planning, nutrition counseling, prevention for positives, HIV status disclosure, spiritual care, bereavement care as well as hygiene and malaria education. BCS activities were implemented in conjunction with other services such as VCT, FP, ART, TB/HIV, OIs, and/or STIs delivery settings in RDF.

In addition, peer educators were trained to provide social support to members and periodic inter-brigade/community interactive, experience-sharing discussion group workshops were organized to increase treatment adherence and share success stories witnessed during the course of HIV care therapy. In collaboration with CHAMP project, Global Fund project and PMI, Drew University referred the 2,500 PLWA and their families for malaria prevention services including bed nets provision. For clinically stable healthier PLWHA, Drew University assisted the RDF to strengthen referral to community-based support groups for improved treatment adherence and increased access to non-clinical HIV care services. Through PFSCM, Drew provided OI-related drugs, CD4 testing, and OI diagnostics for the clinical management of PLWHA enrolled in care. Drew worked with SCMS to ensure appropriate stock management, inventory control, and storage for all USG-procured commodities at Drew-supported sites.

In FY2009, these activities will continue at three military hospitals and five brigade clinics. Drew University will also provide technical assistance to RDF to strengthen linkages between community-based and clinic-based HIV care services. At brigade and/or community levels, Drew will support: 1) the formation of civil-military allied associations of PLWHA and train members in provision of home-based care services, 2) access to locally available and/or self-initiated nutritional support and 3) HIV prevention for positives which includes training of caregivers on adequate management, distribution and use of care package and 4) HIV clinical cases detection and referral.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12826

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12826	2752.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$306,686
7191	2752.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$357,123
2752	2752.06	Department of Defense	Drew University	2554	100.06	HIV Support to RDF	\$265,125

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 4741.09**Prime Partner:** Partnership for Supply Chain Management**Funding Source:** GHCS (State)**Budget Code:** HBHC**Activity ID:** 8716.21014.09**Activity System ID:** 21014**Mechanism:** SCMS**USG Agency:** U.S. Agency for International Development**Program Area:** Care: Adult Care and Support**Program Budget Code:** 08**Planned Funds:** \$450,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

SCMS partners work in close collaboration through joint planning and work plan development, particularly for activities that support the Logistic Management Information System (LMIS) and active distribution system. This activity comprises three components: procurement of OI and preventive care drugs; TA; and procurement for home-based care (HBC) kits. For OI drug procurement, SCMS works with CAMERWA to procure, store and distribute OI drugs for all PLHIV at PEPFAR-supported sites. The PEPFAR, through SCMS, supports costs not covered by GFATM mutuelles to ensure that sites are supplied with all necessary equipment.

In FY 2008, SCMS continued to provide ongoing TA to CAMERWA for quantification, PEPFAR procurement regulations and for appropriate distribution of products to all sites. Product selection conforms to GOR's minimum list of preventive care, OI and other palliative care medications, as well as to WHO QA standards. SCMS supports CAMERWA and the NRL in conducting quality assurance of OI medication arriving in country through TLC and use of mini-labs. As OI drugs are integrated into the CPDS, SCMS provides TA and support to the relevant CPDS committees to develop a procurement and distribution plan for OI and other drugs for basic care and support (BCS) services, to conduct quantification, monitor consumption patterns and stock levels, and to provide regular reports to donors.

In FY 2008, SCMS worked closely with GFATM, MOH, CAMERWA, and districts to ensure the continuous availability and management of drugs and supplies included in the nationally defined HBC kits on an as needed basis. SCMS also worked with community and clinical partners, CAMERWA, and the MOH to review and revise tools to support the storage, distribution, and tracking of HBC kits from CAMERWA to the community level.

Above activities address the legislative area of wrap around through leveraging funds from the GFATM for membership coverage of PLHIV for health insurance schemes. This will increase access to essential OI medicines for PLHIV. They also directly support the PEPFAR Rwanda five-year strategy for ensuring sustainability by improving commodity forecasting, procurement procedures, storage and distribution, and information systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12865

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12865	8716.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$500,000
8716	8716.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$1,620,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 129.09	Mechanism: Columbia MCAP Supplement
Prime Partner: Columbia University Mailman School of Public Health	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: 2799.20977.09	Planned Funds: \$989,040
Activity System ID: 20977	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

In FY 2008, Columbia/ICAP will be providing BCS services to 28,000 PLHIV at 46 sites. BCS services in FY 2009 will continue at the existing 46 sites and be initiated at the 10 stand alone FY 2008 PMTCT sites. Services supported will include, clinical staging and baseline CD4 count for all patients, follow-up CD4 every six months, management of OIs and other HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, children and exposed infants based on national guidelines, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. In addition, ICAP will continue to provide psychosocial counseling including counseling and referrals for HIV-infected female victims of domestic violence. To ensure comprehensive services across a continuum, ICAP, through the partnership with CHAMP and other community services providers, refers patients enrolled in care to community-based BCS services based on their individual need, including adherence counseling, spiritual support, stigma-reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. Through SCMS, ICAP will continue to provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2009, ICAP will expand its services to provide BCS to 32,646 existing patients and add an additional 5,656 new patients at 46 existing sites and 10 new sites. Expanded services will emphasize on quality of care, continuum of care through effective linkages and referrals, and sustainability of services through PBF. Strengthened nutritional services through training and provision of nutritional care will include counseling, nutritional assessments using anthropometric indicators, and management of malnutrition through provision of micronutrient and multivitamin supplements, and links to Title II food support for clinically eligible PLHIV and children in line with national nutrition guidelines. ICAP will also support referrals for all PLHIV and their families, particularly children under 5 and pregnant women, for malaria prevention services, including provision of LLINs, in collaboration with CHAMP, GFATM and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and health education on hygiene, for reduction of diarrheal disease. In addition, family planning education, counseling and methods will be provided to PLHIV and their spouses. This service will be located within the counseling unit of the site to reduce need for referrals. Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRAC training in psychological support for all Columbia-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on Prevention for Positives.

In addition the Ministry of Health will implement a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. Columbia will support 56 health facilities to retrain, equip, and supervise 20 community health leads per health facility, in addition to other health care workers, reaching a total of 1,254 health workers trained. These community health workers will organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community based services providers constitute an effective system that ensures continuum, coverage and quality of basic and support care.

In order to ensure continuum of HIV care, Columbia in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC services providers for more efficient use of patient referrals slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. Columbia -supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up losses of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. Columbia will work with CHAMP and its own Peer Educators for Adherence, Referral, and Linkages (PEARL) program to develop effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

Increasing pediatric patient enrollment is a major priority for all PEPFAR clinical partners in FY 2008. To expand quality pediatric care, Rwanda has few available pediatricians will train other clinical providers, using the innovative model developed in FY 2006 and continuing in FY 2007 and FY 2008. Columbia will support health facilities to refer HIV-infected children to OVC programming for access to education, medical, social and legal services. Columbia will also support sites to identify and support women who may be vulnerable when disclosing their status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected ones taken to HIV care and treatment sites.

PBF is a major component of the Rwanda PEPFAR strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, Columbia will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of BCS and other indicators is contingent upon the quality of general health services as measured by the score obtained using

Activity Narrative: the standardized national Quality Supervision tool.

In the context of decentralization, DHTs now play an increasingly important role in the oversight and management of clinical and community service delivery. Columbia will strengthen the capacity of four DHTs to coordinate an effective network of BCS and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12809	2799.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$1,285,846
7177	2799.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$454,300
2799	2799.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3493.09

Mechanism: CRS Supplemental

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 4989.20968.09

Planned Funds: \$525,782

Activity System ID: 20968

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

In FY 2007, CRS/AIDSRelief (AR) began providing basic care and support (BCS; formerly "palliative care") to 5,300 PLHIV at 14 sites. In FY 2008, AR is expected to provide BCS to 9,534 patients at 19 sites, including 17 health centers and 2 District Hospitals. On-going FY 2009 BCS services will include WHO clinical staging and baseline CD4 count for all patients; follow-up CD4 every six months, or every 3 months for patients with CD4 cell counts < 500; management of OIs, STIs, and other HIV-related illnesses, in accordance with national clinical guidelines; routine provision of cotrimoxazole (CTX) prophylaxis for eligible adults, children and HIV-exposed infants, based on national guidelines; basic nutritional counseling and support; positive living and risk reduction counseling; pain and symptom management; and end-of-life care. In addition, AR will continue to provide psychosocial counseling, including counseling and referrals for HIV-positive female victims of domestic violence. To ensure comprehensive services across a continuum, AR will continue to refer patients enrolled in facility-based care services to community-based BCS services, including adherence counseling, referral for long-lasting insecticide treated bed-nets (LLINs), spiritual support, stigma reducing activities, OVC support, IGA activities, and home-based care (HBC) services for end-of-life care. Through SCMS, AR will provide diagnostic kits, CD4 tests, and other exams for clinical monitoring, and will work with SCMS for the appropriate storage, stock management, and reporting of all OI and STI-related commodities.

In FY 2009, AR will expand its services to provide BCS for 9,534 existing patients and an additional 1,950 new patients at 19 existing sites and 1 new site. Expanded services will emphasize quality of care via the Continuous Quality Improvement program, continuum of care through continued network linkages with community-based organizations, and sustainability of services through performance based financing (PBF). Strengthened nutritional services through training and provision of nutritional care will include counseling; nutritional assessments using anthropometric indicators; management of malnutrition through provision of micronutrient and multivitamin supplements; and links to Title II food support for clinically eligible PLHIV and children in line with national nutrition guidelines. AR will also support referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with CHAMP, GFATM, and PMI; and referral of PLHIV and their families to CHAMP CBOs and other community-service providers for distribution of water purification kits and hygiene health education. Strengthened psychological and spiritual support services for PLHIV at clinic and community levels will be done through expanded TRACPlus training in psychological support for all AR-supported health facilities and community-based providers, including gender-based violence (GBV) counseling, positive living, and counseling on prevention with positives (PwP).

In addition, the MOH has started implementing a new community health policy in FY 2008. The policy calls for the election of male and female leaders for every 100 households to lead community health activities, organize other community volunteers into associations and supervise their activities. With the assumption of 20 community health leaders per each health facility, AR will support 20 facilities to train, equip, and supervise 400 community health leads. They will also organize periodic meetings to ensure quality and coverage of community-based HIV services and linkages between communities and facilities. In addition to these health community leads, AR will also train 137 health care workers. The facility-based case managers, health community leads, health care workers, and community-based volunteers constitute an effective system that ensures continuum, coverage and quality of care and support for PLWHA.

In order to ensure a continuum of HIV care, AR, in collaboration with CHAMP, will recruit case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, malnutrition centers, and OVC programs. To do this, the case managers will have planning sessions with facilities and community-based service providers and OVC services providers for more efficient use of patient referral slips to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. Case managers will conduct regular case reviews with other partners included in the referral system to review the effectiveness of the system, identify challenges and design common strategies to overcome any barrier to pediatric patients routing between services. In addition, adult patients enrolled in care will be encouraged to have their children tested and infected persons taken to HIV care and treatment sites.

AR-supported sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up loss of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. CRS will work with CHAMP to develop effective referral systems between clinical care providers and psychosocial and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will refer PLHIV to community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities, CHAMP-funded OVC support, IGA activities (particularly for PLHIV female- and child-headed households), legal support services, and community-based pain management and end-of-life care in line with national palliative care guidelines.

PBF is a major component of the Rwanda PEPFAR strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, CRS will shift some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Full or partially reduced payment of palliative care and other indicators is contingent upon the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool. District health teams (DHTs) now play a critical role in the oversight and management of clinical and community service delivery. AR will strengthen the capacity of two DHTs to coordinate an effective network of palliative care and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

Increasing pediatric patient enrollment is a major priority for all PEPFAR clinical partners in FY 2009.

Activity Narrative: Rwanda has few available pediatricians. To expand quality pediatric care, AR will train other clinical providers, using the innovative model developed in FY 2006 and continuing through FY 2009. AR will support health facilities to refer HIV-positive children to OVC programming for access to education, medical, social and legal services. AR will also support sites to identify and support women who may be vulnerable when disclosing their HIV status to their partner, and include in counseling the role of alcohol in contributing to high-risk behaviors.

This activity addresses the key legislative areas of gender, wrap around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12794

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12794	4989.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$450,246
7163	4989.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$221,340
4989	4989.06	HHS/Health Resources Services Administration	Catholic Relief Services	3493	3493.06	Catholic Relief Services Supplemental	\$56,300

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$105,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6146.09

Mechanism: Ibyiringiro

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12244.20955.09

Planned Funds: \$1,665,000

Activity System ID: 20955

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The Food and Nutrition Interventions project has been referred to in Kinyarwanda as "IBYIRINGIRO or "That in which we have faith for a better to-morrow". A cooperative agreement was signed between PEPFAR and CRS, the lead organization of a consortium that implements Ibyiringiro project on August 1, 2008. PEPFAR Ibyiringiro Project is a 5 year project that aims at ensuring that high quality, sustainable and comprehensive services are provided to People Living with HIV and AIDS (PLWHA) and Orphans and Vulnerable Children (OVCs) in Rwanda. PEPFAR will provide \$16 million to CRS and its sub-grantees in order to implement this project over 5 years. The project aims at improving the quality of life for PLWHA and vulnerable populations in 22 PEPFAR Districts and will be implemented by food aid partners that have been distributing food aid to PLWAs and other vulnerable people, for the last 8 years in Rwanda (CRS, WV, ACDI/VOCA/Africare). Other partners such as EGPAF, WFP and the GoR at different levels will also be involved.

Under Basic Care and Support (BCS) current food partners will work with clinical sites, community-based organizations and associations and District Health Teams to integrate care and support in the services of over 15,000 beneficiaries and their families in food insecure areas. The Ibyiringiro project will adopt the family/household centered approach to expand the support to include nutritional counseling, home gardening techniques, small animal husbandry, income generating and microfinance activities, training for home-based care, prevention messages, promotion of PMTCT, and adherence counseling. In 2010 the project expects to reach 15,802 PLHIV with a comprehensive menu of services and train 850 caregivers. Community health workers (CHW) and clinics will formalize the continuum of care of PLWHA between the clinic care and community /home based care.

Community health workers (CHW) will be equipped to deliver quality home based care (HBC) to PLWHA. In collaboration with CHAMP, the project will develop the system to regularly re-supply the HBC kit of existing CHW in the catchment area and provide complete kit to newly trained CHWs- Existing CHWs use a kit to teach and provide care to sick PLWHA at the household level. Some items in the HBC kits need to be replenished regularly. Ibyiringiro in collaboration with CHAMP/MoH will develop a replenishment system to avoid breakages in stock. The project will also utilize CHAMP/MoH integrated HBC Behavior Change Communication tools to ensure the quality of nutrition education and HBC are made by CHW. The BCC tool-kit will be distributed to each CHW to assist them in their home based care activities and to ensure harmonized communication about nutrition, positive living and drug adherence across all CHWs. MoH and FANTA's nutrition booklet of images and posters will be used by CHW to educate PLWHA on healthy nutrition practices. Mid-Upper Arm Circumference (MUAC) measuring tapes will be purchased and distributed to all CHW and a simple format developed on how to record and read the result in the household health service card. Training in MUAC is critical and will be complemented by training from HC staff. All moderately and severe cases of malnutrition will be immediately reported to the health center and the severe cases followed by the District Hospital.

An important focus of the project will be to improve capacity of CHW and equip them to provide appropriate nutritional counseling based on MUAC and BMI monitoring. In support of this the project will enhance nutritional training/monitoring offered by CHAMP and FDO to CHW (training of trainers) to include community based monitoring of health and nutrition status including refresher training for existing CHW and training for new CHW on how to regularly assess the health and nutrition status of PLWHA. CHW will use their MUAC measuring tapes and simplified checklist to assess the health and nutrition status of PLWHA. AIDSRelief, a PEPFAR clinical partner, is currently using a simplified checklist, the project will therefore use available standardized checklists developed by the MoH. MUAC is a screening tool that can be conducted quickly during the home based visits by well-trained CHW.

To ensure that PLWHA practice improved health, nutrition and sanitation behaviors, vulnerable PLWHA will receive health and hygiene kit. These kits will be distributed by CHW to PLWHA whose health status is satisfactory. The kit will facilitate adoption of recommended hygiene and disease prevention behaviors such as proper hand washing, mouth and teeth cleaning, dishwashing, fruit and vegetable washing, sleeping under an insecticide-treated net, etc. The kit will include materials such as soap, blanket, cooking pot, and jerry can. A major component of positive behavioral practices will be geared towards supporting PLWHA to have increased access to diverse foods through small gardening systems. In this regard PLWHA will be trained on bio intensive techniques for making small kitchen/backyard gardens- A "kitchen garden" is a viable production option for households who have little land.

All nutrition education programs will be integrated with hygiene and sanitation sessions. In this regard, CHWs will be trained using existing materials from MoH and FANTA on adult education and participatory approaches for behavior change. Existing visual aids and tools will be used to pass messages about nutrition, sanitation and hygiene and the particular risks for PLWHA. In a bid to intensify the adoption of health seeking practices, vulnerable PLWHA will be supported to pay their health insurance on household basis.

In addition to providing the above care services, the project will collaborate closely with clinical sites to identify PLHIV in need of food support (moderately and severely malnourished) and to ensure adequate follow-up. Food rations provided by FDO (Food Distribution Organizations) to PLWHA will come to an end with the close out of the FFP Title II program on September 30, 2009. In order to make the transition from food aid to autonomy without jeopardizing the food security of the most vulnerable PLWHA, the project will work with clinical partners to define appropriate criteria for identifying PLWHA in need of continued nutritional support. The food by prescription program will target PLHIV who are identified to be moderately or severely malnourished. It is expected that 4000 moderately and severely malnourished PLHIV including pregnant women and OVC would be reached with food rations.

The project will therefore emphasize that food distribution will shift from household rations to individual rations based on BMI and other criteria before the end of FY 2009. PLWHA who meet the criteria mentioned above will be given a prescription for an individual supplemental ration harmonized in quantity and duration with WFP's "Food for ART" program. This supplemental ration will be closely linked to the nutritional and

Activity Narrative: food security status of the client which will be monitored by CHW through the nutritional surveillance system set up at the community level as well as the health center staff. Linking the supplemental ration to clinical services will increase contacts with the health system, especially during ART initiation, thereby increasing opportunities for follow up. The food by prescription will be regionally procured through CRS' procurement procedures, which conform to USAID regulations. This will include either a competitive process, or in the case of a single provider, through a sole source contract. Like the PMTCT weaning food, product and bid standards will be established prior to acquisition and provided to weaning food manufacturers in the region.

In order to address issues of stigma and discrimination, PLWHA associations will be facilitated to receive support from HIV negative people. Many HIV negative people are already members in PLWHA associations and will be encouraged to remain in the association when forming cooperatives. Savings and Internal Lending Communities (SILC) are targeted at PLWHA associations. Membership of HIV negative in PLWHA associations inherently reduces stigma for PLWHA by giving legitimacy to their efforts to improve the lives of their members. SILC are self-selected groups and neighbors or potential members not already in the association, form SILC groups. SILC needs a level of solidarity and trust among its members and sero-positive status is not considered.

Target Communities will be sensitized about the importance of establishing Savings and Internal Lending Groups including mobilization of communities to organize themselves into savings groups.

It is envisaged that access to credit to PLWHA will be increased through SILC methodology. SILC groups who reach maturity will give out loans and dividends to members. After 8 months of continued monitoring and technical support from SILC agents, the SILC group should be strong enough and have enough capital to give small loans to members. The project will also increase the capacity to the SILC groups to reach the next stage managing self-identified IGAs.

The strategy will also identify PLWHA households interested in small animal husbandry. Of the PLWHA households interested in animal husbandry; beneficiaries will be selected based on the recommendations of local leaders and PLWHA cooperatives keeping in mind the need for beneficiaries to own a minimum amount of land for grazing and upkeep

The project will support efforts by the GOR to develop the capacities of PLWHA cooperatives for sustainable management. The project aims to develop capacities of 50 cooperatives comprising 4500 members during the FY 2010. The GoR is requiring PLWHA associations that have or will have income-generating activities (IGAs) to register as cooperatives. As a large number of the project activities will use PLWHA associations as the main point of contact with beneficiaries, the project recognizes the need to facilitate the difficult transition into legal cooperatives which require managerial and financial capacity to manage IGAs in a sustainable way. World Vision (in their 6 Title II districts), and ACDI/VOCA (In CRS and Africare's Title II districts) will be responsible for the implementation of this component. A comprehensive package of activities will be implemented to achieve the above goals. In collaboration with RRP+ and CHAMP focal programs in the area of FDO operations PLWHA cooperatives will be provided with the capacity to establish sustainable managerial, financial and organizational systems. Selected PLHIV associations will be assisted with the transformation process into cooperatives. Project partners ACDI/VOCA and world Vision in collaboration with CHAMP and RRP+ will train partners and associations in the registration process. The project believes in providing training and technical assistance in order that associations will be able to register themselves, while developing their capacity at the same time, versus doing the registration on behalf of the associations. Training will be provided on the development of by-laws, internal rules and regulations, and election of officials as well as the requirements of the government of Rwanda to register per the new cooperative law. As previously mentioned, training and assistance for registration will be prioritized to associations based on the assessments and the current ability of the association to quickly become registered and begin an IGA. Cooperative development support covers a wide range of areas including capacity to develop cooperative roles as advocates to ensure member voices are heard; assistance in understanding the cost/benefit of various approaches such as working through umbrella organizations, joining forces with other cooperatives, or acting independently as necessary depending on the issue.

Another area of emphasis will be capacity PLWHA cooperatives in leadership and governance. The project will provide training to elected board members on their roles and responsibilities, parliamentary procedures, transparency and accountability. An emphasis will be placed on negotiating skills and conflict resolution. This training will also include the rights and responsibilities of members as shareholders of the cooperatives, proper procedures and ways to hold leaders accountable. Members will be empowered to demand accountability of their elected leaders, and will be provided with the skills and confidence to question financial statements and to review budgets. Members must perceive that the cooperative is theirs and not just part of a project or program. Requirements of new members will be clearly outlined. Leaders and members will also be trained in understanding the cooperative's role beyond the specific income-generating activity in which it is engaged. This includes understanding the role of the cooperative as an advocate, its role with other partners or umbrella organizations such as the RRP+, and its role with the community PLWHA associations.

Cooperatives should be able to write their own plans business plans after training and with technical support based on an analysis of costs, a market assessment, cooperative position, and potential for integration into the value chain. To achieve this, training will be provided in development of business plans. Cooperatives will be provided the tools necessary to identify appropriate income generating activities, and to conduct analyses and identification of constraints to competitive markets. Furthermore, the project will provide technical assistance to the cooperatives to enable them to factor in risks and develop mitigation and monitoring strategies into their business plans. Emphasis will be laid on ensuring business plans are appropriate for the cooperatives and that the cooperatives have the ability to modify them without external assistance.

The project will help cooperatives understand quality controls and standards, and meeting the needs of the clients, even as different social and economic priorities may be affecting the members. Implementing partners for this component will use local consultancies in doing gap analysis and trainings of the cooperatives in addition World Vision will use the services of a cooperative officer (Farmers' Association Facilitator) who will work alongside cooperatives in helping them put in practice the trainings provided.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12768

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12768	12244.08	U.S. Agency for International Development	Catholic Relief Services	6287	6146.08	Ibyringiro	\$966,940
12244	12244.07	U.S. Agency for International Development	Catholic Relief Services	6146	6146.07	TBD--TBD Food	\$1,175,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7088.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8144.20662.09

Activity System ID: 20662

Mechanism: FHI Bilateral

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$845,350

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

FHI has been providing basic care and support to 24,180 at 64 sites in FY 2008. Basic Care services in FY 2009 will continue, and they include clinical staging and baseline CD4 count for all patients; follow-up CD4 every six months, management of HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. FHI will continue to provide psychosocial counseling including counseling and referrals for HIV-infected female victims of domestic violence. To ensure comprehensive services across a continuum, FHI, through the partnership with EP community partners and other community services providers, will continue to refer patients enrolled in care to community-based HIV services based on their individual need. Such community services include adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. FHI will continue to work with SCMS to ensure adequate quantification of HIV diagnostic kits, CD4 tests, and other laboratory reagents and equipments necessary for clinical management of HIV infected patients. Additionally FHI will also continue to work with SCMS for the appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2009, FHI will continue to provide basic care services to a total of 30,934 patients, which include 24,180 existing patients in care and an additional 6,754 new patients at 64 existing sites, including 35 ART sites and 52 TC/PMTCT sites. Services will emphasize on quality of care, a continuum of care through operational partnerships, and sustainability of services through PBF. FHI will continue to collaborate with Title 11 Food Partners and sub-partners implementing the food assistance for people Living with HIV, under the project "IBYIRINGIRO", and with the WFP; and will continue to strengthen nutritional services through relevant training for site staff. Provision of nutritional care will include counseling according to established national guidelines and using existing materials, and will multiply existing job aids like nutritional counseling cards for providers and counselors. Nutritional assessments using anthropometric measurements will be done to determine food support eligibility according to national and EP nutrition guidelines. Management of adult malnutrition will include provision of micronutrient and multivitamin supplements. FHI will at site level also ensure referrals for all PLHIV and their families for malaria prevention services, including for the provision of LLITNs, in collaboration with PEPFAR-supported community-based organizations, GFATM and PMI; and referral of PLHIV and their families to CBOs and other community-service providers for distribution of water purification kits and health education on hygiene. In addition family planning education, counseling and methods will be provided to PLHIV and their spouses. This service will be located within the voluntary counseling, ART and PMTCT services of the site to reduce need for referrals. FHI will continue to avail at national level, relevant documentation, based practice reports and operational research reports and job aids to strengthen integration of FP into HIV services as an effective HIV prevention strategy among the positives. The partner will continue to strengthen psychological and spiritual support services for PLHIV at clinic and community levels through TRAC –Plus (MOH) coordinated training in supportive supervision of psychological support for all FHI-supported health facilities and community-based providers. Such support includes GBV counseling, counseling on positive living, and counseling on PwPs.

In line with the MOH policy on community health and use of community health workers (CHWs), the partners will continue to train, equip, and supervise 20 community health leads per health facility reaching a total of 1,370 lead health workers within the supported districts. Health facilities will continue to support the CHWs through well coordinated regular meetings to ensure quality and coverage of community based HIV services, and linkages between community and facility. The facility-based case managers, community health leads and community based service providers constitute an effective system that ensures continuum, coverage and quality of palliative care.

In order to ensure continuum of HIV care, FHI will provide supportive supervision and monitoring of case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure referrals to care services for pediatric patients identified through PMTCT programs, PLHIV associations, and in/outpatient services. Case managers will continue to have planning sessions with facilities and community-based service providers to maintain a more efficient use of patient referrals slips to ensure timely enrollment in care and treatment and retention in pre-ART services. FHI -supported sites will continue to assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize follow-up losses of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. FHI will continue to work with Community Services providers to develop effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will the linkage with community-based HBHC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities PLHIVs. At community level, the partner will be responsible for provision of medical services particularly community-based pain management and end-of-life care in line with national palliative care guidelines.

PBF has been a successful model of the PEPFAR Rwanda strategy to ensuring long-term sustainability and maximizing performance and quality of services. In FY 2007 through FY 2008, FHI with support from the HIV PBF project was able to assume management of all PBF subcontracts in its supported districts. This will continue through FY 2009, with intensive training and oversight for site staff to perfect PBF contract management.

In the context of decentralization, DHTs now play a critical role in the oversight and management of clinical and community service delivery. FHI will strengthen the capacity of four DHTs to coordinate an effective network of basic care and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

Activity Narrative: This activity addresses the key legislative areas of gender, wrap-around for food, microfinance and other activities, and stigma and discrimination through increased community participation in care and support of PLHIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17108

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17108	8144.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$973,263
8144	8144.07	U.S. Agency for International Development	To Be Determined	4692	4692.07	C-RFA	■

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6150.09	Mechanism: Rwanda Dairy Sector Competitiveness Project
Prime Partner: Land O'Lakes	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 12249.20696.09	Planned Funds: \$500,000
Activity System ID: 20696	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The USAID Dairy Competitiveness Project is a five-year, \$5 million project dedicated to improving the quality of dairy products produced in Rwanda and strengthening the country's dairy industry. This project will be split funded between the Rural Economic Growth and PEPFAR teams. It will support integrated activities with the aim to increase production and marketing of quality milk by smallholder producers in Rwanda, with a focus on reaching out to PLHIV, their caregivers and community associations. PEPFAR support for this activity will provide PLHIV and their caregivers with IGAs, improve their access to quality dairy products.

The prime implementer is Land O'Lakes and its partners for this activity, CHF/CHAMP and ABS-TCM Ltd. The Land O'Lakes consortium, through the CHF/CHAMP network of PLHIV and OVCs associations will promote milk consumption to both rural and urban communities in the targeted milk sheds. In addition to CHF/CHAMP's current programs, CHF/CHAMP partners shall provide additional nutritional support by promoting safe milk consumption. The consumption of milk shall ensure better adherence to treatment programs for PLHIV and enhance the nutrition status of HIV-positive children. Land O'Lakes and ABS TCM Ltd assist CHF/CHAMP partners to develop communication materials on safe milk preparation, handling, and consumption.

This project is expected to actively support and encourage the participation of PLHIV into the dairy sector. According to the 2005 RDHS-III, over 30% of women and over 20% of men responded that they would not buy fresh vegetables from a shopkeeper who has HIV. By incorporating PLHIV as member-owners of project-assisted businesses, and ensuring participation by HIV-infected persons and affected smallholder producers in cooperatives established to support and manage milk cooling centers, it is anticipated that this project will contribute to the reduction of stigma surrounding HIV and AIDS.

In addition, the cooperatives will bring together smallholder producers and other community members on a regular basis and will provide an opportunity for other PEPFAR-funded partners to provide messages and materials on HIV prevention, care, and treatment. This project will work with other PEPFAR-funded partners to identify PLHIV and identify strategies for income generation activities that can either be developed by other PEPFAR-funded partners in the community or be developed and supported by this project.

With this funding, approximately 690 PLHIV and their families will benefit.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12770

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12770	12249.08	U.S. Agency for International Development	Land O'Lakes	6289	6150.08	TBD--TBD Dairy	\$500,000
12249	12249.07	U.S. Agency for International Development	To Be Determined	6150	6150.07	TBD--TBD Dairy	■

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4707.09

Mechanism: Deliver II

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16881.20701.09

Planned Funds: \$270,000

Activity System ID: 20701

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The Programme Nationale Integre de Lutte contre le Paludisme (PNLP) coordinates all procurement and distribution of Long Lasting Insecticide Treated nets (LLINs) for the population including LLINs for People living with HIV/AIDS (PLHWA). GFATM and PMI are the two major donors for LLINs with GF providing more than 3 millions LLINs in the past 3 years for vulnerable populations and PMI will provide 550,000 LLINs for the poorest of the poor in 2008. PEPFAR in FY 2008 invested \$300,000 for the LLINs through JSI/DELIVER. PMI also uses JSI/DELIVER for LLINs procurement. PEPFAR LLINs will target PLWHAs not already covered by the GFATM and will reach an estimated 42,800 PLWHA. PEPFAR will procure and distribute an additional 42,800 LLINs in FY 2009 for PLWHAs not covered in FY 2008. PMI and PEPFAR will work with the National Malaria Control Program (NMCP) to ensure a coordinated quantification, forecasting, and distribution of these LLINs once in country. Furthermore, monitoring of product use, storage and inventory control through Logistics Management Information System (LMIS) will be done for all LLINs distributed in country. Using the same partner for both the PEPFAR and PMI funded LLINs will allow for effective, efficient and less costly programming.

With FY 2008 PMI funding, DELIVER will provide technical assistance to the PNLP for quantification and forecasting of malaria commodities.

DELIVER also receives PMI support in FY 2008 to second a logistics officer who will be located at PNLP. This person will be coordinating all procurement at the PNLP including LLINs. This coordinated technical assistance will increase capacity in terms of quantification, forecasting, distribution and tracking of LLINs and other health commodities. DELIVER will also procure and clear the LLINs into the country, and deposit them at CAMERWA. Following the distribution channels already established by the PNLP, clinical partners and umbrella organizations will obtain LLINs from CAMERWA and distribute them to PLWHA associations in the community. This PMI wraparound demonstrates the increased integration and collaboration between PEPFAR and PMI, as well as collaboration with other donors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16881	16881.08	U.S. Agency for International Development	John Snow, Inc.	6280	4707.08	Deliver II	\$300,000

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7090.09

Mechanism: IntraHealth Bilateral

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 15227.20669.09

Planned Funds: \$700,920

Activity System ID: 20669

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

IntraHealth has been providing basic care and support (BCS) HIV services to 11,103 PLHIV at 39 sites in FY 2008. In FY 2009, BCS services will continue, including clinical staging and baseline CD4 count for all patients; follow-up CD4 counts every six months, management of HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. From FY 2007 through FY 2008, IntraHealth, with support from Mildmay International and the Association for Palliative Care in Africa (APCA), has been and will be supporting MOH to develop a palliative care policy that will facilitate effective pain management for HIV infected persons at a national level, according to WHO guidelines. In addition, IntraHealth will continue to provide psychosocial counseling including gender based violence related counseling. IntraHealth will strengthen referrals for HIV-infected female victims of domestic violence, and strengthen linkages to legal service providers and the national police. To ensure comprehensive services across a continuum, IntraHealth, through partnerships with community service providers, will ensure functional referrals of patients enrolled in care to community-based care services based on individual needs and strengthen existing linkages between facility and community based services. Such services will include, adherence counseling, spiritual support, stigma reducing activities, OVC support, IGA activities, and HBC services for end-of-life care. IntraHealth will continue to collaborate with SCMS to ensure adequate quantification of HIV diagnostic kits, CD4 tests, and other laboratory investigations that are necessary for clinical management of HIV infected patients. Additionally, IntraHealth will also continue to work with SCMS to ensure appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2009, IntraHealth will continue to provide BCS services for a total of 13,952 patients, which includes 11,103 existing and an additional 2,849 new patients at 39 existing sites, including 24 ART sites and 39 TC/PMTCT sites. Services will emphasize quality of care through mentoring, a continuum of care through operational partnerships, and sustainability of services through PBF. IntraHealth will continue to collaborate with Title 11 Food Partners and sub partners implanting the food assistance for People Living with HIV, under Project "IBYIRINGIRO", and with the WFP, and will strengthen nutritional services through relevant training for site staff, nutritional counseling according to established guideline and using existing materials, and will multiply existing job aids like the nutritional counseling cards for providers and counselors. Nutritional assessments using anthropometric measurements will be done to determine eligibility for food support according to national and PEPFAR nutrition guidelines. Management of adult malnutrition will include provision of micronutrient and multivitamin supplements.

IntraHealth will at site level also ensure referrals for all PLHIV and their families for malaria prevention services, including access to LLITNs, in collaboration with community-based organizations, GFATM and PMI; and referral of PLHIV and their families to CBOs and other community-service providers for distribution of water purification kits and hygiene health education. In addition family planning education, counseling and methods will be provided to PLHIV and their spouses. Family Planning services will be located within the counseling, ART and PMTCT services of the site to reduce need for referrals. The partners will continue to strengthen psychological and spiritual support services for PLHIV at clinic and community levels through TRAC –Plus coordinated training in and supportive supervision of psychological support for all IntraHealth-supported health facilities and community-based providers, including GBV counseling, positive living, and counseling on Prevention for Positives.

In line with the MOH policy on community health and use of community health workers (CHWs), the partner will continue to support facilities to train, equip, and supervise 20 community health leads per health facility, in addition to other health care workers, totaling up to 996 lead health workers within the supported districts. The health facilities will continue to support the CHWs through well coordinated regular meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community-based services providers constitute an effective system that ensures continuum, coverage and quality of BCS services.

In order to ensure a continuum of HIV care, IntraHealth will provide supportive supervision and monitoring of case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure efficient referrals to care services for patients identified through PMTCT programs, PLHIV associations, and in/out patient services. Case managers will continue to have planning sessions with facilities and community-based service providers to maintain a more efficient use of patient referrals slips to ensure timely enrollment in care and treatment and retention in preART services. IntraHealth-supported sites will continue to assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize loss to follow-up of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. IntraHealth will continue to work with community providers to maintain effective referral systems between clinical care providers and psychosocial and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will ensure the linkage with community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities for PLHIVs. At the community level the partner will be responsible for provision of medical services particularly community-based pain management and end-of-life care in line with national palliative care guidelines.

PBF has been a successful model of the PEPFAR Rwanda strategy to ensure long-term sustainability and maximize performance and quality of services. In FY 08, IntraHealth assumed management of PBF contracts for the supported sites and this will continue through FY 2009, with intensive training for site staff to perfect PBF management. In FY 2009, there will be a focus on quality indicators in all program areas as a strategy for the overall improvement of quality outcomes in health.

In FY 2009, IntraHealth will continue to build the capacity of four DHTs to coordinate an effective network of quality Basic care and other HIV/AIDS services. The basic package of financial and technical support

Activity Narrative: includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

This activity addresses the key legislative areas of gender, wrap around for food, family Planning income generating activities and reduction of stigma and discrimination through increased community participation in care and support of PLHIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16749

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16749	15227.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$668,324
15227	15227.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$289,534

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$125,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 17065.20684.09	Planned Funds: \$0

Activity System ID: 20684

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008 MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 09 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff will work closely with the USG teams and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17065

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17065	17065.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprntg System	\$100,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7089.09	Mechanism: EGPAF Bilateral
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08

Activity ID: 15226.20043.09

Planned Funds: \$809,279

Activity System ID: 20043

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

Elizabeth Glazer Pediatric AIDS Foundation (EGPAF) has been providing basic care and support (BCS) HIV services to 12,913 PLHIV at 37 sites in FY 2008. BCS services will continue in FY 2009, and they include clinical staging and baseline CD4 count for all patients; follow-up CD4 counts every six months, management of HIV-related illnesses, including OI diagnosis and treatment, and routine provision of CTX prophylaxis for eligible adults, basic nutritional counseling and support, positive living and risk reduction counseling, pain and symptom management, and end-of-life care. In FY 2009 EGPAF include pain management in BCS services both at the facility and community levels in line with the national Palliative Care Policy and guidelines. In addition, EGPAF will continue to provide psychosocial counseling including gender based violence related counseling. EGPAF will strengthen referrals for HIV-infected female victims of domestic violence, and strengthen linkages to legal service providers and the national police. EGPAF will continue to collaborate with SCMS to ensure adequate quantification of HIV diagnostic kits, CD4 tests, and other laboratory reagents and equipments that are necessary for clinical management of HIV infected patients. Additionally, EGPAF will also continue to work with SCMS to ensure appropriate storage, stock management, and reporting of all OI-related commodities.

In FY 2009, EGPAF will continue to provide BCS for 20,728 patients, which include 12,913 existing and an additional 7,815 new patients at 40 existing sites, including 27 ART sites and 35 TC/PMTCT sites. Expanded services will emphasize quality of care through mentoring, a continuum of care through operational partnerships, and sustainability of services through PBF. EGPAF will continue to collaborate with Title 11 Food Partners and sub partners implanting the food assistance for People Living with HIV, under Project "IBYIRINGIRO", and with the WFP. Additionally the partner will continue to strengthen nutritional services through relevant training for site staff, nutritional counseling according to established guidelines and using existing materials, and will multiply existing job aids like the nutritional counseling cards for providers and counselors. Within EGPAF supported sites nutritional assessments using anthropometric measurements will be done to determine eligibility for food support according to national and PEPFAR nutritional guidelines. Management of adult malnutrition will include provision of micronutrient and multivitamin supplements.

EGPAF will at site level also ensure referrals for all PLHIV and their families for malaria prevention services, including access to LLITNs, in collaboration with Community Service Providers, GFATM and PMI; and referral of PLHIV and their families to CBOs and other community-service providers for distribution of water purification kits and hygiene health education. In addition the partners will continue to strengthen psychological and spiritual support services for PLHIV at clinic and community levels through CIDC (MOH) coordinated training in and supportive supervision of psychological support for all EGPAF-supported health facilities, GBV counseling, positive living, and counseling on Prevention for Positives.

In order to ensure a continuum of HIV care, EGPAF in collaboration with community-based organizations, will provide supportive supervision and monitoring of case managers at each of the supported sites. These case managers, with training in HIV patient follow-up, will ensure efficient referrals to care services for patients identified through PMTCT programs, PLHIV associations, and in/out patient services. Case managers will continue to have planning sessions with facilities and community-based service providers to maintain a more efficient use of patient referrals slips to ensure timely enrollment in care and treatment and retention in pre-ART services. EGPAF-supported sites will continue to assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize loss to follow-up of patients, and provide direct oversight of community volunteers. The community volunteers will be organized in associations motivated through community PBF based on the number of patients they assist and quality of services provided. EGPAF will continue to work with Community providers to maintain effective referral systems between clinical care providers and psycho-social and livelihood support services, through the use of patient routing slips for referrals and counter referrals from community to facilities and vice versa. Depending on the needs of individuals and families, health facilities will ensure the linkage with community-based HBC services, adherence counseling, spiritual support through church-based programs, stigma reducing activities for PLHIVs. At the community level the partner will be responsible for provision of medical services particularly community-based pain management and end-of-life care in line with national palliative care guidelines.

In line with the MOH policy on community health and use of community health workers, the partner will continue to support all facilities to train, equip, and supervise 20 community health leads per health facility, in addition to other health care workers, totaling up to 996 lead health workers within the supported districts the health facilities will continue to support the CHWs through well coordinated regular meetings to ensure quality and coverage of community-based HIV services and linkages between community and facilities. The facility-based case managers, community health leads and community-based services providers constitute an effective system that ensures continuum, coverage and quality of BCS services.

PBF has been a successful model of the PEPFAR Rwanda strategy to ensure long-term sustainability and maximize performance and quality of services. In FY 2008, EGPAF assumed management of PBF contracts for the supported sites and this will continue through FY 2009, with intensive training for site staff to perfect PBF management. In FY 2009, there will be a focus on quality indicators in all program areas as a strategy for the overall improvement of quality outcomes in health.

In FY 2009 EGPAF will continue to build the capacity of four DHTs to coordinate an effective network of quality BCS and other HIV/AIDS services. The basic package of financial and technical support includes staff for oversight and implementation, transportation, communication, training of providers, and other support to carry out key responsibilities.

This activity addresses the key legislative areas of gender, wrap around for food, family planning, income generating activities and reduction of stigma and discrimination through increased community participation in care and support of PLHIV.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16735	15226.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$886,030
15226	15226.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$182,000

Emphasis Areas

Gender

* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$24,733,267

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7089.09 **Mechanism:** EGPAF Bilateral
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 15446.20047.09 **Planned Funds:** \$3,605,897
Activity System ID: 20047
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED.
New/Continuing Activity: Continuing Activity
Continuing Activity: 16738

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16738	15446.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$4,114,500
15446	15446.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$2,012,958

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7585.09 **Mechanism:** Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 17039.20689.09 **Planned Funds:** \$90,000
Activity System ID: 20689
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED
New/Continuing Activity: Continuing Activity
Continuing Activity: 17039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17039	17039.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtnng System	\$100,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7088.09
Mechanism: FHI Bilateral
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 15444.20666.09
Planned Funds: \$4,034,780
Activity System ID: 20666
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED
New/Continuing Activity: Continuing Activity
Continuing Activity: 16745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16745	15444.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$4,951,875
15444	15444.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$4,762,598

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5108.09
Mechanism: MoH CoAg
Prime Partner: Ministry of Health, Rwanda
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 17113.20715.09
Planned Funds: \$333,000
Activity System ID: 20715
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED
New/Continuing Activity: Continuing Activity
Continuing Activity: 17113

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17113	17113.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	6316	5108.08	MoH CoAg	\$300,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7090.09 **Mechanism:** IntraHealth Bilateral
Prime Partner: IntraHealth International, Inc **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 15445.20673.09 **Planned Funds:** \$3,664,656
Activity System ID: 20673
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008. NO NARRATIVE REQUIRED.
New/Continuing Activity: Continuing Activity
Continuing Activity: 16752

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16752	15445.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$3,488,025
15445	15445.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$2,591,184

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3493.09 **Mechanism:** CRS Supplemental
Prime Partner: Catholic Relief Services **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 4849.20972.09 **Planned Funds:** \$1,719,513
Activity System ID: 20972
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED
New/Continuing Activity: Continuing Activity
Continuing Activity: 12797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12797	4849.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$2,730,500
7161	4849.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$950,011
4849	4849.06	HHS/Health Resources Services Administration	Catholic Relief Services	3493	3493.06	Catholic Relief Services Supplemental	\$471,975

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 111.09
Prime Partner: Catholic Relief Services
Funding Source: Central GHCS (State)
Budget Code: HTXS
Activity ID: 2783.20965.09
Activity System ID: 20965
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED
New/Continuing Activity: Continuing Activity
Continuing Activity: 12791

Mechanism: AIDS Relief
USG Agency: HHS/Health Resources Services Administration
Program Area: Treatment: Adult Treatment
Program Budget Code: 09
Planned Funds: \$621,139

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12791	2783.08	HHS/Health Resources Services Administration	Catholic Relief Services	6302	111.08	AIDS Relief	\$621,139
7158	2783.07	HHS/Health Resources Services Administration	Catholic Relief Services	4325	111.07	AIDS Relief	\$621,139
2783	2783.06	HHS/Health Resources Services Administration	Catholic Relief Services	2562	111.06	AIDS Relief	\$610,579

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 120.09
Prime Partner: Columbia University Mailman School of Public Health
Funding Source: Central GHCS (State)
Budget Code: HTXS

Mechanism: Columbia/MCAP
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Treatment: Adult Treatment
Program Budget Code: 09

Activity ID: 2787.20974.09

Planned Funds: \$4,600,000

Activity System ID: 20974

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 12800

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12800	2787.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6305	120.08	Columbia/MCAP	\$4,600,000
7164	2787.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4327	120.07	Columbia/MCAP	\$4,600,000
2787	2787.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2565	120.06	Columbia/MCAP	\$4,256,200

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 129.09

Mechanism: Columbia MCAP Supplement

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2798.20981.09

Planned Funds: \$49,691

Activity System ID: 20981

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 12812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12812	2798.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$742,721
7176	2798.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$835,350
2798	2798.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$3,189,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 100.09 **Mechanism:** HIV Support to RDF
Prime Partner: Drew University **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 2751.20997.09 **Planned Funds:** \$1,106,455
Activity System ID: 20997
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12829

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12829	2751.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$1,226,325
7190	2751.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$642,460
2751	2751.06	Department of Defense	Drew University	2554	100.06	HIV Support to RDF	\$120,375

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 107.09 **Mechanism:** Capacity
Prime Partner: IntraHealth International, Inc **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 2777.21008.09 **Planned Funds:** \$900,000
Activity System ID: 21008
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED
New/Continuing Activity: Continuing Activity
Continuing Activity: 12841

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12841	2777.08	U.S. Agency for International Development	IntraHealth International, Inc	6311	107.08	Capacity	\$900,000
7205	2777.07	U.S. Agency for International Development	IntraHealth International, Inc	4334	107.07	Capacity	\$950,143
2777	2777.06	U.S. Agency for International Development	IntraHealth International, Inc	2559	107.06	Capacity	\$1,921,952

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 114.09 **Mechanism:** USAID Rwanda Mission
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 4970.21056.09 **Planned Funds:** \$350,000
Activity System ID: 21056
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED.
New/Continuing Activity: Continuing Activity
Continuing Activity: 12898

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12898	4970.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$350,000
7256	4970.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$110,000
4970	4970.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$85,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 97.09 **Mechanism:** TRAC Cooperative Agreement
Prime Partner: Treatment and Research AIDS Center **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 2745.21038.09 **Planned Funds:** \$325,000
Activity System ID: 21038
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 12880

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12880	2745.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$350,000
7246	2745.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$650,000
2745	2745.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$344,135

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7637.09

Mechanism: Colorado Health

Prime Partner: University of Colorado

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17075.21042.09

Planned Funds: \$45,000

Activity System ID: 21042

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED.

The activity will terminate in December 2009 and remaining funds have been placed in the Systems Strengthening program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17075	17075.08	U.S. Agency for International Development	University of Colorado	7637	7637.08	Colorado Health	\$200,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4741.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16862.21019.09

Planned Funds: \$1,100,000

Activity System ID: 21019

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 16862

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16862	16862.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$1,100,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1527.09

Mechanism: CDC Country Office GHAI/TA

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2846.21066.09

Planned Funds: \$387,000

Activity System ID: 21066

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 12908

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12908	2846.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$650,000
7262	2846.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$220,000
2846	2846.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$315,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4740.09

Mechanism: Refugees UNHCR

Prime Partner: United Nations High Commissioner for Refugees

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8737.24529.09

Planned Funds: \$77,822

Activity System ID: 24529

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 12893

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12893	8737.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$103,365
8737	8737.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$88,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8692.09

Mechanism: ARC

Prime Partner: American Refugee Committee

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19630.24522.09

Planned Funds: \$116,734

Activity System ID: 24522

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED

New/Continuing Activity: Continuing Activity

Continuing Activity: 19630

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19630	19630.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$115,510

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10484.09

Mechanism: Columbia University

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29184.09

Planned Funds: \$0

Activity System ID: 29184

Activity Narrative: This PHE activity, Evaluating adherence to antiretroviral therapy among HIV care and treatment patients in Rwanda: A retrospective cohort study, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is RW.07.0198.

Note: This PHE is funded by carry over funds from 2007. There does not appear to be a narrative in 2008, therefore we could not mark this activity as continuing. -NComella

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 \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10933.09

Mechanism: TRAC Follow-on

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 26074.09

Planned Funds: [REDACTED]

Activity System ID: 26074

Activity Narrative: This is a new activity in FY 2009 under the new TRAC COAG follow on as the prior TRAC COAG is ending in April 2010. The new mechanism will support TRAC plus/ CIDD to promote integration and quality of HIV Care and Treatment.

In FY 2008, CIDD with TA from PEPFAR clinical implementing partners developed national clinical norms, guidelines and ART tools. CIDD conducted regular site visits to ensure that HIV services at site level complied with established national norms. In addition, CIDD conducted four care and treatment training-of-trainers sessions, including ARV and pediatric AIDS, with a practicum component emphasizing quality of care. CIDD also organized training sessions for district-level supervisors.

In FY 2009, the new mechanism will continue to conduct refresher training. CIDD will conduct training-of-trainers on care and treatment, including ARV and pediatric AIDS, with a practicum component emphasizing quality of care. CIDD will also organize training sessions for district-level supervisors. CIDD will revise care and treatment norms, guidelines and tools as needed such as ART patient charting. Moreover CIDD will conduct quarterly supervision of all districts. With TA from the USG team, CIDD will reinforce the M&E system for the care and treatment program, through the improvement of M&E tools, and documentation of best practices implemented by different partners.

CIDD and partners will conduct periodic visits to ART sites with a standard checklist to assess quality of HIV services integration, whether guidelines are followed, and ARV drug prescription patterns. The supervisors will provide regular feedback to sites and share best practices in ART service delivery. This activity supports the PEPFAR five-year strategy for national scale-up and sustainability and the Rwandan Government ART decentralization plan.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

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 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10538.09	Mechanism: PBF II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 24714.09	Planned Funds: [REDACTED]
Activity System ID: 24714	
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7636.09	Mechanism: TBD Solar
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 17074.24641.09	Planned Funds: [REDACTED]
Activity System ID: 24641	
Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008, ALREADY APPROVED	

New/Continuing Activity: Continuing Activity

Continuing Activity: 17074

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17074	17074.08	U.S. Agency for International Development	To Be Determined	7636	7636.08	TBD Solar	

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

Total Planned Funding for Program Budget Code: \$2,401,435

Program Area Narrative:

ACTIVITY UNCHANGED FROM FY 2009

Rwanda is a small central African nation about the size of the state of Maryland. With approximately 9 million inhabitants, it is one of the most densely populated countries in the continent, with most people living in rural areas. As in other countries the HIV epidemic has affected persons from all age groups including children who acquire the disease largely through vertical transmission. The estimated prevalence of HIV among women of reproductive age in Rwanda is 3.6 % based on data from the 2005 Demographic and Health Survey (RDHS 2005) and data from recent PMTCT program records suggests that the prevalence is 4.1% for women coming for PMTCT services. Approximately, 396,255 women are expected to give birth in 2008 in Rwanda and of these 12,635 will need antiretroviral prophylaxis. From August 2007 to August 2008, 275,746 were tested for HIV and, during the same period, an estimated 6,081 infants were born to HIV-infected mothers and will be in need of follow-up services. It is estimated that 17,212 HIV-infected children under 15 years of age currently live in Rwanda (Source: TRACPlus – Center for Infectious Disease Control/MOH (CIDC), CNLS. HIV-AIDS in Rwanda. 2008 Epidemic Update).

Since the initiation of the national ARV treatment program in Rwanda in 2003, a total of 200,000 persons are living with HIV of which 89,335 people were provided with HIV-related basic care; 63,878 had initiated ART of which 59,900 are currently on ART. of the patients currently on ART 5,289 are children under 15 years of age. An estimated 8,933 HIV-infected children under 15 years of age are currently enrolled care and 5,144 are receiving ART as of September 30, 2008. PEPFAR, the Global Fund, the World Bank and the Clinton Foundation are some of the major donors working with the Government of Rwanda (GoR) to develop and implement programs for HIV-affected and infected infants, children and adolescents. Presently, PEPFAR supports care and treatment services at 188 sites in Rwanda and PMTCT services at 146 sites distributed throughout 22 of the 30 districts in the country. ART prophylaxis for children is available at all PMTCT sites while pediatric ART treatment is available at all 134 ART sites. All ART sites supported by PEPFAR provide care and treatment services for children.

Almost all partners funded by PEPFAR provide care and treatment services to children in Rwanda, including: CIDC, Columbia University through its UTAP, MCAP and Track 1.0 funding mechanisms, Family Health International, the Elizabeth Glaser Pediatric AIDS Foundation, IntraHealth, AIDSRelief, and Drew University; while the DSS in the Ministry of Health provides capacity building for the decentralized levels, supportive supervision, coordination and integration of HIV services into other health services. Approximately, 58.1 % of all children receiving ART are enrolled in programs supported by PEPFAR. Approximately 10 % of all patients enrolled in care and treatment programs funded by PEPFAR are children less than 15 years of age.

PEPFAR, in collaboration with the GoR, has provided funding to Columbia University for the development of two pediatric HIV care and treatment centers of excellence (COE) located in the Kigali Hospital Centre, (Center Hospitaliare Universitaire de Kigali, or CHUK) and the Butare University Hospital Center (Centre Hospitalaire Universitaire de Butare, or CHUB). CHUK and CHUB are the two largest referral centers in the country and are also teaching hospitals although the main medical school campus in the country is located at CHUB. Renovations for the CHUK pediatric HIV center of excellence were completed earlier in 2008 and is now fully operational; 5 physicians, 5 trained pediatric HIV nurses, one data manger and one administrator staff this out-patient clinic that provides services to 319 HIV-infected children of which 129 are currently receiving ART. Approximately, 163 HIV-exposed infants are also followed at this site. Approximately, 205 children are in care at CHUB and 105 on ART. Personnel from the COEs provide PITC services for children admitted to various pediatric wards at both CHK and CHUB and work to link these children and their families to care and treatment services at the COE or at ART facilities closer to their homes. In FY 2008, both COEs will be fully operational and will be instrumental in not only providing clinical services for complicated pediatric HIV cases, providing long-distance patient management advice and mentoring but also as major training resource for the national pediatric HIV program.

While progress has been made to scale-up of services for children, the pediatric HIV program in Rwanda still is lagging behind in achieving the 10% target established for PEPFAR programs. Some of the challenges faced include: lack of sufficient numbers of

trained health care professionals with experience in pediatric HIV care and treatment service provision; lack of fully implemented PITC for the pediatric population; limited active pediatric HIV case finding among families of persons enrolled in care and treatment or identified through VCT; limited availability to early infant diagnosis (EID) services; lack of finger-stick rapid HIV antibody testing in children; poorly implemented maternal and infant follow-up services and linkages between PMTCT, Maternal Child Health and ART programs and sites; limited emphasis on pediatric HIV in community mobilization activities, and limited linkages between facilities and communities to support follow-up and retention into care for children. Other areas in need of support include: expanding capacity at CIDC for data collection, management and analysis that includes both care and treatment indicators for children, harmonized data collection, reporting tools between USG partners and nationally; limited focus on pediatric HIV program needs and activities at the MoH and a poorly staffed care and treatment unit within CIDC with limited focus on pediatric HIV care and treatment. Finally, pediatric HIV outcome data in Rwanda is lacking as is information on quality of HIV services provided to children, including information about retention, adherence, treatment failure rates, adequacy of clinical and laboratory monitoring and appropriate use of second-line treatment in children.

The USG supports activities at all levels of the health care system for pediatric HIV care and treatment. At central level, cooperative agreements and other funding mechanisms with relevant MoH units, such as CIDC, the National Reference Laboratory (NRL), UDPC, the Maternal and Child Health units in the Ministry are designed to build capacity for system strengthening, capacity building and improved quality of health care service delivery for women and their children. At TRAC, the USG provides support for the development, revision and up-dating of HIV related guidelines and training materials. It is anticipated that by the end of 2008, recently up-dated treatment guidelines based on WHO recommendations will be disseminated nationally. Training materials with updated pediatric HIV treatment modules will be developed and begin implementation during the remainder of FY 2008. In collaboration with the USG team, implementing partners and other donors will work to develop a training plan to increase the number of health care providers with training in pediatric HIV care and treatment. These training materials will be completed in the next 6 months and the training plan will be designed to provide in-service training for physicians, nurses, counselors, pharmacists and lab technicians. Pre-service training for nurses, medical students and other health care providers with modules including pediatric HIV care and treatment are planned for FY 2009 and will be conducted by Tulane University in Collaboration with the IntraHealth Capacity Follow-on mechanism.

Support to CIDC, UPDC and district health teams provided directly to the MoH or through PEPFAR implementing partners will support the expansion of quality pediatric services to more decentralized sites of the health care system. The work that BASICS is conducting with the MCH unit in the MOH to update IMCI training materials has supported the expansion of basic HIV services for children at 296 health centers in 25 districts, in collaboration with EGPAF. This work will continue in FY 2009 to reach all health care centers with MCH services in all 30 health districts in Rwanda.

PEPFAR support to the NRL has been critical to develop and increase the capacity of the health care system to provide early infant diagnosis (EID) services for HIV-exposed infants. The NRL laboratory currently receives DBS samples from 126 sites in the country, and processes approximately 1,722 samples every month. In FY 2009, the USG will continue to provide funding to support EID capacity building by strengthening the NRL, strengthening the logistics system and ensuring the supply of reagents and sample collection materials. In FY 2008, PEPFAR provided support to NRL and the Butare University Hospital Center (CHUB) to establish a second lab to process DBS samples for EID; in FY 2009, this lab will be supported to reach full capacity to process DBS samples in Rwanda. In FY 2008, PEPFAR supported efforts to update and improve EID data collection, conduct a program evaluation and this activity will be completed in FY 2009. The results will serve to support further program expansion. For FY 2009, the USG will work with the NRL, CIDC, the UPDC and its implementing partners to expand EID access to all PMTCT sites in Rwanda. The NRL also will receive support from the USG to further expand CD4 count and percentage capacity throughout the country. At present, 23 districts have capacity to process CD4 samples, 15 new CD4 machines will be purchased in FY 2009 and placed at strategic sites in Rwanda to increase access to CD4 counts for pregnant women and children. Soft-ware and reagents to up-grade existing FACScount machines to provide CD4 % were purchased in FY 2008 and will be fully integrated into existing and new machines for FY 2009. The USG will work with the GoR and other donors to ensure that EID capacity, CD4 reagents and other commodities for national coverage are secured for FY 2009 after UNITAID support for the Clinton Foundation is ended (See laboratory section).

For FY 2009, the strategic approach for USG-funded activities to support the national plan and PEPFAR goals to expand and improve service provision for HIV-exposed, affected and infected infants, children and adolescents is to support implementation of HIV care and treatment services for children at all existing and planned USG-supported ART sites in Rwanda (157 sites in 23 districts). All PEPFAR-supported implementing partners will be asked to aggressively put into place provider initiated testing (PIT) at all pediatric in- and out-patient settings at their sites. In addition, USG partners will be asked to implement systematic testing of family members of patients currently enrolled in care and treatment clinics where they support ART. PEPFAR partners will continue to support district health teams, and Global Fund supported sites to implement provider initiated testing for children at all district facilities.

Centrally, the USG will work with the MoH to update, develop and disseminate HIV testing and counseling materials and job aids to support the broad implementation of PIT for children in Rwanda. For the remainder of FY 2008, the USG team and its implementing partners will work with the GoR to finalize necessary validation studies, normative guidance documents, guidelines and algorithms to make available finger-stick rapid HIV antibody for the pediatric population. Working at district, site and central levels, PEPFAR will work with partners and the GoR to increase availability of early infant diagnosis to all PMTCT sites by end of FY 2009. This will require efforts to support the NRL to expand its capacity for sample processing; data base modifications and logistic network reinforcement to ensure rapid test result turn around times. By FY 2009, a second laboratory should be fully functional to support EID in Rwanda, doubling the national capacity to process DBS samples.

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1527.09	Mechanism: CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention	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: 24753.09	Planned Funds: \$87,432
Activity System ID: 24753	
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:	

CDC direct funding under this program area is aimed at building national capacity to support the expansion of quality pediatric HIV care and treatment programs in Rwanda.

In FY 2008, the CDC will increase its in-country staff by hiring a pediatric HIV care and treatment advisor. This advisor will be part of the PMTCT/Pediatric HIV team; increasing the technical capacity of the USG team in Rwanda as pediatric HIV care and treatment programs continue to grow. Part of the funds requested will be used to support on-going training needs for the pediatric HIV advisor and other team members, as well as to fund participation in relevant pediatric HIV conferences and/or purchase of educational materials for continuing medical education of the staff.

Funding is also being allocated for in-country staff to conduct joint, routine supervisory site and district-level visits to USG and CDC-funded pediatric HIV programs in Rwanda. These visits will serve to provide technical guidance, evaluate progress and identify best-practices at USG-supported sites and inform future scale-up activities in Rwanda.

Part of the requested funding, will be used to obtain headquarters (HQ) and technical working-group (TWG) assistance to support CIDC develop updated training materials and job-aids for health care providers caring for HIV-exposed and infected infants, children and adolescents. These materials include: pediatric treatment training modules that include changes in treatment indications for HIV-infected infants and changes in CD4 thresholds for treatment initiation in children between 36 to 59 months of age. In addition, up-dated ARV dosing tables for children will also be developed in collaboration with CIDC and other pediatric HIV treatment providers in Rwanda. Work to up-date and improve tools and training materials for the prevention, management and diagnosis of common infectious complications and OIs in children planned for FY 2008 will most likely need additional TA in FY 2009. At the same time, materials to support training of health care providers to counsel and test children and their parents and address disclosure issues in the pediatric population started in FY 2008 will be completed in FY 2009 with TA from CDC headquarters and in-country USG staff.

Short-term TA from CDC HQ, is also envisioned to assist CIDC and the MoH complete work to integrate pediatric HIV services into MCH programs in Rwanda. This work will complement that supported by USAID and BASICS to expand the use of up-dated IMCI modules at health center levels. TA will also be used to assist the GoR finalize the development of up-dated childhood health cards that include HIV related information of the mother and the infant to improve linkages between PMTCT and other MCH and health care programs and finalize scale-up plans to increase access to EID services to all sites offering PMTCT services.

For FY 2009, CDC will continue to support program evaluation activities related to pediatric care and treatment activities; these will include evaluation of pediatric HIV program data from TRACnet. Some relevant areas of analysis will include use of second line drugs, retention into care and treatment rates for children and quality of care and treatment services for children among others; headquarters TA will be sought to develop, in collaboration with the MoH, appropriate protocols, data analysis approaches and protocols to conduct these evaluations. Inclusion of expanded pediatric HIV indicators developed for PEPFAR activities in the next five years will also require TA support from the SI and PMTCT/Pediatric HIV TWG in FY 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$87,432

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5108.09	Mechanism: MoH CoAg
Prime Partner: Ministry of Health, Rwanda	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: 24754.09	Planned Funds: \$0
Activity System ID: 24754	
Activity Narrative: Funds are being transferred under the same Program Area -PDCS to a new mechanism under MoH COAG II.	
ACTIVITY UNCHANGED FROM FY 2008:	
In FY 2009 PEPFAR will provide direct support to the UPDC Unit in the MOH, in order to effectively integrate pediatric HIV and AIDS services into the national health system and foster sustainability. The UPDC is a technical unit in charge of the decentralization of health services, integration of HIV services in the health system, equitable distribution of HIV services across health facilities and coordination of partners involved in health service delivery.	
With PEPFAR and Global Fund support, in collaboration with PEPFAR funded Implementing partners, UPDC will build the capacity building of District Health Teams (DHT) in pediatric HIV care and treatment; this includes integration of pediatric HIV care and treatment activities into district health plans and programs, expansion of quality pediatric services at decentralized levels, and improvement of linkages with other HIV and health programs. Capacity building will also include strengthening of district health teams in program planning, implementation, coordination, supervision, and performance improvement processes. This support will also improving the capacity to include scale up early infant diagnostic programs.	
In FY 2009, the UPDC staff will undertake formative supervision visits related to pediatric HIV care and treatment integration within each district at least twice a year, in collaboration with CIDC. A standard checklist will be used to assess the quality and integration of pediatric HIV services, with emphasis on regular feedback to sites and sharing of best practices.	
The UPDC/ MOH Unit will continue to support the DHTs in developing the Pediatric HIV programming framework. PEPFAR funds will be used to support a technical position on the Integrated Management of Childhood Illnesses (IMCI) within the UPDC, in order to accelerate the integration of HIV into IMCI and improve the identification, care and early treatment of HIV-infected children under five, through community and health facility services, in synergy with CIDC, USG clinical partners, and the Global Fund. To this end, UPDC will collaborate with PEPFAR implementing clinical partners and the Global fund to increase access to HIV care and treatment services, tracking, follow- up and continued care for infants and children.	
This activity fully supports the Rwanda PEPFAR five-year strategy for national scale-up and sustainability and the Rwandan Government ART decentralization plan.	

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10484.09

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 24755.09

Activity System ID: 24755

Mechanism: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$125,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The USG, in collaboration with the GOR and Columbia University, has provided funding for the development of two pediatric HIV care and treatment Centers of Excellence (COE) located at the Kigali Hospital Center (Centre Hospitalier de Kigali or CHK) and the Butare University Hospital Center (Centre Hospitalier Universitaire de Butare or CHUB). CHK and CHUB are the two largest referral centers in the country; the only medical school in the country is located at CHUB. Renovations at the CHK pediatric HIV center of excellence were completed earlier in 2008 and it is now fully operational; 5 physicians, 5 trained pediatric HIV nurses, one data manager and one administrator staff this out-patient clinic that provides services to 163 HIV-infected children of which 119 are currently receiving ART. Approximately, 192 HIV-exposed infants are also followed at this site. Approximately, 293 children are in care at CHUB (161 on ART). Personnel from both CHK and CHUB COEs provide PITC services for children at various pediatric entry points and work to link these children and their families to care and treatment services at the COEs, or at ART facilities closer to their homes. In FY08, both COEs will be fully operational and will be instrumental in providing clinical services for complicated pediatric HIV cases referred from District Hospitals, in providing long-distance patient management advice and on-sites staff mentoring, and so will constitute a major training resource for the national pediatric HIV program.

In FY 2009, the COE will be supported to greatly expand its role in supporting the national pediatric HIV program in Rwanda in coordination with the MOH, the CDC, and other implementing partners. The COEs in Kigali and Butare will be used to support training of physicians in pediatric HIV management. The cadre of pediatric nurses will be used to train staff from clinical sites on issues related to testing children in various clinical settings as well as on counseling children's parents' and on HIV diagnosis disclosure for older children. A group of physicians from the COEs will provide long-distance mentoring support,, discuss management of difficult cases with district hospitals staff, and and serve as on-site training resources for health care providers from the various districts hospitals and health centers, in order to improve their pediatric HIV clinical skills. ICAP will also work with CDC and CHUK to train and supervise a cadre of highly trained CDC mentors who will be critical in harmonizing the approach of pediatric HIV care best practices for all the sites, and continuously improve overall pediatric care quality throughout the country.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$125,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4740.09	Mechanism: Refugees UNHCR
Prime Partner: United Nations High Commissioner for Refugees	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10

Activity ID: 24759.09

Planned Funds: \$1,390

Activity System ID: 24759

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic, and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should be monitored closely and they continue to require a comprehensive package of HIV prevention, basic care and support (BCS), and treatment services.

Since 2005, PEPFAR has supported UNHCR and African Humanitarian Action (AHA) to provide HIV prevention and care services in Kiziba refugee camp with linkages and referrals for treatment. FY 2009 funding for this activity will continue support the provision of BCS services to children living with HIV and the training of 48 health providers, laboratory technicians, and community volunteers in Kiziba refugee camp health clinics and communities.

UNHCR/AHA will ensure the provision of, or referrals for diagnosis and treatment of OIs and other HIV-related illnesses (including TB), routine clinical staging and systematic CD4 testing, medical records for all HIV-positive children and infants, and referrals to community-based BCS services. Infants born to HIV-positive mothers will be provided CTX; early infant diagnosis through PCR; and ongoing clinical monitoring and staging for ART. In collaboration with PEPFAR clinical partners, UNHCR/AHA will work with the Karongi DHT to ensure that health clinic providers receive training or refresher training in basic management of PLHIV, including training in ART adherence support, and in the identification and management of pediatric HIV. UNHCR/AHA will monitor and evaluate basic care activities through ongoing supervision, QA, and data quality controls. They will continue to build the capacity of local refugee health care providers to monitor and evaluate HIV/AIDS basic care activities through ongoing strengthening of routine data collection and data analyses for basic care.

SCMS will procure and distribute through CAMERWA all BCS and OI drugs, laboratory supplies and diagnostic kits. UNHCR/AHA will work with SCMS and the districts to ensure appropriate storage, management and tracking of commodities, including renovation of pharmacy units at the health centers for adequate ventilation and security.

This activity supports the PEPFAR five-year strategy by providing prevention, care, and treatment to vulnerable and high-risk populations.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 12229.09

Mechanism: N/A

Prime Partner: Ministry of Health, Rwanda

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: 29791.09

Planned Funds: \$50,000

Activity System ID: 29791

Activity Narrative: In FY 2009 PEPFAR will provide direct support to the UPDC Unit in the MOH, in order to effectively integrate pediatric HIV and AIDS services into the national health system and foster sustainability. The UPDC is a technical unit in charge of the decentralization of health services, integration of HIV services in the health system, equitable distribution of HIV services across health facilities and coordination of partners involved in health service delivery.

With PEPFAR and Global Fund support, in collaboration with PEPFAR funded Implementing partners, UPDC will build the capacity building of District Health Teams (DHT) in pediatric HIV care and treatment; this includes integration of pediatric HIV care and treatment activities into district health plans and programs, expansion of quality pediatric services at decentralized levels, and improvement of linkages with other HIV and health programs. Capacity building will also include strengthening of district health teams in program planning, implementation, coordination, supervision, and performance improvement processes. This support will also improving the capacity to include scale up early infant diagnostic programs.

In FY 2009, the UPDC staff will undertake formative supervision visits related to pediatric HIV care and treatment integration within each district at least twice a year, in collaboration with CIDD. A standard checklist will be used to assess the quality and integration of pediatric HIV services, with emphasis on regular feedback to sites and sharing of best practices.

The UPDC/ MOH Unit will continue to support the DHTs in developing the Pediatric HIV programming framework. PEPFAR funds will be used to support a technical position on the Integrated Management of Childhood Illnesses (IMCI) within the UPDC, in order to accelerate the integration of HIV into IMCI and improve the identification, care and early treatment of HIV-infected children under five, through community and health facility services, in synergy with CIDD, USG clinical partners, and the Global Fund. To this end, UPDC will collaborate with PEPFAR implementing clinical partners and the Global fund to increase access to HIV care and treatment services, tracking, follow-up and continued care for infants and children.

This activity fully supports the Rwanda PEPFAR five-year strategy for national scale-up and sustainability and the Rwandan Government ART decentralization plan.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10940.09

Mechanism: BASICS Follow-on

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26628.09

Planned Funds: ██████████

Activity System ID: 26628

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The identification and follow up of HIV positive infants has been a priority of the PEPFAR program since its inception in Rwanda. There are a number of issues that are specific challenges to ensuring the health of infants of HIV positive mothers, including loss to follow up, poor nutrition, and the early identification and referral of HIV positive infants to appropriate care and treatment. The PEPFAR program has addressed these challenges with technical support to the MOH and provider trainings at decentralized health facilities. However, certain challenges persist.

There continues to be many missed opportunities to reach infants and children with HIV at multiple entry points to care, including at MCH services, PMTCT programs, pediatric inpatient wards; through home based care programs, and others. To reduce missed opportunities, in FY 2007 and FY 2008, BASICS strengthened functional referral networks, and active communication and collaboration between units within facilities, between different levels of facilities and between the facilities and surrounding communities through community health workers, NGOs and CBOs. However, there needs to be renewed emphasis on this issue with the GOR's adoption of CHWs as the point of entry to the health system.

BASICS also provided technical support to other PEPFAR and USG partners to integrate post partum care packages for newborns and mothers, family planning and safe motherhood activities into their current PMTCT work. Their work also included the development of job aids and training tools, and conducting training of health workers at the facility and community levels of care to increase early identification, referral to care and treatment services, tracking, follow up and continued care for infants and children exposed to HIV. BASICS drafted and pre-tested a pediatric HIV orientation module for CHWs and PLWHA groups who do not need training at the level addressed in pediatric ART courses for prescribers and who might not be an appropriate audience for IMCI-HIV training. This type of information and training allowed this audience to increase their index of suspicion for infants and children with HIV, and to appreciate the importance of diagnosing HIV, and the benefits of OI prophylaxis and ART and the follow up needs of children and families once children start on ART.

BASICS' technical support to improve earlier and expanded identification of infants exposed to HIV will increase the number of infants and children accessing care and treatment services. Since FY 2007, PEPFAR funding for BASICS has been augmented and complemented by CSH funds with the goal of comprehensively addressing IMCI and other MCH challenges. Funding for BASICS will come to an end in FY 2008. However, there will be a follow on TBD mechanism that will build on BASICS' work over the last two years.

More specifically, in FY 2009, the follow on mechanism will provide TA to the MOH to better support infants who are diagnosed as HIV+ through the following: ensuring routine testing to monitor CD4 counts; supporting the MOH to strengthen protocols for pediatric ARVs and OIs including CTX are followed at decentralized levels in the district hospitals and health centers. In FY 2009, the TBD mechanism will also strengthen referrals for HIV+ children to nutritional support and counseling, LLINs, safe water, and psychosocial support. Also, in accordance with GOR's national guidelines on pediatric care and treatment, the TBD BASICS follow-on mechanism will develop protocols to routinely monitor and support infants and children until they can be counseled on their serostatus and understand the concomitant health implications.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 8692.09	Mechanism: ARC
Prime Partner: American Refugee Committee	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 26629.09	Planned Funds: \$2,085
Activity System ID: 26629	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic, and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should be monitored closely and they continue to require a comprehensive package of HIV prevention, basic care and support (BCS), and treatment services.

Since 2005, PEPFAR has supported American Refugee Committee (ARC) to provide HIV prevention and care services in Gihembe and Nyabiheke refugee camps with linkages and referrals for treatment. These sites currently provide treatment services for adults, VCT and PMTCT services. FY 2009 funding for this activity will continue support the provision of BCS services to children living with HIV and the training of 72 health providers, laboratory technicians, and community volunteers in Gihembe and Nyabiheke refugee camp health clinics and communities in service provision of HIV related interventions for infants, children and adolescents.

ARC will ensure the provision of, or referrals for diagnosis and treatment of OIs and other HIV-related illnesses (including TB), routine clinical staging and systematic CD4 testing, medical records for all HIV-positive children and infants, and referrals to community-based psychosocial and palliative care services. Infants born to HIV-positive mothers will be provided CTX; early infant diagnosis through PCR; and ongoing clinical monitoring and staging for ART as needed. In collaboration with PEPFAR clinical partners, ARC will work with the Gicumbi and Ngarama DHTs to ensure that health clinic providers receive training or refresher training in basic management of PLHIV, including training in ART adherence support, and in the identification and management of pediatric HIV. ARC will monitor and evaluate basic care activities through ongoing supervision, QA, and data quality controls. They will continue to build the capacity of local refugee health care providers to monitor and evaluate HIV/AIDS basic care activities through ongoing strengthening of routine data collection and data analyses for basic care.

SCMS will procure and distribute through CAMERWA all BCS and OI drugs, laboratory supplies and diagnostic kits. ARC will work with SCMS and the districts to ensure appropriate storage, management and tracking of commodities, including renovation of pharmacy units at the health centers for adequate ventilation and security.

This activity supports the PEPFAR five-year strategy by providing prevention, care, and treatment to vulnerable and high-risk populations.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10538.09

Mechanism: PBF II

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 24731.09

Planned Funds: [REDACTED]

Activity System ID: 24731

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008, BUT A NEW AWARD WILL BE MADE IN FY 09:

Performance-based financing (PBF) has been an innovative approach to financing health services based on output that aims to enhance quality of services and lead to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of high-quality health services with a performance incentive for the production of more than agreed upon quantities of services. The quality of these health services is ensured through the use of a score obtained using the standardized national Quality Supervision tool. This score determines whether payment for HIV/AIDS indicators is full (high quality services) or proportionally reduced (quality needs to be improved). (Note: The definition of "quality" used in PBF is different from the definition used in other national quality improvement (QI) initiatives, including HealthQual, which is based on the HIVQual model). Financial incentives provided by PBF motivate health facilities to improve both the quantity and the quality of their performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level and will be used to ensure that pediatric services are prioritized. As a result of successful pilots implemented by CordAID (a Dutch organization that initiated PBF in Rwanda), GTZ (German Cooperation) and Belgian Technical Cooperation (BTC), the MOH has endorsed national scale-up of PBF for all health services. PEPFAR, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF for health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance. MSH/PBF undertook output-based financing to health centers and district hospitals in six districts through direct performance sub-contracts with these facilities for HIV/AIDS indicators. PEPFAR adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. While PBF clearly increases performance, basic input support – such as training, materials, equipment and TA - is still needed, especially in the current context of rapid decentralization and accelerated national roll-out of the PBF model by the GOR. At the health center level, PEPFAR partners purchase a quantity of indicators with a performance incentive. Examples of pediatric health care indicators include number of infants born to HIV+ mothers tested for HIV, and the number of new pediatric patients under ART. Performance on these indicators is measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit. Quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are merged during the quarterly district PBF steering committee meetings and the final payment is approved. At the district hospital level, MSH/PBF will have sub-contracts with slightly different purpose and scope from that of health centers. In addition to the focus on increasing quality service outputs, there is an emphasis on quality assurance, self-evaluation, and review by peers (similar to an accreditation scheme). The National District Hospital PBF Scheme also supports the payment for indicators which reinforces the supervisory role of hospitals in district health networks.

In FY 2008, MSH/PBF continued providing support to the MOH PBF department and the national PBF TWG. In addition, MSH/PBF provided TA to district health teams (DHTs) in all PEPFAR districts and to PEPFAR implementing partners to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF also provided intensive technical assistance to districts that will be introducing PBF in FY 2008. At the District level, MSH/PBF continued to support the national model by 1) placing a district coordinator within the Family Health Unit to work with national family health steering committee during data collection/entry and control of indicators, 2) facilitating the quantity control function by providing TA and paying associated costs, and 3) supporting secretarial functions for the Family Health Unit at the District level. Support to the District is critical for the proper functioning of the national PBF model since monthly HIV/AIDS invoices approved by the health center PBF management committee and MSH are presented to the district steering committee for merging with quality index and final approval before payments are made.

In FY 2009, the MSH PBF mechanism is coming to an end. However, scale-up of performance based financing has been successful in Rwanda and is a priority of the GOR, as it is considered linked to improved quality of HIV and other health services. Consequently, PEPFAR is in the process of designing a new mechanism that would build on the success of the MSH PBF project and potentially expand into performance-based financing at a community level. In FY 2009, there will be additional need to support the GOR with technical assistance as sites continue to be graduated and as the PBF system is expanded into a community setting with the goal of increasing the quality and standardization of care at all entry points in the health system. As a result, the follow-on mechanism will continue to purchase health indicators and to provide technical assistance to build the capacity of staff at both the central level health institutions and the DHTs. The follow-on to MSH PBF will continue to purchase indicators for basic care and support and also continue to build the capacity of health facilities to improve the quality of their services. The MSH PBF follow-on mechanism will also support the roll-out of community PBF in PEPFAR supported districts and work with the TBD mechanism that will provide community services.

PBF of HIV/AIDS services has been a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective, basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda PEPFAR five-year strategy for increasing institutional capacity for a district-managed network model of HIV clinical treatment and care services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7556.09	Mechanism: CSP II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 24756.09	Planned Funds: ██████████
Activity System ID: 24756	
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008, BUT A NEW AWARD WILL BE MADE IN FY 2009:	

In FY 2009, the Community HIV/AIDS Mobilization Program (CHAMP) will come to an end and be replaced by a TBD follow-on mechanism. The follow-on will be designed in January 2009, and will seek to build on CHAMP's current activities and best practices, to ensure a smooth transition of community-based services for PLHIV, OVC, their caretakers and communities. These services will be provided in PEPFAR-supported districts, especially around health facilities, in order to strengthen linkages between facility and community-based services.

Like CHAMP, the follow-on mechanism is expected to provide PLHIV – including HIV-infected children - with HIV-related basic care and support services, including income generating activities, psychosocial and spiritual support, improved nutrition and links to food assistance, community gardens, HIV prevention, HBC, and legal and human rights support. Basic care and support services for children will continue to include: follow-up after initiation of cotrimoxizole, education on safe water and provision of water purification products, provision of nutrition support by liaising with MOH, TRAC –Plus and districts to effectively implement community-based nutrition programs; nutrition counseling and education; nutrition needs assessment and surveillance for malnourished children; technical and financial support to households for production of high-nutrient local foods and linkages to health facilities, especially for OI and TB screening, ARV staging and ART enrollment (as needed). The program has historically found it difficult to establish a strong continuum of care from the health facility to the community. Consequently, the CHAMP follow-on mechanism will also ensure that communities are aware of and have access to other PEPFAR supported clinical services.

In 2007, the MOH rolled out a new community health policy and will develop a cadre of approximately 27,000 community health workers (CHW) who require training in a number of health topics. These CHWs will serve as the entry point into the health system and link clinical and community initiatives such as PMI, child survival, health programs, and food assistance. The CHAMP follow-on mechanism will provide targeted support to enhance the services of CHWs. The CHAMP follow-on will also train or offer refresher training to community health workers and caregivers. The CHAMP follow-on mechanism will also promote MOH modules and tools to strengthen the systems, skills and attitudes of community health workers, upgrade their psychosocial, pastoral, grief and bereavement counseling skills, and provide support for CHW associations.

Trained community health workers and caregivers will take a family-centered approach during home visits to PLHIV, monitoring and referring the children of HIV-affected households to OVC community services as necessary and encouraging parents and guardians to test their children and to ensure follow-up of HIV exposed infants. In this way, volunteers will help identify more HIV-infected children and family members and link them to appropriate care and treatment.

In the transition period from CHAMP to the follow-on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. The follow on mechanism will learn from CHAMP's documentation of best practices and lessons, and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow-on mechanism may include other activities designed to strengthen community knowledge and access basic care and support services.

This activity supports the PEPFAR five-year strategy and the new GOR national strategy on HIV/AIDS to integrate HIV prevention, care and treatment, expand pediatric HIV care, and mobilize community coordinated action.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 97.09

Mechanism: TRAC Cooperative Agreement

Prime Partner: Treatment and Research AIDS Center

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: 2744.21035.09

Planned Funds: \$62,500

Activity System ID: 21035

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The USG works closely with relevant units of the MoH to develop and implement plans to extend HIV-services for adults and children in Rwanda. Since the initiation of PEPFAR, the USG has provided funding and TA support to the CIDC (MoH). In the past year the scope of areas under CIDC (formerly TRAC/TRACPlus) were redefined to include not only HIV but also malaria, TB and other infectious diseases, to reflect these increased functions the unit was renamed as CIDC. In FY 2008, the USG provided funding to CIDC to strengthen central, district and site-level capacity to increase access and quality of pediatric HIV care and treatment services in Rwanda. CIDC provides supervisory and technical support to districts and health care facilities in the provision of services for HIV, malaria, TB and other infectious diseases following a network model. CIDC also conducts training of trainers in pediatric HIV care and treatment and provides leadership in the development of work plans and agendas, guidelines and training materials and general coordination to support pediatric HIV scale-up in Rwanda.

In FY 2009, PEPFAR will fund CIDC to ensure continuation and strengthening of activities started in FY 2008. With TA from PEPFAR implementing partners, CIDC will develop and revise pediatric HIV care and treatment guidelines, training materials, job aids and other tools as needed. In addition CIDC will revise the pediatric HIV care and treatment training curriculum to include emerging issues such as adolescent health, treatment failure, adherence and prevention with positives. Training of trainers will be conducted on the revised tools and guidelines. For FY 2008, newly updated pediatric treatment guidelines reflecting recently disseminated recommendations from the World Health Organization (WHO) will be available and refresher training of health care providers will begin in early 2009.

To ensure quality of pediatric training at decentralized level, CIDC will supervise training on pediatric HIV care and treatment for facility-based and community-based providers at decentralized levels. In collaboration with the UPDC unit within the MoH, CIDC will assist district health teams to establish pediatric clubs at 100 ART sites as a component of psychosocial support for HIV-infected children and adolescents. These clubs will be used to provide on-going support for children in care and on treatment or affected by HIV and assist with addressing issues around disclosure and adherence support. One child counselor per ART site will be trained to organize children support groups.

In FY 2009, CIDC will emphasize quality improvement in pediatric care and treatment at ART sites and improving pediatric enrollment and retention into care. In collaboration with Columbia University and the Institute of Human Virology (IHV) of AIDSRelief, CIDC will implement a harmonized mentorship program to improve the quality of pediatric HIV care, treatment and support.

In order to improve HIV diagnostic services for infants and children, CIDC will train (300) health care workers at PMTCT, MCH and other pediatric venues on follow-up, tracking and service delivery for HIV-exposed infants and diagnosis of HIV in infants and children.

PEPFAR will continue to assist CIDC to improve national M&E capacity for pediatric care and support and link with the national HMIS (TRACnet) system. The revised pediatric HIV indicators and harmonized data collection tools developed in FY08 will be implemented nationally. In addition, in collaboration with the Performance-Based Financing (PBF) working group and the Community Health Unit of the MoH, CIDC will design pediatric HIV program-related indicators to monitor PBF activities at the community level. In collaboration with SCMS, CIDC will provide timely data on OI and diagnostics consumption, as well as data on OI related morbidity and mortality for more accurate drug and reagent quantification and forecasting.

These activities support the PEPFAR five-year strategic goals of promotion of a continuum of HIV care and the Rwandan National Plan for integration of HIV prevention and care interventions at national, district and site-levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12877

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12877	2744.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$200,000
7245	2744.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$100,000
2744	2744.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$0

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$62,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4741.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 8716.21015.09	Planned Funds: \$50,000
Activity System ID: 21015	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

SCMS partners work in close collaboration through joint planning and work plan development, particularly for activities that support the Logistic Management Information System (LMIS) and active distribution system. This activity comprises three components: procurement of OI and preventive care drugs; TA; and procurement for home-based care (HBC) kits. For OI drug procurement, SCMS works with CAMERWA to procure, store and distribute OI drugs for all PLHIV including children at PEPFAR-supported sites. The PEPFAR, through SCMS, supports costs not covered by GFATM mutuelles to ensure that sites are supplied with all necessary equipment.

In FY 2008, SCMS continued to provide ongoing TA to CAMERWA for quantification, PEPFAR procurement regulations and for appropriate distribution of products to all sites. Product selection conforms to GOR's minimum list of preventive care, OI and other palliative care medications, as well as to WHO QA standards. SCMS supports CAMERWA and the NRL in conducting quality assurance of OI medication arriving in country through TLC and use of mini-labs. As OI drugs are integrated into the CPDS, SCMS provides TA and support to the relevant CPDS committees to develop a procurement and distribution plan for OI and other drugs for basic care and support (BCS) services, to conduct quantification, monitor consumption patterns and stock levels, and to provide regular reports to donors.

In FY 2009, SCMS will continue to work closely with GFATM, MOH, CAMERWA, and districts to ensure the continuous availability and management of drugs and supplies included in the nationally defined HBC kits on an as needed basis. SCMS will also work with community and clinical partners, CAMERWA, and the MOH to review and revise tools to support the storage, distribution, and tracking of HBC kits from CAMERWA to the community level.

Above activities address the legislative area of wrap around through leveraging funds from the GFATM for membership coverage of PLHIV for health insurance schemes. This will increase access to essential OI medicines for PLHIV. They also directly support the PEPFAR Rwanda five-year strategy for ensuring sustainability by improving commodity forecasting, procurement procedures, storage and distribution, and information systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12865

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12865	8716.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$500,000
8716	8716.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$1,620,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 100.09

Prime Partner: Drew University

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 2752.20994.09

Activity System ID: 20994

Mechanism: HIV Support to RDF

USG Agency: Department of Defense

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$52,352

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The Rwandan Defense Force (RDF) has a total of three military hospitals and five brigade clinics throughout the country. Drew University began working with the RDF in 2005 and currently is providing support to two military hospitals and three brigade clinics with PEPFAR funding. Drew University works closely with the RDF to improve the capacity to provide quality HIV prevention care and treatment services for military personnel their families, as well as for community members who live in areas close to military health care facilities. Drew University provides technical assistance (TA) and training on HIV care and support, palliative care, treatment, M&E, and lab infrastructure. As a PEPFAR implementing partner, Drew University provides a full complement of HIV-related services at military facilities, including: VDT, PMTCT, HIV care (including palliative care) and treatment services, TB/HIV specific interventions, as well as, prevention for positives services. All needed drugs for HIV treatment and care are purchased through SCMS.

Approximately 2,000 HIV-infected adults are enrolled in care, of these 1,650 are receiving ART at RDF facilities. While the numbers of children currently enrolled in care and treatment at these facilities is small, in FY08 and FY09, Drew University will provide support to significantly increase services for the pediatric population reached through military health care facilities. In FY 2008, Drew University will extend its support to all 8 RDF facilities in Rwanda and PMTCT services will be added to 2 new sites (5 of 8 facilities will provide this service). During FY 2008, and in line with national policies and sustainability strategies, the Kanombe Military Hospital, the largest military facility, located in Kigali, will begin HIV service provision using a performance-based financing (PBF) model, similar to the approach used in many civilian facilities in Rwanda. In FY 2009, Drew University hopes to further increase PMTCT to all RDF hospitals and brigade clinics.

In FY 2008, Drew University will provide an integrated package of care and support services for HIV-exposed infants and HIV-infected children at all 8 Drew University sites. In FY 2009, the activities established in FY 2008 at the three military hospitals and five brigade clinics will continue. Care and support for HIV-exposed infants identified in PMTCT will include access to early infant diagnosis using DBS; provision of co-trimoxazole prophylaxis until their HIV status is known, infant feeding support and tracking of mothers and infants lost-to-follow-up for re-engagement in care.

Drew University's care and support model for HIV-infected children includes provision of regular clinical assessments (monthly for HIV-exposed infants and every six months for older, stable children) and staging and baseline CD4 count or percentages for all HIV-infected children, follow-up CD4 every six months or less as needed, management of other HIV-related illnesses, including OI diagnosis and treatment, and routine provision of co-trimoxazole prophylaxis for eligible children and for all HIV-exposed infants. All pediatric patients will be screened for TB at least once every six months. Children suspected of having TB will be investigated to establish a diagnosis and begin treatment as per national guidelines. Children without active TB disease but who were exposed to an active case will be provided with INH prophylaxis.

In addition, sites will provide nutritional counseling and complementary food support, pain and symptom management, end-of-life care, integrated management of childhood management (IMCI) at its MCH clinics. Sites will also distribute long-lasting insecticide treated nets (LLITN), safe water interventions, and provide basic hygiene education and community outreach services. In collaboration with CIDC, Drew University trained 30 health care providers in psycho-social care for children living with HIV/AIDS and launched psycho-social care services at all its ART sites, thus increasing the complement of services to support children and their families.

Strengthened nutritional services at Drew University-supported sites will include training, counseling to HIV-positive mothers during pregnancy and after delivery to provide women with the opportunity to make the best informed infant-feeding choice. Nutritional assessments using anthropometric indicators, the provision of food support to HIV-exposed infants and management of malnutrition through provision of micronutrient and multivitamin supplements is also part of the nutritional support package for children. Drew University will ensure programmatic linkages to the Title II food support for clinically eligible PLHIV and children (implemented by PEPFAR and World Food Program (WFP)) in selected health districts and to the USAID/Ibyiringiro project which provides complementary food support for HIV-exposed infants at USG-supported sites throughout Rwanda. Drew University will also reinforce vegetable gardening initiated at health facilities that received PMTCT food support through the WFP.

Drew University supported sites will establish HIV community outreach services by working with trained community health care workers with key HIV messages emphasizing pediatric HIV, care, nutrition during monthly meetings at the health facilities. By providing HIV messages on a regular basis, Drew University's sites aim to ensure a continuous flow of information to and from the community in order to increase awareness and increase service utilization. The facility-based military focal points, community health workers in the military neighborhood, constitute an effective system to ensure continuity of care, promote retention into care, and improve coverage and quality of pediatric HIV services. Drew University will also support the development of systems for referral of HIV-infected children to access malaria prevention services, including the provision of LLITN and home-based management of malaria. These services will be provided through a collaborative approach between Drew University, CHAMP, the Global Funds program and the PMI. Other services to be provided through this collaborative effort includes the distribution of water purification kits and basic hygiene and health education, psycho-social support, and improve access to education, and legal support services for vulnerable children and their families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12826

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12826	2752.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$306,686
7191	2752.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$357,123
2752	2752.06	Department of Defense	Drew University	2554	100.06	HIV Support to RDF	\$265,125

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 129.09	Mechanism: Columbia MCAP Supplement
Prime Partner: Columbia University Mailman School of Public Health	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: 2799.20978.09	Planned Funds: \$267,255
Activity System ID: 20978	

Activity Narrative: THIS IS A CONTINUING ACTIVITY FROM FY 2008.

ICAP is one of the USG partners providing HIV care and treatment services for HIV-infected adults and children in Rwanda. At present, the program has 56 sites in 9 districts. Of these facilities 32 provide PMTCT (22 alongside with ART and 10 standalone), 42 provide ART for adults and for children. 2 provide treatment for Adults alone and 41 have VCT, PMTCT and ART (for adults and children) co-located in the same premises. These facilities are located in 9 districts of the 2 region of Rwanda. In FY2008, ICAP provided a comprehensive package of basic care and support services to 4000 HIV-infected children and treatment to 2492, at 46 sites. This package of services, is provided in collaboration with local community service providers and includes, co-trimoxazole prophylaxis, nutrition counseling and food support, insecticide treated nets (ITN) and safe water interventions. In addition, ICAP provides follow-up services for HIV-exposed infants who are followed-up and maintained on co-trimoxazole prophylaxis until confirmation of their HIV status can be obtained. For FY2009, ICAP will continue to provide the same package to 4000 old HIV-infected children and 400 new ones at its 46 existing sites. ICAP will also increase treatment services for 242 new children at 46 existing sites to reach a total of 4400 of children in care and 2734 of children on ART by end of FY09.

To address the need to expand diagnosis of HIV in the pediatric population ICAP will increase testing for targeted pediatric populations within the catchment area of its existing sites. Using each HIV adult patient enrolled in care and treatment at ICAP-supported sites, as an index case, ICAP will offer HIV-testing for their partners and children and enrolls the infected family member/s into care and treatment services. ICAP-supported sites will link with OVC service providers operating in its supported districts to offer HIV testing services for children and their families, according to national guidelines, and ensure enrollment of HIV-infected children into care and treatment services. ICAP, has been instrumental in initiating an approach to test families as a means to identify HIV infected children and other adults in the household who would benefit of early care interventions. In addition, ICAP-supported sites will link with malnutrition and TB centers within their facilities or at specialized sites located in the vicinity to provide HIV testing to all pediatric in- and out-patients and enroll the infected children into care and treatment services. ICAP will also work to establish and strengthen linkages with PLHIV associations in the local network, and the administrative district authorities and health teams to support activities to increase awareness in communities on issues related to pediatric HIV to increase pediatric HIV testing and enrollment into care.

At PMTCT sites, enhanced follow-up of mothers and exposed infants will be promoted through support groups of HIV-infected women based on the mother-to-mother model. In this model, women who demonstrate steady consultation attendance and good baby care are identified and used to coach new HIV-positive mothers during pregnancy and after delivery to ensure that both women and their infants access needed services. During these groups sessions ICAP will provide ITNs, nutrition counseling, enhancing family food support through training for improved home gardening and animal breeding techniques, and provide food supplementation to mother infant pairs. This last activity is conducted in collaboration with a Prime PEPFAR funded Community Partner, the World Food Program (WFP), and the CRS/ACDIVOCA/World Vision consortium. In addition, ICAP-supported sites will provide health education on safe water and provision of water purification products. HIV-exposed infants identified at PMTCT sites will be followed in the context of existing MCH services offered at existing ICAP sites. Mother and infant information will be transferred from PMTCT to other MCH programs through the "carte de liaison" currently in use in Rwanda as a means to transfer relevant HIV information between PMTCT and MCH programs. Early infant diagnosis services, now available at 43 of ICAP supported sites, will be expanded to increase full coverage of sites by end of FY09. EID will be offered at six weeks of age and at later ages for symptomatic infants less than 18 months of age according to the national algorithm. ICAP will also work with the district health teams to ensure that samples collected at the sites are transferred efficiently to the processing lab at the National Reference Laboratory in Kigali and work with the MoH to increase reliability of result turn-around times.

At ICAP-supported sites HIV-infected children will be staged clinically and using CD4 (counts or percentages as these become available) and eligible infants and children will be enrolled in ART. ICAP will work with other clinical implementing partners and the MoH to train health care providers on newly updated pediatric HIV treatment guidelines which include changes for early treatment of HIV-infected infants and changes in CD4 thresholds for treatment initiation of children between 36 and 59 months of age. Systematic chart reviews to identify children now eligible for treatment based on new CD4 cut-offs will be initiated in FY08.

All pediatric patients will have regular anthropometric evaluations to identify early signs of malnutrition and ensure prompt initiation of nutrition rehabilitation interventions. Newly identified patients will be screened at enrollment and at regular intervals for signs and symptoms of common opportunistic infections or other infectious complications of HIV in children, including: candidiasis, pneumonia, malaria, meningitis, and PCP. In addition, all pediatric patients will be screened for TB at enrollment and at each follow up visit using the set of 5 questions developed by PNILT. Children suspected of having TB will be further investigated and put on TB treatment or INH prophylaxis if infection or exposure is confirmed based on current national guidance. Additionally, infants and children on ART will also be assessed at each visit for issues related to adverse events, toxicity and adherence to ART. Staff will be trained to ensure, as much as possible, the early detection of signs of immunologic and clinical failure and initiation of second line treatment regimens based on national guidance.

Because HIV-exposed, infected and affected children do not have the same level of vulnerability and risk of death as non-infected or affected population ICAP will work to implement a system to assess vulnerability and will conduct home visits for families with HIV-infected children in order to identify and manage accordingly those that need special attention.

Pediatric HIV care and treatment programs in Rwanda face many challenges, including the need for increased numbers of qualified trained pediatric health care providers. ICAP will ensure that site-level providers are trained or receive refresher training session in pediatric HIV patient management, according

Activity Narrative: to national guidelines. Providers will receive regularly planned in-service trainings and coaching sessions. In collaboration with ICAP, and TRAC-plus, ICAP has dedicated staff to be part of the national mentoring team, who will provide continued mentoring to clinical staff at ICAP supported sites in addition to national level mentoring. Mentor staff will, in turn, train hospital and health center service providers in pediatric clinical HIV care, palliative care, patient record-keeping, data recording and use, and quality performance measurement and improvement. ICAP will continue to promote staff retention and motivation at supported sites through innovative ways including continued training for individual staff skills development and offering continuous technical support to successfully implement a performance-based financing model of service delivery which provides staff bonus awards to high scoring sites.

Through work with the Supply Chain Management System (SCMS) and CAMERWA, the national pharmaceutical warehouse, the district-level pharmacy, the National Reference Laboratory (NRL) and the regional laboratory network, ICAP will ensure training of health service providers on HIV opportunistic infections, drug and reagent stock management and distribution, adherence counseling, good pharmacy record-keeping and data use. ICAP will collaborate with health facilities to survey energy needs for proper operation of laboratories, IT equipment and storage facilities. Sites in need of back-up or extended power supplies will be equipped with solar-based energy sources.

In FY08, ICAP has worked closely with TRAC-plus to implement a mentoring program to train health care providers in adult and pediatric HIV and HIV/TB management. This program will continue in FY09 to support the building of capacity at site and district level to provide quality clinical services for children. 102 health care providers (4 from each of the 9 DHs and 2 from each of the 33 HCs) from 42 sites at 9 districts will receive training through this mentorship program, this is more fully described under the UTAP supported activities with Columbia University. Efforts to rapidly disseminate and begin implementation of new treatment guidelines for infants and children will be greatly supported through this effort. In addition AIDS Relief will continue to train managers and health service providers in the use of patients' data software. Pediatric HIV care indicators will be linked to PMTCT indicators in the database for better follow-up of infants exposed to HIV. With improved data on pediatric HIV care, ICAP, in collaboration with TRAC-plus, the national performance-based program, and the HIVQUAL project will support health facilities to build and sustain a system of quality performance measurement, improvement. This system will use basic pediatric HIV care and support and treatment data as a source to regularly review program performance and design/implement appropriate interventions to improve the quality of services provided to children and their families. ICAP staff in charge of each district will ensure that meetings to review internal data take place on a regular basis and that the improvement plan is implemented at individual sites. Yearly, district-level meetings are planned where each facility will share their performance data and improvement strategies. ICAP will ensure that pediatric HIV care is integrated with adult HIV care and that the family approach is reinforced

New/Continuing Activity: Continuing Activity

Continuing Activity: 12809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12809	2799.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$1,285,846
7177	2799.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$454,300
2799	2799.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$300,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$267,255

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 6146.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 12244.20956.09

Activity System ID: 20956

Mechanism: Ibyiringiro

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$205,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The Food and Nutrition Interventions project has been referred to in Kinyarwanda as "IBYIRINGIRO or "That in which we have faith for a better tomorrow". A cooperative agreement was signed between USAID and CRS, the lead organization of a consortium that implements Ibyiringiro project. USAID Ibyiringiro Project is a five-year project that aims at ensuring that high quality, sustainable and comprehensive services are provided to People Living with HIV and AIDS (PLWHA) and Orphans and Vulnerable Children (OVCs) in Rwanda. The project aims at improving the quality of life for PLWHA and vulnerable populations in 22 health districts that are supported by PEPFAR. The project will be implemented by food aid partners that have been distributing food aid to PLWAs and other vulnerable people, for the last 8 years in Rwanda (CRS, WV, ACDI/VOCA/Africare). Other partners such as EGPAF, WFP and the GoR at different levels will also be involved.

The USG, through Title II and WFP, supports a number of partners to provide food assistance and address food insecurity, especially for PLHIV including children in Rwanda. In order to enhance linkages between food assistance and ongoing HIV and AIDS care, treatment, and prevention services, this PEPFAR funded Partner will incorporate care and prevention services for OVCs into ongoing food distribution.

Under OVC support, current food partners have access to over 2,000 children through the PLHIV associations they are working with to provide food assistance. The current IBYIRINGIRO project will support the provision of services to OVC, based on their needs. Partners will work through associations to monitor the children within the communities where they work to identify needs and address those needs or refer to other services in the community as necessary.

In addition to providing care and prevention services for communities, partners will be expected to link closely with clinical sites to identify children enrolled into care in need of food support and to ensure adequate follow-up.

Finally, IBYIRINGIRO project will primarily be working in food insecure areas and will need to coordinate closely with other community and clinical based partners in those areas to ensure there is no overlap in services being provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12768

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12768	12244.08	U.S. Agency for International Development	Catholic Relief Services	6287	6146.08	Ibyiringiro	\$966,940
12244	12244.07	U.S. Agency for International Development	Catholic Relief Services	6146	6146.07	TBD--TBD Food	\$1,175,000

Emphasis Areas

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 \$75,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$75,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3493.09	Mechanism: CRS Supplemental
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4989.20969.09	Planned Funds: \$261,680
Activity System ID: 20969	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

AIDSRELIEF (AR) is one of the USG partners providing HIV care and treatment services for HIV-infected adults and children in Rwanda. As for October 2008, the program has 19 sites in 2 districts. Of these facilities 19 provide PMTCT, 15 provide ART for adults and for children, and have VCT, PMTCT and ART (for adults and children) co-located in the same premises. These facilities are located in 2 districts of the 2 provinces of Rwanda. In

FY 2008, AR provided a comprehensive package of basic care and support services to 637 HIV-infected children and treatment to 385, at 12 sites. This package of services, is provided in collaboration with local community service providers and includes, co-trimoxazole prophylaxis, nutrition counseling and food support, insecticide treated nets (ITN) and safe water interventions. In addition, AR provides follow-up services for HIV-exposed infants who are followed-up and maintained on co-trimoxazole prophylaxis until confirmation of their HIV status can be obtained. For FY 2009, AR will continue to provide the same package to 1148 HIV-infected children and HIV-exposed infants and increase treatment services for 689 children at its 12 existing sites.

To address the need to expand diagnosis of HIV in the pediatric population AR will increase testing for targeted pediatric populations within the catchment area of its existing sites. Using each HIV adult patient enrolled in care and treatment at AR-supported sites, as an index case, AR will offer HIV-testing for their partners and children and enroll the infected family member/s into care and treatment services. AR-supported sites will link with OVC service providers operating in its supported districts to offer HIV testing services for children, according to national guidelines, and ensure enrollment of HIV-infected children into care and treatment services. In addition, AR-supported sites will link with malnutrition and TB centers within their facilities or at specialized sites located in the vicinity to provide HIV testing to all pediatric in- and out-patients and enroll the infected children into care and treatment services. AR will also work to establish and strengthen linkages with PLHIV associations in the local network, and the administrative district authorities and health teams to support activities to increase awareness in communities on issues related to pediatric HIV to increase pediatric HIV testing and enrollment into care.

At PMTCT sites, enhanced follow-up of mothers and exposed infants will be promoted through support groups of HIV-infected women based on the mother-to-mother model. In this model, women who demonstrate steady consultation attendance and good baby care are identified and used to coach new HIV-positive mothers during pregnancy and after delivery to ensure that both women and their infants access needed services. During these groups sessions AR will provide ITNs, nutrition counseling, enhancing family food support through training for improved home gardening and animal breeding techniques, and provide food supplementation to mother infant pairs. This last activity is conducted in collaboration with a Prime PEPFAR funded Community Partner, the World Food Program (WFP), and the CRS/ACDIVOCA/World Vision consortium. In addition, AIDSRELIEF-supported sites will provide health education on safe water and provision of water purification products. HIV-exposed infants identified at PMTCT sites will be followed in the context of existing MCH services offered at existing AIDSRELIEF sites. Mother and infant information will be transferred from PMTCT to other MCH programs through the "carte de liaison" currently in use in Rwanda as a means to transfer relevant HIV information between PMTCT and MCH programs. Early infant diagnosis services, now available at 5 of AIDSRELIEF supported sites, will be expanded to increase full coverage of sites by end of FY09. EID will be offered at six weeks of age and at later ages for symptomatic infants less than 18 months of age according to the national algorithm. AIDSRELIEF will also work with the district health teams to ensure that samples collected at the sites are transferred efficiently to the processing lab at the National Reference Laboratory in Kigali and work with the MOH to increase reliability of result turn-around times.

At AIDSRELIEF-supported sites HIV-infected children will be staged clinically and using CD4 (counts or percentages as these become available) and eligible infants and children will be enrolled in ART. AIDSRELIEF will work with other clinical implementing partners and the MOH to train health care providers on newly updated pediatric HIV treatment guidelines which include changes for early treatment of HIV-infected infants and changes in CD4 thresholds for treatment initiation of children between 36 and 59 months of age. Systematic chart reviews to identify children now eligible for treatment based on new CD4 cut-offs will be initiated in FY 2008.

All pediatric patients will have regular anthropometric evaluations to identify early signs of malnutrition and ensure prompt initiation of nutrition rehabilitation interventions. Newly identified patients will be screened at enrollment and at regular intervals for signs and symptoms of common opportunistic infections or other infectious complications of HIV in children, including: candidiasis, pneumonia, malaria, meningitis, and PCP. In addition, all pediatric patients will be screened for TB at least once every six months. Children suspected of having TB will be further investigated and put on TB treatment or INH prophylaxis if infection or exposure is confirmed based on current national guidance. Additionally, infants and children on ART will also be assessed at each visit for issues related to adverse events, toxicity and adherence to ART. Staff will be trained to ensure, as much as possible, the early detection of signs of immunologic and clinical failure and initiation of second line treatment regimens based on national guidance.

Because HIV-exposed, infected and affected children do not have the same level of vulnerability and risk of death as non-infected or affected population AIDSRELIEF will work to implement a system to assess vulnerability and will conduct home visits for families with HIV-infected children in order to identify and manage accordingly those that need special attention.

Pediatric HIV care and treatment programs in Rwanda face many challenges, including the need for increased numbers of qualified trained pediatric health care providers. AIDSRELIEF will ensure that site-level providers are trained or receive refresher training session in pediatric HIV patient management, according to national guidelines. Providers will receive regularly planned in-service trainings and coaching sessions. In collaboration with AIDSRelief, and TRAC-plus, AIDSRELIEF has dedicated staff to be part of the national mentoring team, who will provide continued mentoring to clinical staff at AIDSRELIEF supported sites in addition to national level mentoring. Mentor staff will, in turn, train hospital and health

Activity Narrative: center service providers in pediatric clinical HIV care, palliative care, patient record-keeping, data recording and use, and quality performance measurement and improvement. AIDSRELIEF will continue to promote staff retention and motivation at supported sites through innovative ways including continued training for individual staff skills development and offering continuous technical support to successfully implement a performance-based financing model of service delivery which provides staff bonus awards to high scoring sites.

Through work with the Supply Chain Management System (SCMS) and CAMERWA, the national pharmaceutical warehouse, the district-level pharmacy, the National Reference Laboratory (NRL) and the regional laboratory network, AIDSRELIEF will ensure training of health service providers on HIV opportunistic infections, drug and reagent stock management and distribution, adherence counseling, good pharmacy record-keeping and data use. AIDSRELIEF will collaborate with health facilities to survey energy needs for proper operation of laboratories, IT equipment and storage facilities. Sites in need of back-up or extended power supplies will be equipped with solar-based energy sources.

In FY 2008, AIDSRELIEF has worked closely with CIDC to implement a mentoring program to train health care providers in adult and pediatric HIV and HIV/TB management. This program will continue in FY 2009 to support the building of capacity at site and district level to provide quality clinical services for children. 510 health care providers from 19 sites at 2 districts will receive training through this mentorship program. Efforts to rapidly disseminate and begin implementation of new treatment guidelines for infants and children will be greatly supported through this effort. In addition AIDS Relief will continue to train managers and health service providers in the use of patient data software. Pediatric HIV care indicators will be linked to PMTCT indicators in the database for better follow-up of infants exposed to HIV. With improved data on pediatric HIV care, AIDSRELIEF, in collaboration with CIDC, the national performance-based program, and the HIVQUAL project will support health facilities to build and sustain a system of quality performance measurement, improvement. This system will use basic pediatric HIV care and support and treatment data as a source to regularly review program performance and design/implement appropriate interventions to improve the quality of services provided to children and their families. AIDSRELIEF staff in charge of each district will ensure that meetings to review internal data take place on a regular basis and that the improvement plan is implemented at individual sites. Yearly, district-level meetings are planned where each facility will share their performance data and improvement strategies. AIDSRELIEF will ensure that pediatric HIV care is integrated with adult HIV care and that the family approach is reinforced.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12794

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12794	4989.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$450,246
7163	4989.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$221,340
4989	4989.06	HHS/Health Resources Services Administration	Catholic Relief Services	3493	3493.06	Catholic Relief Services Supplemental	\$56,300

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$261,681

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7088.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 8144.20663.09

Activity System ID: 20663

Mechanism: FHI Bilateral

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$127,335

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FHI is one of the USG partners providing HIV care and treatment services for HIV-infected adults and children in Rwanda. At present, the program has 64 sites in 6 districts. Of these facilities 52 provide PMTCT, 35 provide ART for adults and for children, and 26 have VCT, PMTCT and ART (for adults and children) co-located in the same premises. These facilities are located in 5 districts of the southern region of Rwanda and in Kigali City. In FY2008, FHI provided a comprehensive package of basic care and support services to 2,418 HIV-infected children and treatment to 1,293 at 35 sites. This package of services, is provided in collaboration with local community service providers and includes, co-trimoxazole prophylaxis, nutrition counseling and food support, insecticide treated nets (ITN) and safe water interventions. In addition, FHI provides follow-up services for HIV-exposed infants who are followed-up and maintained on co-trimoxazole prophylaxis until confirmation of their HIV status can be obtained.

For FY2009, FHI will continue to provide the same package to 2,713 HIV-infected children and HIV-exposed infants at its 35 existing sites. FHI will also increase treatment services for 675 new children at 35 existing sites to reach a total of 3,093 of children in care and 1,550 of children on ART by end of FY09.

To address the need to expand diagnosis of HIV in the pediatric population FHI will increase testing for targeted pediatric populations within the catchment area of its existing sites. Using each HIV adult patient enrolled in care and treatment at FHI-supported sites, as an index case, FHI will offer HIV-testing for their partners and children and enroll the infected family member/s into care and treatment services. FHI-supported sites will link with OVC service providers operating in its supported districts to offer HIV testing services for children, according to national guidelines, and ensure enrollment of HIV-infected children into care and treatment services. In addition, FHI-supported sites will link with malnutrition and TB centers within their facilities or at specialized sites located in the vicinity to provide HIV testing to all pediatric in- and out-patients and enroll the infected children into care and treatment services. FHI will also work to establish and strengthen linkages with PLHIV associations in the local network, and the administrative district authorities and health teams to support activities to increase awareness in communities on issues related to pediatric HIV to increase pediatric HIV testing and enrollment into care.

At PMTCT sites, enhanced follow-up of mothers and exposed infants will be promoted through support groups of HIV-infected women based on the mother-to-mother model. In this model, women who demonstrate steady consultation attendance and good baby care are identified and used to coach new HIV-positive mothers during pregnancy and after delivery to ensure that both women and their infants access needed services. During these groups sessions FHI will provide ITNs, nutrition counseling, enhancing family food support through training for improved home gardening and animal breeding techniques, and provide food supplementation to mother infant pairs. This last activity is conducted in collaboration with a Prime PEPFAR funded Community Partner, the World Food Program (WFP), and the CRS/ACDIVOCA/World Vision consortium. In addition, FHI-supported sites will provide health education on safe water and provision of water purification products. HIV-exposed infants identified at PMTCT sites will be followed in the context of existing MCH services offered at existing FHI sites. Mother and infant information will be transferred from PMTCT to other MCH programs through the "carte de liaison" currently in use in Rwanda as a means to transfer relevant HIV information between PMTCT and MCH programs. Early infant diagnosis services, now available at 40 of FHI supported sites, will be expanded to increase full coverage of sites by end of FY09. EID will be offered at six weeks of age and at later ages for symptomatic infants less than 18 months of age according to the national algorithm. FHI will also work with the district health teams to ensure that samples collected at the sites are transferred efficiently to the processing lab at the National Reference Laboratory in Kigali and work with the MoH to increase reliability of result turn-around times.

At FHI-supported sites HIV-infected children will be staged clinically and using CD4 (counts or percentages as these become available) and eligible infants and children will be enrolled in ART. FHI will work with other clinical implementing partners and the MoH to train health care providers on newly updated pediatric HIV treatment guidelines which include changes for early treatment of HIV-infected infants and changes in CD4 thresholds for treatment initiation of children between 36 and 59 months of age. Systematic chart reviews to identify children now eligible for treatment based on new CD4 cut-offs will be initiated in FY08.

All pediatric patients will have regular anthropometric evaluations to identify early signs of malnutrition and ensure prompt initiation of nutrition rehabilitation interventions. Newly identified patients will be screened at enrollment and at regular intervals for signs and symptoms of common opportunistic infections or other infectious complications of HIV in children, including: candidiasis, pneumonia, malaria, meningitis, and PCP. In addition, all pediatric patients will be screened for TB at least once every six months. Children suspected of having TB will be further investigated and put on TB treatment or INH prophylaxis if infection or exposure is confirmed based on current national guidance. Additionally, infants and children on ART will also be assessed at each visit for issues related to adverse events, toxicity and adherence to ART. Staff will be trained to ensure, as much as possible, the early detection of signs of immunologic and clinical failure and initiation of second line treatment regimens based on national guidance.

Because HIV-exposed, infected and affected children do not have the same level of vulnerability and risk of death as non-infected or affected population FHI will work to implement a system to assess vulnerability and will conduct home visits for families with HIV-infected children in order to identify and manage accordingly those that need special attention.

Pediatric HIV care and treatment programs in Rwanda face many challenges, including the need for increased numbers of qualified trained pediatric health care providers. FHI will ensure that site-level providers are trained or receive refresher training session in pediatric HIV patient management, according to national guidelines. Providers will receive regularly planned in-service trainings and coaching sessions. In collaboration with AIDSRelief, and TRAC-plus, FHI has dedicated staff to be part of the national mentoring team, who will provide continued mentoring to clinical staff at FHI supported sites in addition to national level mentoring. Mentor staff will, in turn, train hospital and health center service providers in

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 .

IntraHealth is one of the USG partners providing HIV care and treatment services for HIV-infected adults and children in Rwanda. At present, the program has 39 sites in 4 districts. Of these facilities 39 provide PMTCT, 24 provide ART for adults and for children, and have the comprehensive package of VCT, PMTCT, OI and ART co-located in the same premises. These facilities are located in 4 districts of the northern region of Rwanda and City of Kigali. In FY2008, IntraHealth HIV Clinical Services Project (HCSP) provided a comprehensive package of basic care and support services to 1,110 HIV-infected children and treatment to 113, at 24 sites. This package of services, is provided in collaboration with local community service providers and includes, co-trimoxazole prophylaxis, nutrition counseling and food support, insecticide treated nets (ITN) and safe water interventions. In addition, HCSP provides follow-up services for HIV-exposed infants who are followed-up and maintained on co-trimoxazole prophylaxis until confirmation of their HIV status can be obtained.

For FY2009, IntraHealth HCSP will continue to provide the same package to 1,110 HIV-infected children and HIV-exposed infants at its 24 existing sites. IntraHealth will also increase treatment services for 285 new children at 24 existing sites.

To address the need to expand diagnosis of HIV in the pediatric population IntraHealth will increase testing for targeted pediatric populations within the catchment area of its existing sites. Using each HIV adult patient enrolled in care and treatment at HCSP-supported sites, as an index case, IntraHealth HCSP will offer HIV-testing for their partners and children and enroll the infected family member/s into care and treatment services. HCSP-supported sites will link with OVC service providers operating in northern Rwanda to offer HIV testing services for children, according to national guidelines, and ensure enrollment of HIV-infected children into care and treatment services. In addition, HCSP-supported sites will link with malnutrition and TB centers within their facilities or at specialized sites located in the vicinity to provide HIV testing to all pediatric in- and out-patients and enroll the infected children into care and treatment services. HCSP will also work to establish and strengthen linkages with PLHIV associations in the local network, and the administrative district authorities and health teams to support activities to increase awareness in communities on issues related to pediatric HIV to increase pediatric HIV testing and enrollment into care.

At PMTCT sites, enhanced follow-up of mothers and exposed infants will be promoted through support groups of HIV-infected women based on the mother-to-mother model. In this model, women who demonstrate steady consultation attendance and good baby care are identified and used to coach new HIV-positive mothers during pregnancy and after delivery to ensure that both women and their infants access needed services. During these group sessions HCSP will provide ITNs, nutrition counseling, food support through home gardening and animal breeding, and provide food supplementation to mother infant pairs. This last activity is conducted in collaboration with a prime Community partner, WFP, and the CRS/ACDIVOCA/World Vision consortium. In districts with no PEPFAR funded Community Service Provider, the HCSP-supported sites will use funds from its private donor, the MAC/AIDS Foundation (Make-up Art Cosmetics AIDS Foundation), to provide a food and nutrition package for some of its patients. In addition, HCSP-supported sites will provide health education on safe water and provision of water purification products. HIV-exposed infants identified at PMTCT sites will be followed in the context of existing MCH services offered at existing IntraHealth supported sites. Mother and infant information will be transferred from PMTCT to other MCH programs through the use of the "carte de liaison" currently in use in Rwanda. Early infant diagnosis services, now available at 29 of IntraHealth supported sites, will be expanded to increase full coverage of sites by end of FY09. EID will be offered at six weeks of age. IntraHealth will also work with the district health teams to ensure that samples collected at the sites are transferred efficiently to the processing lab in Kigali and work with the MoH to increase reliability of result turn-around times.

At HCSP-supported sites HIV-infected children will be staged clinically and using CD4 (counts or percentages as these become available) and eligible infants and children will be enrolled in ART. IntraHealth will work with other clinical implementing partners and the MoH to train health care providers on newly updated pediatric HIV treatment guidelines which include changes for early treatment of HIV-infected infants and changes in CD4 thresholds for treatment initiation of children between 36 and 59 months of age. Systematic chart reviews to identify children now eligible for treatment based on new CD4 cut-offs will be initiated in FY08.

All pediatric patients will have regular anthropometric evaluations to identify early signs of malnutrition and ensure prompt initiation of nutrition rehabilitation interventions. Newly identified patients will be screened at enrollment and at regular intervals for signs and symptoms of common opportunistic infections or other infectious complications of HIV in children, including: candidiasis, pneumonia, malaria, meningitis, and PCP. In addition, all pediatric patients will be screened for TB at least once every six months. Children suspected of having TB will be further investigated and put on TB treatment or INH prophylaxis if infection or exposure is confirmed based on current national guidance. Additionally, infants and children on ART will also be assessed at each visit for issues related to adverse events, toxicity and adherence to ART. Staff will be trained to ensure, as much as possible, the early detection of signs of immunologic and clinical failure and initiation of second line treatment regimens based on national guidance.

Because HIV-exposed, infected and affected children do not have the same level of vulnerability and risk of death as non-infected or affected population IntraHealth will work to implement a system to assess vulnerability, based on a model implemented at the Mildmay pediatric HIV clinic in Uganda, and provide, at selected sites, daycare services for children at risk of dying due to extreme poverty, parental illness or other factors. The package of daycare services will include home visits for families with HIV-infected children, nursing, and medication adherence in a child-friendly environment.

Pediatric HIV care and treatment programs in Rwanda face many challenges, including the need for increased numbers of qualified trained pediatric health care providers. The HCSP will ensure that site-level providers are trained or receive refresher training session in pediatric HIV patient management, according to national guidelines. Providers will receive regularly planned in-service trainings and coaching sessions.

Activity Narrative: In collaboration with AIDSRelief, FHI and TRAC-plus, HCSP clinical staff will be trained to become clinical mentors. Mentor staff will, in turn, train hospital and health center service providers in pediatric clinical HIV care, palliative care, patient record-keeping, data recording and use, and quality performance measurement and improvement. HCSP will promote staff retention and motivation at supported sites through improvement of work space and offering continuous technical support to successfully implement a performance-based financing model of service delivery which provides staff bonus awards to high scoring sites.

Through work with the Supply Chain Management System (SCMS) and CAMERWA, the national pharmaceutical warehouse, the district-level pharmacy, the National Reference Laboratory (NRL) and the regional laboratory network, the HCSP will ensure training of health service providers on HIV opportunistic infections, drug and reagent stock management and distribution, adherence counseling, good pharmacy record-keeping and data use. HCSP will collaborate with health facilities to survey energy needs for proper operation of laboratories, IT equipment and storage facilities. Sites in need of back-up or extended power supplies will be equipped with solar-based energy sources.

HCSP has recently deployed the IQchart software to improve data recording, analysis and use at supported clinical sites. HCSP will train data managers and health service providers in the use of this software. Pediatric HIV care indicators will be linked to PMTCT indicators in the database for better follow-up of infants exposed to HIV. With improved data on pediatric HIV care, HCSP, in collaboration with TRAC-plus, the national performance-based program, and the HIVQUAL project will support health facilities to build and sustain a system of quality performance measurement, improvement. This system will use basic pediatric HIV care and support and treatment data as a source to regularly review program performance and design/implement appropriate interventions to improve the quality of services provided to children and their families. HCSP staff in charge of each district will ensure that meetings to review internal data take place on a regular basis and that the improvement plan is implemented at individual sites. Yearly, district-level meetings are planned where each facility will share their performance data and improvement strategies. HCSP will ensure that pediatric HIV care is integrated with adult HIV care and that the family approach is reinforced.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16749

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16749	15227.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$668,324
15227	15227.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$289,534

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4707.09

Mechanism: Deliver II

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 16881.20702.09

Planned Funds: \$30,000

Activity System ID: 20702

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

In FY 2008, PEPFAR invested \$300,000 into the procurement of Long Lasting Insecticide Treated nets (LLINs) for People living with HIV (PLHIV) through JSI/DELIVER. These LLINs were to be distributed among PLHIV not already covered by PMI or the GFATM. PEPFAR, PMI, and the GFATM worked together to share the costs of the procurement and distribution of the bed nets for an estimated 42,800 PLWHA. Through the same partner, PMI is providing the majority of the LLINs for children, pregnant women and the extremely poor. PEPFAR will procure and distribute exposed and infected children and their families. PMI and PEPFAR will ensure coordinated quantification, forecasting, and distribution of these LLINs once in country. Furthermore, monitoring of product use, storage and inventory control through Logistics Management Information System (LMIS) will be done for all LLITNs distributed in country. Using the same partner for both the PEPFAR and PMI funded LLITNs will allow for effective, efficient and less costly programming.

With FY 2009 PEPFAR funding, DELIVER will provide technical assistance to the Programme Nationale Integre de Lutte contre le Paludisme (PNLP) for quantification and forecasting of malaria commodities. In FY 2008, DELIVER received PMI funds to support a logistics officer at PNLIP. This support will continue through FY 2009. This person coordinates all procurement at the PNLIP including LLINs. This coordinated technical assistance will continue to strengthen the PNLIP capacity in quantification, forecasting, distribution and tracking of LLINs and other health commodities for both adults, pregnant women and children. DELIVER will also continue to procure and clear the LLITNs into the country, in collaboration with PNLIP and CAMERWA. Clinical partners and umbrella PLHIV organizations will obtain LLITNs from CAMERWA and distribute them to PLHIV associations in the community. Because children are vulnerable to malaria, especially those infected with HIV, emphasis for the supply of LLINs will be placed on delivery to families of HIV-exposed infants and infected children. Similar emphasis will be placed on delivering nets to pregnant women through broader efforts under PMI and the GF. HIV infected pregnant women will be particularly targeted as well due to the high morbidity and mortality in this group and the possible effects on infant outcomes. This PMI wraparound demonstrates the increased integration and collaboration between PEPFAR and PMI, as well as collaboration with other donors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16881	16881.08	U.S. Agency for International Development	John Snow, Inc.	6280	4707.08	Deliver II	\$300,000

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7089.09

Mechanism: EGPAF Bilateral

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 15226.20044.09

Activity System ID: 20044

USG Agency: U.S. Agency for International
Development

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$239,028

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has a well established program in Rwanda and is one of the principal implementing partners for PMTCT and HIV care and treatment programs supported by PEPFAR in the country. In FY 2008, EGPAF provided an integrated package of care and support services for HIV-exposed and HIV-infected children at all 33 EGPAF sites. EGPAF's care and support model includes providing regular clinical assessments (monthly for HIV-exposed infants and older HIV positive children until the age of 14, after which they reviewed and every 3 months) and staging and baseline CD4 counts or percentages for all HIV-infected children, follow-up CD4 every six months or less as needed; management of other HIV-related illnesses, including OI diagnosis and treatment; and routine provision of co-trimoxazole prophylaxis for eligible children and for all HIV-exposed infants. All pediatric patients will be screened for TB at least once every six months. Children suspected of having TB will be investigated to establish a diagnosis and treated as per national guidelines. Children without active TB disease, who were exposed to an active case, will also be provided with INH prophylaxis.

Care and support for HIV-exposed infants starts with PMTCT service provision, and EGPAF will work with sites to ensure that all sites implement DBS testing; that HIV-exposed infants are retained in care and on co-trimoxazole prophylaxis until their HIV status is known and that mothers and infants lost-to-follow-up are being recuperated in the communities.

HIV-exposed infants and exposed children also receive nutritional counseling and complementary food support; pain and symptom management and end-of-life care services if needed. Parents are provided with long-lasting insecticide treated nets (LLITN), safe water, interventions, basic hygiene education and community outreach services. EGPAF sites are also working with the MCH unit of the MoH to scale-up IMCI at maternal-child health clinics at their sites. In FY08, in collaboration with TRAC-Plus, EGPAF trained 80 health care providers in pediatric psycho-social care for children living with HIV/AIDS and launched psycho-social care services at 14 of the 24 EGPAF supported ART sites.

In FY 2009, EGPAFs expanded services will emphasize integration of pediatric HIV care in MCH settings, reinforce a family-centered approach, monitor quality of services, ensure continuity of care and sustainability of services through performance-based financing (PBF).

EGPAF will ensure HIV-testing for partners and children of HIV-positive clients and have clear, functional referral mechanisms for newly diagnosed adults and children. EGPAF will strengthen links with associations of people living with HIV (PLHIV) and community health workers (CHW) to foster interactions between the community and the health facility and to convey key HIV messages to the communities. In order to ensure continuity of HIV care for children, EGPAF recruited two new staff positions at each of its sites (a community liaison agent and a case manager that will serve as the focal point for service integration). Case managers work to ensure referrals to care for HIV-exposed infants identified through PMTCT programs, children identified in PLHIV associations, malnutrition centers, immunization programs, TB clinics and OVC programs. Case managers will hold sessions with facility and community-based service providers for more efficient referrals and to ensure timely enrollment in care and treatment for children diagnosed with HIV/AIDS. EGPAF sites will assess individual PLHIV needs, organize monthly clinic-wide case management meetings to minimize losses-to-follow-up, and provide direct oversight for community health workers.

EGPAF sites will support HIV community outreach services by training CHW to delivery key HIV messages emphasizing pediatric HIV, care, nutrition during their monthly meetings at the health facilities. By providing HIV messages on a regular basis, EGPAF's sites will ensure a continuous flow of information to the community. The facility-based community focal points, community health workers and community-based service providers constitute an effective system to ensure continuity of care, extend coverage and improve quality of pediatric HIV care.

EGPAF will also support referrals for all HIV-infected children to malaria prevention services, including referral for provision of LLITN and integration of home-based management of malaria, in collaboration with CHAMP, GFAT and the PMI. EGPAF will also refer children and their families to CHAMP community-based organizations, linkages committees and other community-service providers to received water purification kits and basic hygiene and health education; psycho-social, educational, and legal support services.

Strengthened nutritional services at EGPAF supported sites will include training, counseling to HIV-positive mothers during pregnancy and after child birth to provide women with the opportunity to make informed decisions regarding the choice for infant-feeding. Nutritional assessments using anthropometric indicators, the provision of food support to HIV-exposed infants and infected children and management of malnutrition through provision of micronutrient and multivitamin supplements is also part of the nutritional support package for children. EGPAF will ensure programmatic links to the Title II food support for clinically eligible PLHIV and children (implemented by PEPFAR and World Food Program (WFP)) in selected health districts and to the USAID/lbyringiro project which provides complementary food support to HIV-exposed infants at USG-supported sites throughout Rwanda. EGPAF will also support vegetable gardening activities at health facilities receiving food support from the WFP.

EGPAF-supported ART sites will continue to provide psycho-social care for children living with HIV/AIDS. The support includes "disclosure, counseling and adherence sessions" through children support clubs. These clubs are organized per age group and meet once a month at health facilities. During group sessions, health care providers reinforce key psycho-social and HIV messages and discuss problems and possible solutions adapted to the ages of the children. Children also participate in recreational and educational activities. EGPAF will work with sites to retraining and mentor health care providers in provision of psycho-social care for HIV-infected children as needed, and provide appropriate educational and recreational materials to support these activities. Health care providers will be trained by actively participating in group and orientation sessions on how to engage children in discussions and in creative activities and participating in the organization of a camp for HIV-infected children from various children's

Activity Narrative: clubs. The week-long camp will include a variety of activities ranging from walks, environment lessons, games, music, as well as, age appropriate educational sessions on a variety of health and psycho-social topics.

In collaboration with CIDC, EGPAF clinical staff will be trained as clinical mentors and they will train hospital and health centers services providers in pediatric HIV care, palliative care, data recording and use, quality performance measurement and improvement.

Through partnership with the districts, sites, SCMS and in close collaboration with CAMERWA, EGPAF will provide diagnostic kits, CD4 reagents, and other laboratory commodities for clinical monitoring of children in care and on treatment. In addition, EGPAF will work with SCMS and Pharmacy Task Force (PTF) to ensure appropriate storage, stock management, and reporting of all pediatric OI-related commodities.

Performance-based financing (PBF) is a major component of the Rwanda USG strategy for ensuring long-term sustainability and maximizing performance and quality of services. EGPAF will continue to shift some support from input to output financing based on each sites' performance in improving key national HIV performance and quality indicators. Through its PBF system, and the provision of continuous technical assistance to sites via regular formative and evaluative supervisory visits, and with improved data on pediatric HIV care EGPAF in collaboration with TRAC-plus, the National Commission on AIDS (CNLS) and the national PBF program will support health facilities to maintain a system of quality improvement. By using pediatric HIV basic care and support data EGPAF's supported health facilities will be able to regularly review program performance. EGPAF has initiated the IQ chart database at ART sites in order to improve data recording, analysis and use. EGPAF will strengthen data managers and health services providers' use of the software and collected data to better inform practices for pediatric care and treatment

Finally, EGPAF will work with districts, health facilities and energy partners the Belgian Cooperation (BTC, Global Fund, Access), to ascertain the each sites' power needs to support HIV services (laboratories, cold chain, IT and other critical services). Together with the GoR and other partners, EGPAF will establish a contributions framework for its sites and will, in function of available funds provide health facilities with the best cost effective energy option (solar panels, electric generators).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16735	15226.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$886,030
15226	15226.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$182,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 17065.20685.09	Planned Funds: \$0
Activity System ID: 20685	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV/AIDS, malaria and other health and development activities in the context of the national response.

In COP 2008 MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 09 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff will work closely with the USG teams and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17065

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17065	17065.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtg System	\$100,000

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$2,348,199

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7585.09

Mechanism: Monitoring and Evaluation Management Services

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17039.20690.09

Planned Funds: \$10,000

Activity System ID: 20690

Activity Narrative: This activity will continue unchanged from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17039	17039.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtnng System	\$100,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7089.09

Mechanism: EGPAF Bilateral

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 15446.20048.09

Planned Funds: \$397,709

Activity System ID: 20048

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16738

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16738	15446.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$4,114,500
15446	15446.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$2,012,958

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7088.09	Mechanism: FHI Bilateral
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 15444.20667.09	Planned Funds: \$445,013
Activity System ID: 20667	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 16745	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16745	15444.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$4,951,875
15444	15444.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$4,762,598

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7090.09	Mechanism: IntraHealth Bilateral
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 15445.20674.09	Planned Funds: \$404,190
Activity System ID: 20674	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 16752	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16752	15445.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$3,488,025
15445	15445.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$2,591,184

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5108.09 **Mechanism:** MoH CoAg
Prime Partner: Ministry of Health, Rwanda **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: 17113.20716.09 **Planned Funds:** \$37,000
Activity System ID: 20716
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17113

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17113	17113.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	6316	5108.08	MoH CoAg	\$300,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$37,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3493.09 **Mechanism:** CRS Supplemental
Prime Partner: Catholic Relief Services **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Treatment: Pediatric Treatment
Budget Code: PDTX **Program Budget Code:** 11
Activity ID: 4849.20973.09 **Planned Funds:** \$255,310
Activity System ID: 20973

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12797	4849.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$2,730,500
7161	4849.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$950,011
4849	4849.06	HHS/Health Resources Services Administration	Catholic Relief Services	3493	3493.06	Catholic Relief Services Supplemental	\$471,975

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$255,311

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 129.09

Mechanism: Columbia MCAP Supplement

Prime Partner: Columbia University Mailman School of Public Health

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: 2798.20982.09

Planned Funds: \$82,819

Activity System ID: 20982

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12812	2798.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$742,721
7176	2798.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$835,350
2798	2798.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$3,189,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$82,819

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 100.09

Prime Partner: Drew University

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 2751.20998.09

Activity System ID: 20998

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

Mechanism: HIV Support to RDF

USG Agency: Department of Defense

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$14,852

New/Continuing Activity: Continuing Activity

Continuing Activity: 12829

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12829	2751.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$1,226,325
7190	2751.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$642,460
2751	2751.06	Department of Defense	Drew University	2554	100.06	HIV Support to RDF	\$120,375

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7637.09

Mechanism: Colorado Health

Prime Partner: University of Colorado

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17075.21043.09

Planned Funds: \$5,000

Activity System ID: 21043

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17075	17075.08	U.S. Agency for International Development	University of Colorado	7637	7637.08	Colorado Health	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 97.09

Mechanism: TRAC Cooperative Agreement

Prime Partner: Treatment and Research AIDS Center

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: 2745.21039.09

Planned Funds: \$82,500

Activity System ID: 21039

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12880

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12880	2745.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$350,000
7246	2745.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$650,000
2745	2745.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$344,135

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$82,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 10484.09 **Mechanism:** Columbia University
Prime Partner: Columbia University **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: 24537.09 **Planned Funds:** \$325,000
Activity System ID: 24537
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$175,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 10538.09	Mechanism: PBF II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 24732.09	Planned Funds: ██████████
Activity System ID: 24732	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1527.09	Mechanism: CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention	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: 2846.21067.09	Planned Funds: \$130,000
Activity System ID: 21067	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12908	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12908	2846.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$650,000
7262	2846.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$220,000
2846	2846.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$315,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$130,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8692.09	Mechanism: ARC
Prime Partner: American Refugee Committee	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 26630.09	Planned Funds: \$14,592
Activity System ID: 26630	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4740.09
Prime Partner: United Nations High
Commissioner for Refugees

Mechanism: Refugees UNHCR
USG Agency: Department of State /
Population, Refugees, and
Migration

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26631.09

Planned Funds: \$9,728

Activity System ID: 26631

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: New Activity

Continuing Activity:

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

Total Planned Funding for Program Budget Code: \$5,083,937

Program Area Narrative:

Tuberculosis (TB) continues to be a significant health problem in Rwanda, particularly for persons living with HIV. Since 1990, expansion and enhancement of DOTS as part of the 6 point "Stop TB Strategy" has been implemented in Rwanda by the National TB Program (Programme Nationale Integer de Lutte Contre Lepere et la Tuberculose – PNILT). In 2007, there were 8,014 new TB cases, of which 4,053 (50.6%) were smear-positive pulmonary cases. With PEPFAR support, and in conjunction with national and international partners, TB treatment success rates have increased from 58% in 2003 to 86% in 2006. In 2007, overall TB and smear-positive case notification rates were 91 and 46 per 100,000 persons, respectively. Rwanda has 100% DOTS coverage in all health facilities that offer TB services.

With USG support, the PNILT began implementing a national TB/HIV surveillance system. In FY 2007, 8,014 patients with TB were registered and 85% were HIV-tested. Thirty-eight percent of these patients tested positive for HIV and of these patients with TB disease and HIV infection, 61% received cotrimoxazole and 39% received ART. By the second quarter of FY 2008, the HIV status was known for 95% of patients registered by the TB program. Among the registered patients with TB disease, 36% were found to also be infected with HIV. Among those patients with TB and HIV, 84% were given cotrimoxazole and 43% accessed ART.

Addressing TB/HIV co-infection through program collaboration and integration of services is a priority of the Rwandan government. Implementation of TB/HIV collaborative activities began with the placement of a TB technical advisor and coordinators at PNILT and the Treatment and Research AIDS center (TRAC-Plus) to establish national level coordination. In February 2005, key stakeholders from the MOH and partner organizations held a workshop to jointly prioritize collaborative activities and establish a national TB/ HIV integration working group. In October 2005, the MOH approved a national policy on TB/HIV collaborative activities based on WHO interim policy.

To promote intensified case finding, a TB screening tool was developed to be administered with all patients at the time of enrollment in HIV care and treatment services and at routine follow-ups. Patients are first screened for TB related symptoms. If any symptoms are present, a TB diagnostic evaluation follows that consists of sputum smear and chest radiograph examination. If active TB is diagnosed, patients are referred for TB treatment elsewhere. This checklist has been included in national pre-ARV and ARV registers. A survey completed by TRACPlus at 18 health facilities in 2008 showed that among PEPFAR-supported sites with available data, TB screening rates at time of enrollment ranged from 37 – 100%. Reliable national level data are not currently available.

Since 2007, diagnostic methods have been improved for diagnosing TB among patients living with HIV. With USG support, the National Reference Laboratory (NRL) has improved culture capacity for detection of M. tuberculosis and drug susceptibility testing. PEPFAR funding is also supporting laboratory technical assistance, infrastructure improvements, and pre-service training for laboratory technicians in Kigali and the Butare regional laboratory. Diagnostic capacity was enhanced by numerous training activities which were carried out and followed-up with regular supervision. Doctors were targeted as a priority group and all the district hospitals currently retain doctors trained in tuberculosis control and chest radiography with emphasis on atypical presentations of lung disease among PLHIV. Despite significant progress, the GOR, PEPFAR and WHO have identified numerous challenges in integrating and coordinating services. For example, the recent efforts to decentralize health care services have resulted in a lack of sustained political commitment to support TB/HIV collaborative activities at all levels. Progress is also noteworthy with regard to the management of multi-drug resistant tuberculosis (MDR-TB). A growing number of health facilities are involved in the follow-up and ambulatory treatment of patients with MDR-TB. Guidelines outlining MDR-TB treatment were

published and disseminated in 2007. Eighty-six patients were started on second-line treatment during 2007. Data from PNILT show that of the 119 TB isolates tested in 2007, 89 (75%) were MDR and 39 (45%) of diagnosed cases of MDR occurred in people living with HIV. The cure rate for the first cohort of cases enrolled in 2005 was of 82%. In FY 2009, PEPFAR will support a survey of MDR TB in prisons.

In FY 2009, the priority will be to expand implementation of regular TB screening to all ART sites. For patients suspected of having TB the priority is to ensure adequate diagnosis and completion of treatment with DOTS. In order to improve integration of activities, the USG will support training of all TB providers in HIV care; including clinical staging, CD4 testing, cotrimoxazole provision, and management of other opportunistic infections. USG activities will continue to support HIV-testing of all patients with TB and ensuring access to care (including cotrimoxazole, assessing clinical stage and CD4 count) and ART as appropriate. USG will also work to promote and support national level coordination and supervision of TB and HIV programs.

In FY 2009, the goal is to ensure TB/HIV collaborative activities by scaling up "One-stop service" for TB-HIV management. Reaching full coverage of "one-stop service" for TB patients with HIV, i.e. allowing TB patients to initiate ART and receive other HIV care in TB settings, is especially important at TB diagnostic and treatment centers without HIV services within the same facility. Training of providers, visits to model centers (Gisenyi District Hospital and Kicukiro Health Center), supervision, and mentoring are critical activities to enable national scale-up of integrated TB-HIV activities.

In FY 2009, an additional priority for PEPFAR activities is to continue to expand clinical and laboratory capacity to diagnose extra-pulmonary TB. PEPFAR supported AIDSRelief/IHV is providing clinical mentoring and building pathology laboratory capacity at CHUK and the University of Rwanda National Pathology Laboratory. AIDSRelief/IHV is providing training for laboratory technicians on fine-needle aspiration of lymph nodes and equipping laboratories with materials and supplies necessary for diagnosing extra-pulmonary TB.

In FY 2009, PEPFAR will support the implementation of key policy areas for TB infection control activities in Rwanda to reduce the likelihood of TB transmission in health care facilities. Policy areas include 1) managerial and administrative policies, 2) environmental controls in high risk areas or for high risk procedures in the health facilities, and 3) reduction of diagnostic and treatment delays to minimize transmission and improve treatment outcomes for patients with TB. In FY 2009, PEPFAR Rwanda will support priority TB-HIV basic program evaluations, such as evaluation of TB screening of HIV care and treatment patients during follow-up and prevalence of TB-HIV co-infection in prisons.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10538.09	Mechanism: PBF II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 24716.09	Planned Funds: ██████████
Activity System ID: 24716	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008. THERE WILL BE A NEW MECHANISM IN FY 2009.

Performance-based financing (PBF) has been an innovative approach to financing health services based on output that enhances quality of services and leads to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of indicators with a performance incentive for the production of more than agreed upon quantities of services. Full or proportionally reduced payment of HIV/AIDS indicators is based on the quality and quantity of scores of general health services as measured by the score obtained using the standardized national Quality Supervision tool. Financial incentives provided by PBF to motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. PEPFAR, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF and health services.

Since FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance and provided out-based financing to health facilities in six districts through direct performance sub-contracts with health centers and district hospitals for HIV/AIDS indicators. PEPFAR adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. While PBF clearly increases performance, technical assistance and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national roll-out of the PBF model by the GOR. At the health center level, PEPFAR partners purchase a quantity of indicators with a performance incentive. Examples of indicators include correctly filling stock control cards in X-ray departments, the percentage of TB lab exams that are corroborated during quarterly controls, and the number of complete series of AFBs (Acid Fast Bacilli) correctly done. Performance on these indicators are measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit and quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are merged during the quarterly District PBF Steering Committee meetings and the final payments are approved. At the district hospital level, MSH/PBF will have sub-contracts with slightly different purposes and scope from that of health centers. In addition to the focus on increasing better quality service outputs, there is an emphasis on quality assurance, self-evaluation, and review by peers similar to an accreditation scheme. There is payment for indicators from the National District Hospital PBF Scheme which reinforces the supervisory role hospitals play in district health networks.

In FY 2008, MSH/PBF continued providing support to the MOH PBF department and the national PBF TWG. In addition, MSH/PBF provided TA to DHTs in all PEPFAR districts and to implementing partners to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF also provided intensive technical assistance to districts that will be introducing PBF in FY 2008. At the District level, MSH/PBF continued supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with national family health steering committee during data collection/entry and control of indicators, 2) facilitating the quantity control function by providing TA and paying associated costs, and 3) supporting secretarial functions for the Family Health Unit at the District level. Support to the District is critical for the proper functioning of the national PBF model since monthly HIV/AIDS invoice approved by the health center PBF management committee (COGE) and MSH are presented to the district steering committee for merging with quality index and final approval before payments are made.

In FY 2009, the MSH PBF mechanism is coming to an end. However, performance based financing has been successful in Rwanda and a priority of the GOR as it is linked to improved quality of HIV and other health services. Consequently, the EP is in the process of designing a new mechanism that would build on the success of the MSH PBF project and potentially expand performance-based financing to the community level. In FY 2009, there will be additional need to support the GOR with technical assistance as sites continue to be graduated and as the PBF system is expanded into a community setting with the goal of increasing the quality and standardization of care at all entry points to the health system. As a result, the follow on mechanism will continue to purchase indicators in TB and to provide technical assistance to build the capacity of staff at both the central level health institutions and the DHTs (District Health Team) .

PBF of HIV/AIDS services has been a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda PEPFAR five-year strategy for increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8267.09

Mechanism: WHO Stop TB

Prime Partner: World Health Organization

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: 18827.24646.09

Planned Funds: \$70,000

Activity System ID: 24646

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, with funding through CDC-WHO central mechanism, WHO in Rwanda will continue supporting the national TB/HIV program in training, monitoring, supervision, and add on MDR and X-DR TB surveillance. Specifically, WHO will recruit another national project officer (NPO) to oversee MDR and X-DR related activities, work with facilities to find all TB patients who failed first line and second line therapies, and ensure that MDR cases adhere to their treatment regimens. The NPO will work with the National Reference Laboratory for identification and diagnosis of second-line drug resistance among MDR patients who fail treatment or die during treatment.

WHO will continue to train hospital staff including administrative directors on TB infection control and support them to draft and implement plans based on available funds from PEPFAR implementing partners and Global Fund support at the site level. WHO will expand physician training on TB diagnostics including chest radiography and atypical presentation of pulmonary disease in PLHI. As a result, 100 more MDs will be trained. In addition, WHO with PEPFAR support will train 30 MDs and hospital directors from GFATM zones.

WHO will continue to facilitate monthly supervision of TB/HIV activities in districts by leading the team of supervisors located at PNILT, TRAC, FHI, AIDSRelief and CDC. This supervision will consist of reviewing data and providing sites with feedback on achievements and needed changes. Under the leadership of WHO, the team will organize periodic cross-learning visits with implementing partners and site staff to sites where best practices are exhibited for TB/HIV collaboration activities. In addition, WHO will facilitate a national discussion on the use of Isoniazid in preventing TB among PLHIV (including children) based on current available data. In collaboration with CDC direct TB/HIV program activities, two meetings will be organized for district hospital to present their infection control plans. The plans will be reviewed by experts and lessons learned in implementing infection control at district hospital will be shared. In order to better control nosocomial infections based on lessons learned from TB infection control, WHO will draft a general infection control plan to be implemented at Kigali national teaching hospital. Experiences from that facility will serve to draft national guidelines on infection control in Rwanda.

The technical assistance provided by CDC in collaboration with WHO/OGAC and Columbia UTAP will enhance the quality of national TB/HIV program

New/Continuing Activity: Continuing Activity

Continuing Activity: 18827

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18827	18827.08	HHS/Centers for Disease Control & Prevention	World Health Organization	8267	8267.08	WHO Stop TB	\$280,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$50,000
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: 10929.09	Mechanism: TBD Lab
Prime Partner: To Be Determined	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: 29830.09	Planned Funds: ██████████
Activity System ID: 29830	
Activity Narrative: ACTIVITY IS NEW IN FY 2009.	

The TB services at the National Reference Laboratory (NRL) continue to require support in order to meet the PEPFAR priority of providing reliable Acid-Fast Bacilli (AFB) microscopy at the local clinical level, and culture and drug susceptibility testing at the national and regional levels.

Technical assistance to support the NRL, Central University Hospitals in Kigali and Butare (CHUK and CHUB) TB laboratories ensure high quality smear microscopy, liquid culture and drug sensitivity testing capability will be provided. These TB diagnostic and treatment capabilities are essential in order to provide PLHA adequate access to comprehensive quality TB-related services. These capabilities are also essential for the support of patients with multi-drug resistant TB (MDR TB). Extrapulmonary TB diagnostics will be available through continued support to CHUB and CHUK anatomical pathology laboratories.

Atelier Central de Maintenance (ACM) and NRL maintenance units for laboratory equipment will continue to be strengthened with training and staffing to guarantee the quality of results within the national laboratory network. Also, small laboratory renovations will be performed to assure building sustainability inside the national laboratory network.

PEPFAR will also continue to strengthen and integrate QA/QC/QI at the NRL into all HIV-related laboratory areas: serology, biochemistry, hematology, CD4, TB and malaria. New QA/QC approaches will continue to be explored in those HIV specific areas. National specimen transportation systems will continue to be strengthened. Specific laboratory target evaluations on new technical alternatives and new technologies will be supported to improve the accessibility and reliability of care and treatment programs. For example, new alternative technologies will focus on specific HIV areas like, CD4 or TB infant diagnostics. Protocols and/or indicators will be designed to evaluate laboratory performance impacts on care and treatment programs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1527.09

Mechanism: CDC Country Office GHAI/TA

Prime Partner: US Centers for Disease
Control and Prevention

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: 2850.21065.09

Planned Funds: \$176,000

Activity System ID: 21065

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

The overarching goals of the proposed activities are: (1) improve the capacity at national level, district and site level to provide quality prevention, diagnostic and treatment services to HIV-infected patients co-infected with tuberculosis (TB) and their families; (2) to build capacity within TRACPlus-CIDC of the MOH to effectively coordinate TB/HIV activities, in collaboration with the National TB program and, (3) to conduct key evaluation activities to inform the national TB and HIV programs.

Since the initiation of PEPFAR supported activities in Rwanda, the USG has worked with the MOH to strengthen the capacity of the health care system to provide TB and HIV services in the country. Support for these activities has been provided at central level to the National TB and HIV programs, at district health levels and at site levels. In FY 2007, CDC, in collaboration with MOH and USG-funded implementing partners, implemented an evaluation of TB screening in pediatric HIV patients. CDC supported a wide variety of technical assistance from CDC Atlanta for training in TB laboratory techniques, TB lab assessment, and targeted evaluations in TB/HIV. In FY 2007, CDC also supported technical assistance for a CDC international expert in infection control to support a national training organized by WHO. In order to meet the PEPFAR priority of providing quality smear microscopy services and effective TB diagnostic services for PLHIV, CDC supported short-term TB laboratory TA to work with NRL and Columbia University/ICAP to enhance the performance of the smear microscopy external quality assurance (EQA) system and the quality of culture and drug sensitivity testing services. Surveillance for extremely drug-resistant TB (XDR) will be conducted at CHK among TB patients that are failing TB treatment. In FY 2008, CDC is also funding regional technical assistance to support the TB Unit at TRACPlus-CIDC to implement an electronic TB register in Rwanda, and to link it to the TRACNet web-based reporting system for HIV/AIDS. MOH has still not determined whether isoniazid preventive therapy (IPT) will be supported in Rwanda. TRACPlus-CIDC expects to review the available evidence and, with expert consultation, make a determination. In the event that MOH decides to support IPT policy development in FY 2008, CDC TA would likely be sought in FY 2009 for development of implementation and scale-up plans.

In FY 2009, CDC will continue to bring TB experts to train additional central and district staff in infection control practices based on the soon-to-be-finalized national infection control policy. Two TDYs will be supported, one for the expanded training and another for infection control implementation and scale-up plan review. CDC will continue to support TDYs for the targeted evaluations initiated in FY 2007, including the evaluation of TB screening and diagnosis among HIV infected children, the evaluation of the diagnosis process for extra pulmonary and smear negative TB, as well as a new evaluation to validate the national tool used to screen PLHIV for TB. A total of six to eight TDYs will be supported for these evaluations. CDC will continue to support the laboratory system in Rwanda for new TB diagnosis, scale-up TB culture capacity, and decentralize quality assurance for microscopy and TB culture, and add capacity for DST for MDR and X-DR TB. A total of four to six TDYs will be supported for these laboratory related activities.

Lastly, CDC will provide technical assistance to TRACPlus HIV/AIDS and TB Units and PEPFAR implementing partners currently supporting HIV care and treatment services in ten prisons in Rwanda for routine TB surveillance and TB-HIV integrated activities.

Of note, in FY 2009, funding previously directed to WHO STOP TB activities will be provided directly to TRACPlus, as part of on-going efforts to encourage national disease control agencies to assume financial administrative responsibility and oversight of core TB-HIV integrated activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12905

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12905	2850.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$170,000
7266	2850.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$42,000
2850	2850.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$45,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8692.09

Mechanism: ARC

Prime Partner: American Refugee Committee

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 19478.24520.09

Planned Funds: \$20,845

Activity System ID: 24520

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

The monies in the UNHCR mechanism are being split at the request of State/PRM. Some UNHCR monies will go into a direct contract with ARC, which will continue to support the Gihembe and Nyabiheke camps for HIV services. The remaining monies will be given to UNHCR to ensure HIV services at the Kiziba camp. The funding split was based on COP 08 targets and the proportion of the budget that each mechanism will receive. There are no changes to the narrative as there are a standard set of activities within PMTCT, HVAB, H/OP, HBHC, HVTB, HVCT, and HTXS that should be undertaken by both UNHCR and by ARC at all three refugee camps.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19478

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19478	19478.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$18,335

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 10484.09**Prime Partner:** Columbia University**Funding Source:** GHCS (State)**Budget Code:** HVTB**Activity ID:** 24536.09**Activity System ID:** 24536**Mechanism:** Columbia University**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Care: TB/HIV**Program Budget Code:** 12**Planned Funds:** \$780,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The overall goal of this activity is to build capacity at central level for to support TB/HIV integration at all levels. TB/HIV capacity building includes development, revision or updating of TB/HIV guidelines for adults and children, creating training materials and job-aids, sharing best practices, improving TB diagnosis, and enhancing supervision and monitoring evaluation of TB/HIV integration activities.

In FY 2009, Columbia University will continue to support TB/HIV collaborative activities at central level through continuation of support for a long-term advisor and four national supervisors seconded to the national TB program to oversee collaborative activities. These include providing support to the national TB/HIV working group for revising and updating guidelines, curriculums, and tools. It also includes providing support for supervision of quality TB and HIV service delivery to co-infected patients - particularly to strengthen the implementation of routine HIV counseling and testing, prevention education, and referral for HIV care (if needed) for all patients with TB at the TB/DOT clinics. Additionally, it includes implementation of standardized symptom-based TB screening and intensified TB case-finding for patients living with HIV at the ART clinics. In addition, Columbia is supporting the PNILT with the implementation of an electronic TB register at selected sites. Support for two model centers established in FY 2005 will continue, Columbia (through its agreement with PNILT and NRL) is strengthening TB capacity throughout the Rwandan laboratory network. Lower-tier laboratories will use basic Ziel-Nielsen staining of specimens, and three reference laboratories located in NRL, Kigali University Teaching Hospital (KUTH), and Butare University Teaching Hospital will perform more complex assays such as TB culture, TB molecular diagnostics (PCR), TB drug susceptibility testing, diagnostics for Mycobacterium Avium Complex (MAC) and other atypical mycobacterium. In addition, the three reference laboratories will oversee the training and supervision of TB-related activities in the lower tier labs to improve the quality of microscopy-based diagnostic tests. A strong referral system will be developed to transport specimens from the lower tier labs to the reference laboratories for TB culture and other specialized tests.

Quality assurance systems were strengthened by providing TA to the NRL for the development of an external quality assurance (EQA) program for TB-related diagnostics. The CHK pathology lab will be up-graded to accommodate the increasing volume of TB-related anatomical pathology and clinical pathology specimens. Finally, these funds supported the drafting of a national strategic plan for TB lab diagnostics and lab network strengthening in coordination with the overall national plan for integrated TB and HIV activities. In addition to the TB laboratory activities, ICAP will strengthen TB/HIV integration in three prisons currently providing ART services in Rwanda (ICAP-supported sites). Priority will be placed on assuring that systems are in place for effective data collection and tracing as prisoners with HIV and prisoners with TB and HIV are released into the community. ICAP will hire staff to work with the prisons on these aspects of TB/HIV integration and assist with the coordination of these activities with KUTH, BUTH, NRL and PNILT. ICAP will procure all equipment and contract with a local company to renovate laboratories in the Butare University Hospital.

In addition, Columbia University will support additional staff positions and training at NRL, for TB culture molecular diagnostics (PCR), TB resistance testing, MAC and other atypical mycobacterium diagnostics as the demand is expected to grow in FY 2009 with scale-up active TB case findings among PLWA, smear negative suspect TB clients and their families. Columbia will continue to support the network of TB labs with transportation of specimens from low tier lab to the main three labs NRL, CHK and Butare University lab. In FY 2009 Columbia will support the decentralization of TB quality assurance to decrease the workload on NRL. These activities will reinforce timely diagnosis of extra pulmonary and smear negative TB thus decreasing the high mortality currently associated with delayed diagnosis of these types of TB disease.

Columbia University was awarded the UTAP follow-on in August 2008, thus there will be continuity in the activities outlined above.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$150,000

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 Mechanism

Mechanism ID: 4740.09

Prime Partner: United Nations High
Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8670.24527.09

Activity System ID: 24527

Mechanism: Refugees UNHCR

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$13,897

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Rwanda is host to nearly 52,000 refugees in four camps around the country. Refugee populations are considered to be at higher risk for diseases as well as violence, economic, and psychological distress. While HIV prevalence rates in the camp populations in Rwanda was estimated at less than 3% in 2008 from a data triangulation exercise, refugees interact regularly with members of surrounding communities where the prevalence for HIV is much higher than the national average. Consequently, the refugee population should be monitored closely and they continue to require a comprehensive package of HIV prevention, care and treatment services.

Since 2005, PEPFAR has supported UNHCR implementing partners AHA and ARC to provide HIV prevention and care services in Kiziba, Gihembe and Nyabiheke refugee camps with linkages and referrals for treatment.

In FY 2007 UNHCR began implementing the national TB/HIV policy and guidelines at their three supported sites. At UNHCR-supported HIV care and treatment sites, 100% of patients enrolled in HIV care are routinely screened for TB. However, lower than expected numbers of PLHIV in care and treatment are diagnosed and treated for TB. In FY 2009, UNHCR/ARC will continue implementation of regular TB screening and for all PLHIV, and for those with suspect TB, ensuring adequate diagnosis and complete treatment with DOTS.

In FY 2007, UNHCR supported sites with materials and training in routine recording and reporting of national TB/HIV programmatic indicators. Initial uptake and quality has been variable at sites. In FY 2008, UNHCR supported individual sites to both collect quality data, and to report and review these data in order to understand and improve their program and support integration of TB and HIV services at the patient and facility level per national guidelines.

HIV services are not yet available at all facilities in Rwanda. In order to ensure effective integration of TB and HIV UNHCR/ARC is supporting integrated planning and TB/HIV training to both HIV services providers and TB services providers. This partner also plans to increase support for integration of diagnostic services including coordinating specimen transport for both programs and patient transport for appropriate diagnostic services (such as chest radiography and diagnostics required for extrapulmonary TB) to referral centers and appropriate follow-up.

In FY 2009 UNHCR/ARC will continue to support three existing sites for the implementation of the TB/HIV component of the clinical package of HIV care. Lessons learned from integrating TB and HIV will serve in integrating HIV into the primary healthcare

New/Continuing Activity: Continuing Activity

Continuing Activity: 12891

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12891	8670.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$16,407
8670	8670.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$23,420

Emphasis Areas

Refugees/Internally Displaced Persons

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****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 97.09**Prime Partner:** Treatment and Research AIDS
Center**Funding Source:** GHCS (State)**Budget Code:** HVTB**Activity ID:** 12595.21036.09**Activity System ID:** 21036**Mechanism:** TRAC Cooperative Agreement**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Care: TB/HIV**Program Budget Code:** 12**Planned Funds:** \$310,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

The overall goal of this activity is to build capacity at central level for TB/HIV guidelines, tools, supervision, and monitoring and evaluation.

In FY 2008, TRACplus has been supporting TB/HIV collaborative activities at the central level through continuation of an existing TB/HIV advisors at to oversee collaborative activities, which support guidelines, curricula, and tool revision, networking with clinical partners, and supervision of all PEPFAR and non - PEPFAR sites for quality TB and HIV services to co-infected patients.

In FY 2009, PEPFRAR funding will continue to support the positions of the national advisors at TRACplus. The advisors will lead national activities on TB/HIV as related to guidelines, norms and tools review. They are part of the national team of TB/HIV supervisors in addition to those located at AIDSRelief, FHI, CDC, PNILT, and WHO. They will plan and coordinate TB/HIV training at the central and decentralized level. The team will participate in monthly joint supervision of TB/HIV activities at the district level and report issues and gives feedback to the national technical working group. The TB/HIV advisors at TRACplus will continue to support the drafting and implementation of a TB infection control plan at selected hospitals. They will continue to participate in the national supervision team for quality of health services including TB

PEPFAR will continue supporting the TB unit within TRACplus in training, monitoring, supervision, and add on MDR and X-DR TB surveillance. TB/HIV program will recruit one medical doctor to oversee one stop TB/HIV service, MDR and X-DR related activities, work with facilities to find all TB patients who failed first line and second line therapies, and ensure that MDR cases adhere to their treatment regimens. This MD will work with the National Reference Laboratory for identification and diagnosis of second-line drug resistance among MDR patients who fail treatment or die during treatment.

TB unit at TRACplus will train 259 providers on TB infection control and support them to implement the TB infection control activities based on available funds from PEPFAR implementing partners and global fund support at the site level. In collaboration with PEPFAR clinical partners and Global Fund, TRACplus will implement one stop TB/HIV service in 26 hospitals and 120 health centers.

In FY 2009 TRACplus will strengthen the TB/HIV monitoring and evaluation system by revising M&E tools based on the WHO recommendation and by improving the data analysis and its utilization for decision making. With PEPFAR support TRACplus will carry out astudy on prevalence of TB/HIV co- infection and MDR-TB in three prisons.

In order to improve the adherence of TB patients TRACplus will supervise community DOTS approach by supervising the community health workers(CHW), developing tools related to community DOTS as well as by facilitating transportation of CHWs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12878

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12878	12595.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$120,000
12595	12595.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$0

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$310,000

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 Mechanism****Mechanism ID:** 4741.09**Mechanism:** SCMS**Prime Partner:** Partnership for Supply Chain Management**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 8664.21016.09**Planned Funds:** \$950,000**Activity System ID:** 21016**Activity Narrative:** ACTIVITY UNCHANGED FROM FY 2008.

PFSCM (Partners For Supply Chain Management), working in close collaboration with CAMERWA, procures all PEPFAR commodities. PFSCM provides technical assistance and funding for procurement, storage and distribution of all medicines, equipment and laboratory supplies for TB and other PEPFAR program areas.

In FY 2008, SCMS will procure consumables for the pathology laboratory at Kigali Teaching Hospital to continue diagnosis activities and expand support to the Butare University Hospital. The main focus will be on consumables for FNA (fine needle aspiration) to include needles, syringes, masks, reagents for histology and paraffin. This activity is conducted in collaboration with AIDSRelief, who provides trainings through the Institute of Human Virology, for laboratory technicians and physicians for improved lymph node aspiration. Collaborative efforts will also assist with laboratory renovation for Columbia UTAP as well as another pathology laboratory at Butare University teaching hospital. These endeavors will enhance timely diagnosis capabilities for extrapulmonary TB among PLHIV in line with PEPFAR strategy to decrease the burden of TB on PLHIV.

In FY 2009, such equipment as a microtome, water bath, tissue processor, IPOX, microscopes, biosafety cabinets, hood, centrifuge with safety cups, and a replacement fluorescence microscope will be purchased. In addition, other CHK laboratory consumables, such as auramine stains for TB diagnosis will be procured. Maintenance and repair contracts will also be purchased for the above equipment.

These activities contributes to the Rwanda PEPFAR five-year strategy goal of integrating TB and HIV services by strengthening TB diagnostic capacity at Rwanda's major reference hospitals

New/Continuing Activity: Continuing Activity**Continuing Activity:** 12866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12866	8664.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$650,000
8664	8664.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$140,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 100.09

Prime Partner: Drew University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8146.20995.09

Activity System ID: 20995

Mechanism: HIV Support to RDF

USG Agency: Department of Defense

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$44,555

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Under the Rwanda Defense Force (RDF), there are a total of three military hospitals and five brigade clinics throughout the country that provided health care services to military personnel and their families. Drew University began working in two military hospitals and three brigade clinics in FY 2005 with PEPFAR support. The support modalities include TA and training on ARV and palliative care, M&E, and laboratory infrastructure. Drew is a USG funded clinical partner working in ARV, TB/HIV, PMTCT, Palliative Care and Prevention for Positive. It collaborates with CHAMP for services in military communities such as OVC, and receives drug procurement from SCMS. In line with national policies, the hospitals start performance-based financing as incentives for facilities.

In FY 2008, Drew University supports 40 HIV and TB services providers at facilities for continuous TB/HIV integration using the TRAC/PNILT TB/HIV training module, counseled all 2,000 TB patients registered at three military hospitals and five brigade clinics for HIV test and provided testing services to 90% of those who accepted to take the test. Drew University supported facilities to strengthen referral mechanisms within the same facility and between facilities which enabled patients diagnosed with TB and HIV to better adhere to TB treatment via DOTS, and access co-trimoxazole prophylaxis, CD4 counts or percentages and receive ART if eligible.

PBF is a major component of the Rwanda PEPFAR strategy for ensuring long-term sustainability and maximizing performance and quality of services. In coordination with the HIV PBF project, Drew University shifted some of their support from input to output financing based on sites' performance in improving key national HIV performance and quality indicators. Examples of quality indicators included correctly filling stock control cards in X-ray departments, the percentage of TB laboratory exams that were corroborated during quarterly controls, the number of X-rays of good quality that had correct diagnosis and reported in patient file, and the number of complete series of AFBs correctly done. Payment of indicators was linked to the quality of general health services through adjustments of payments based on the score obtained using the standardized national Quality Supervision tool and a performance incentive for the production of more than agreed upon quantities of each indicator. Drew University in partnership with MSH paid incentives to community health workers based on number of TB suspected case and focused on TB control at site level. In addition, Drew University through regular supervision to supported sites ensured that TB/HIV data were recorded and reported following national guidelines and staff conducted quarterly M&E meeting with PLHIV associations, community health workers with the aim analyzing data and use them for program quality improvement.

In FY 2009, these activities will continue at three military hospitals and five brigade sites. Drew University will provide 2,000 HIV-infected clients with TB preventive therapy and eligible patients for ART. Drew University will ensure that TB clinical care continues to be part of a package of a comprehensive HIV/AIDS care strategy by improving the infrastructure at RDF hospitals and brigade clinics and train RDF health providers to diagnose, treat, and through an established information system, monitor and report TB progression trends. Drew University will ensure that the provision of preventive co-trimoxazole prophylaxis continues to be integrated into a HIV care package for adults and children, to encourage TB prevention and reduce clinical disease. With PEPFAR support, Drew University will ensure that 100% of HIV positive adults and children enrolled into care in RDF sites receive TB screening and treatment (if TB infection is confirmed) and in the same manner, 100% of TB patients will be tested for HIV through PIT. In addition, all HIV positive, TB co-infected adults and children eligible for ART will be automatically enrolled and followed-up through in-facility referrals and linkages. TB preventive co-trimoxazole prophylaxis will also be provided to HIV-infected adults and children enrolled on care whether on and/or pending starting ART. To ensure successful TB prevention, Drew will support TB awareness-raising activities, mainstreamed at brigade/community-level through existing associations of HIV-positive individuals. Efforts to track family members exposed to TB and potentially at risk for HIV will be pursued. TB exposed children of TB/HIV co-infected adults will be identified, evaluated and provided with appropriate prophylaxis or treatment as indicated by the national guidelines for TB management in children. HIV testing for children of HIV positive adults with TB identified at TB clinics or enrolled in ART clinics will be offered at Drew supported sites. HIV positive children identified through this approach will be enrolled in ART services as part of a family approach to TB/HIV service provision and as part of efforts to improve the quality of services offered to military personnel and their families.

These activities support Rwandan national plan for TB/HIV and PEPFAR to prevent, diagnose and treat patients with both TB and HIV patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12827

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12827	8146.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$65,404
8146	8146.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$24,896

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 129.09

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4839.20979.09

Activity System ID: 20979

Mechanism: Columbia MCAP Supplement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$698,765

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

In FY 2008, Columbia continued to implement the national TB/HIV policy and guidelines at 44 ICAP supported sites including 2 state prisons. The program's achievements include at least 97% of all patients with TB were tested for HIV, 88% of all dually infected patients received cotrimoxazole preventive therapy and 44% received ART. At 44 MCAP-supported HIV care and treatment sites, 91% of patients newly enrolled in HIV care were screened for TB. 71% of patients in care were routinely screened for TB during follow up visits.

In FY 2009, Columbia will continue to support 44 existing sites and add 2 new sites for the implementation of the TB/HIV component of the clinical package of HIV care. The priority in FY 2009 will be to expand implementation of regular TB screening for all PLHIV, and for those suspected to have active TB, ensuring adequate diagnosis and complete treatment with DOTS. Initial uptake and quality of TB screening activities has been variable and inadequate at different sites. In FY 2009, Columbia will continue to support individual sites to continue early case detection, quality case management and follow-up. ICAP will ensure high quality recording of individual patient information, collect quality data, and to report and review these data. ICAP will then use program data to understand and improve their program and to support integration of TB and HIV services at the patient and facility level based on national guidelines.

HIV services are not yet available at all health facilities in Rwanda. Columbia is supporting integrated planning and TB/HIV training to health care providers including case managers that provide care and treatment services to patients living with HIV and patients with TB. The training is intended to ensure effective integration of TB and HIV services and increase the TB case detection rate and accessibility to comprehensive care and treatment services. Columbia plans on increasing support for integrating diagnostic services, including coordinating transportation of specimens and patients to referral centers for appropriate diagnostic services and appropriate follow-up (e.g. chest radiography and extra pulmonary TB diagnostics). Community health workers will work closely with health care workers to expand access to health care facilities for early diagnosis and appropriate TB treatment. In FY 2008, 2 staff from each of the 7 supported district hospitals underwent initial respiratory infection control training and each district hospital has begun drafting infection control plans. In FY 2009 Columbia will support implementation of TB infection control activities according to the national policy and guidelines.

This activity reflects the ideas presented in the PEPFAR five-year strategy and the Rwandan National Prevention Plan by advancing the integration of TB/HIV services through the operationalization of policies and increased coordination of prevention, counseling, screening, testing, care and treatment services. Lessons learned from integrating TB and HIV will serve in integrating HIV into the existing primary healthcare system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12810

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12810	4839.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$877,438
7180	4839.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4329	129.07	Columbia MCAP Supplement	\$37,807
4839	4839.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2572	129.06	Columbia MCAP Supplement	\$176,494

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$150,000
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: 170.09 **Mechanism:** HIV/AIDS Performance Based Financing

Prime Partner: Management Sciences for Health **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 4001.20709.09 **Planned Funds:** \$0

Activity System ID: 20709

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12856	4001.08	U.S. Agency for International Development	Management Sciences for Health	6315	170.08	HIV/AIDS Performance Based Financing	\$179,383
7221	4001.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$746,240
4001	4001.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$144,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3493.09 **Mechanism:** CRS Supplemental

Prime Partner: Catholic Relief Services **USG Agency:** HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16863.20970.09

Activity System ID: 20970

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$903,521

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

AIDS Relief's (AR) strategy for TB/HIV is to ensure effective roll out of the one stop service by ensuring that all clients with HIV infection in Local Partners Treatment Facilities (LPTFs) are routinely screened for TB; and patients with TB have access to HIV counseling and testing (HCT). Dually infected clients are offered appropriate care within and outside the LPTF. In FY 2008, AR is supporting 19 LPTFs in 2 provinces: 4 LPTF with PMTCT/VCT services only and 14 with ART. In FY 2009, AR will add one additional site while assuring complete VCT/PMCT/ART services to a total of 20 LPTFs in Nyamasheke regions/province. In setting and achieving FY 2009 targets, consideration has been given to modulating AR's rapid FY 2008 scale up plans in order to concomitantly work towards continuous quality improvement.

Screening & treatment targets: During FY 2009 95% of all planned 11,484 HIV positive patients enrolled in care at AR supported sites will be screened for signs of TB using the "5 questions" for TB screening and from these an estimated 2% of all screened are expected to be diagnosed and treated for TB. This is based on FY 2008 figures whereby 9543 patients will be screened for TB and of these, an estimated 130 will be found to be positive (~1.5%). However, we expect to increase the percentage of those who screen positive who will be diagnose and treated for TB from 1.5% to 3% in FY 2009 by supporting sites to improve diagnostic and treatment skills, especially AFB negative patients. Of those found to be positive to any of the TB screening questions 97% will have sputum AFB done if they can produce sputum. This will be collected and transported from treatment centers to the TB diagnostic centers or done directly in the diagnostic centers for others. TB screening of PLWHA that screen positive but cannot produce sputum will be managed using the practical approach to lung health (PAL) at the district hospitals (DH). A referral/network linkage system and support between health center (HC) and DH and the community will be enhanced to ensure an effective running of this activity in collaboration with the Rwandan TB program. This linkage system includes supporting patient transport for x-ray and care at district hospitals; supporting TB/HIV nurses by providing tracking tool and a communication system for following up on results of referrals and care between health centers and hospitals. Trained Community health care providers will also assure screening at home for TB symptoms among PLHIV and refer suspects to LPTF, conduct home visits to assure adherence to antiTB medications and ART, and trace family members of PLHIV accessing TB/HIV services and facilitate their TB screening and appropriate care. All TB patients will be offered HIV counseling and testing services at both the DH and the HC. Laboratory diagnostic capacity will be upgraded and human capacity developed to ensure adequate TB diagnosis for PLWHA. Through basic care and support services all patients with TB disease and HIV infection will be put on cotrimoxazole prophylaxis therapy (CPT).

TB Infection control: AR will ensure proper patient triage, specimen collection, waste disposal, proper ventilation and administrative control activities such as active identification of those with TB symptoms, patient segregation, availability and use of infection control job aids. TB infection prevention and control will be accomplished using these work practices and administrative measures. Patient and staff education will be routinely conducted to ensure program success. AR will adopt joint adherence strategies for patients on ARVs and TB DOTS including treatment preparation sessions and follow-up in community by trained health care providers. AR will strengthen the facilities' capacity to meet special needs of PLWHA on both ART and anti-TB treatment assuring cross-training of staff, one-stop service for co-infected, improving communication between services and providers and facilities. Nosocomial transmission of TB to patients with HIV infection will be prevented through measures and principles such as basic hygiene (e.g., cough etiquette training), proper sputum disposal, isolation of known TB cases, and good cross ventilation at clinics.

Patients screened and treated for TB and TB/HIV will be entered into AR updated IQChart patient record system and regularly submitted in the national TB program reporting tool with appropriate linkages of medical records between TB and HIV points of service.

Trainings & patient's support: AR will train 44 healthcare workers (HCW) in TB/HIV management at both the DH and the HC. Twenty medical records staff will be trained on data collection for suspected and diagnosed TB cases. Four doctors from the two district hospitals, 20 nurses (2 from each FOSA) and twenty community health worker (CHWs) leaders (one from each FOSA) will be trained on x-ray diagnosis, clinical management, and care of patients with TB/HIV co-infection which will be complemented by onsite preceptorships and mentoring to enhance case finding. 640 Community health workers (CHWs), treatment support specialists, and members of support groups will be trained to screen and refer for TB symptoms, assist with patient adherence to ART and anti-TB drugs and contact tracing of patients. Trainings will also be expanded to include TB infection control for both hospital administrators and HCW. All AR TB staff will be trained/ retrained to enhance TB diagnostic and management skills.

Quality improvement program: In FY 2009, AR will strengthen its program for Continuous Quality Improvement (CQI) to improve and institutionalize quality interventions. AR CQI specialist who will be supervised by a the CQI Advisor will be responsible for collaborating with LPTF quality assurance committees to spearhead CQI activities in TB/HIV care. This will include standardizing patient medical records to ensure proper record keeping and continuity of care at all LPTFs. AR TB/HIV activities that will be addressed include program level reporting to enhance the effectiveness and efficiency of both paper based and computer based Patient Monitoring and Management (PMM) systems using IQ charts and assuring data quality across all LPTFs.

TB Pathology: AR will continue its TB FNA pathology pilot activities of training, procurement and personnel support. AR will also expand district level capacity to diagnose extrapulmonary TB using Fine Needle Aspirate (FNA). Our plans for scaling up include expanding our in country operations by collaborating with UMSOM-IHV TB/Pathology programs at the National Reference Laboratory (NRL) and the University Teaching Laboratories of CHUB, CHUK plus regional TB hospitals to increase mentoring and training for physicians in 2 DH in Nyamasheke. Further plans include establishing the telepathology unit at CHUB where UMSOM-IHV pathologists will review and compare slides via internet and assist in providing accurate diagnoses on difficult cases by collaborating with the pathologists in Rwanda. We will support decentralization of this capacity through implementation and training on the use of radiology equipment with

Activity Narrative: telepathology technology already present in Nyamasheke district hospitals. In turn, the Rwandan pathologists (supported by UMSOM-IHV) will assist the DH in Nyamasheke by reviewing slides via internet for improved TB diagnostic ability. AR will hire an additional pathologist to assist in the decentralization and training efforts.

As part of the clinical mentoring program with TRACPlus/CIDC, we will continue to strengthen the national TB program through better integration of TB and HIV services at all levels leading to better TB treatment outcomes. Particularly the focus will be on increasing diagnosis and treatment of TB among PLHIV and support the national scale out of HIV testing among patients with TB.

AR's team will work with the DH team to conduct formalized site visits at least quarterly during which there will be evaluations of TB/HIV clinic services, TB laboratory services, infection control practices, utilization of National tools and guidelines, proper medical record keeping, patient follow-up and referral coordination. On-site TA/supportive supervision with more frequent follow-up monitoring visits will be provided to address weaknesses when identified during routine monitoring visits. Each of these activities will highlight opportunities for improvement of clinical practices.

Sustainability lies at the heart of the AR program with focus on technical, organizational, funding, policy and advocacy dimensions. Through its comprehensive approach to programming, AR will increase access to quality care and treatment, while simultaneously strengthening NRL, TRACPlus/CIDC, CHUB, CHUK and health facility systems. All activities will continue to be implemented in close collaboration with the GOR and the district health teams to ensure coordination and information sharing, thus promoting long-term sustainability. Health systems strengthening will include human resource support and management, financial management, infrastructure improvement, and strengthening of health management information systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16863

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16863	16863.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$1,035,891

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$450,000

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: 7088.09

Mechanism: FHI Bilateral

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 15228.20664.09

Planned Funds: \$298,005

Activity System ID: 20664

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

In FY 2007, FHI began implementing the national TB/HIV policy using national guidelines at their 59 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 95% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing co-trimoxazole and ART). In FY 2008, the goal was to ensure at least 95% of all TB patients were tested for HIV and that 100% of eligible patients receive co-trimoxazole and 100% of those who are eligible receive ART. In addition, at the 59 FHI-supported PMTCT and HIV Care and Treatment sites, 100% of 16,642 adults and children enrolled in HIV care were routinely screened for TB.

However, in FY 2008, at the national level lower than expected numbers of PLHIV receiving basic care services were diagnosed and treated for TB. The priority in FY 2009 will be to increase support to district health teams (DHT) to provide supervision to non-PEPFAR funded sites within FHI supported districts of Rwanda's Southern Zone, to increase the diagnostic capacity of district hospitals and other TB treatment and diagnostic centers (DTHs) within FHI-supported districts. Improving services for TB/HIV management will also include a strong focus on infection control standards through use of national guidelines and protocols developed with PEPFAR funding; increased diagnostic capacity for both pulmonary and extra pulmonary TB; fully expand implementation of regular TB screening and for all PLHIV (adults and children), and for those with suspected TB disease; ensuring complete treatment with DOTS, and monitoring treatment failure in order to facilitate early detection of MDR TB and tracking of exposed family members for appropriate HIV and TB screening and or initiation of isoniazid prophylactic therapy as indicated in the national guidelines.

Additionally, in FY 2009 FHI will provide refresher trainings to two staff members from each district that underwent respiratory infection control training in FY 2007 and 2008 and will continue to build their capacity through TRAC-coordinated mentoring so they can continue to provide quality supervision to facilities within their assigned districts.

In order to ensure effective integration of TB and HIV, FHI will continue to support integrated planning and TB/HIV training for HIV and TB services providers. The partner will continue to work towards improved diagnostic services for TB, including coordinating specimen transport and/or patient transport for appropriate diagnostic (such as chest radiography and FNA specimen for extra-pulmonary TB) and treatment services to relevant referral centers and provide appropriate follow-up for quick result turn-around times, and prompt patient care.

In FY 2009, FHI will focus on continuous quality improvement in their 64 existing sites and building the capacity of the DHT to plan and implement an HIV program fully integrated into the existing health care system. The goal is to offer "one stop" services for HIV-infected adults and children to improve retention into care, increase access to a variety of services including co-trimoxazole prophylaxis, CD4 and clinical staging, regular assessments for TB or ARV drug toxicity and support for adherence. In addition, other services, such as family planning, STI diagnosis and treatment, nutritional support and other services can also be made available in a coordinated manner to maximize resources at site-levels and in the community and increase the chances that persons can access all the services needed for appropriate care and treatment.

TB/HIV activities have greatly increased access to critical clinical services for adults co-infected with HIV and TB. The pediatric population has not necessarily been targeted with some of these interventions although they are at high risk for TB even when not HIV co-infected. HIV-testing of children being treated at TB clinics, expedited initiation of co-trimoxazole for HIV-infected children identified at TB clinics and active case finding of TB cases among children of adults with TB/HIV co-infection has not been implemented in most countries. At present, most USG supported partners have begun regular clinical screening of children enrolled in ART programs for signs, symptoms or history of TB exposure but that is generally the extent of services offered to children. Testing for HIV in children at TB clinics has not been generally implemented at this time. FHI and other USG partners and donors will work with the GoR to develop an agenda to specifically address issues related to TB in children.

In addition to TB/HIV activities at their supported sites, FHI recruited and extensively trained three TB/HIV focal persons in FY 2008 to work together with personnel from AIDSRelief, Columbia University, PNILT and TRAC-plus and the UPDC unit of the MoH to create a TB/HIV coordination sub-group who will be charged with bringing together a national technical working group to develop an agenda to further support TB/HIV integration and improve the quality of services at all levels. In FY 09, this team will continue to ensure the functioning of the national TB/HIV working group, conduct monthly regular supervision to districts and give feedback to sites regarding weaknesses in the program, provided recommendations for program improvement and achievements observed with respect to TB/HIV activities. The three staff based at FHI office will also continue to ensure quality and coordination of the roll-out of quality services and infection control services within FHI supported site in both out and in-patient settings for adult and children.

Lessons learned from integrating TB and HIV will serve to further support efforts to fully integrate HIV into the primary healthcare delivery system for adults and children.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16743

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16743	15228.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$384,100
15228	15228.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$232,707

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

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 Mechanism

Mechanism ID: 7090.09	Mechanism: IntraHealth Bilateral
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 15230.20671.09	Planned Funds: \$161,676
Activity System ID: 20671	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

In FY 2007 IntraHealth, Inc. began implementing the national TB/HIV policy using national guidelines at their 31 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 95% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing cotrimoxazole and ART). In FY 2008, the goal was to ensure at least 95% of all TB patients were tested for HIV and that 100% of those who are co-infected receive cotrimoxazole and 100% of those who are eligible receive ART.

However, in FY 2008, at the national level, lower than expected numbers of PLHIV receiving basic care services are diagnosed and treated for TB. The priority in FY 2009 will be to increase support to DHT to provide supervision to non PEPFAR funded sites within IntraHealth supported districts of the Northern Zone, to increase the diagnostic capacity of district hospitals and other TB treatment and diagnostic Centers (CDTs) within the IntraHealth supported districts. Services for TB/HIV management will also include a strong focus on infection control standards through use of national guidelines and protocols developed at national level with PEPFAR funding. Increased diagnostic capacity for both pulmonary and extra pulmonary TB and expand implementation of regular TB screening and for all PLHIV is planned for those with suspected TB disease, ensuring complete treatment with DOTS, and monitoring treatment failure in order to facilitate early detection of MDR.

In FY 2009, this partner will continue to support individual sites to collect and analyze quality data on site and improve the quality of TH/HIV services. IntraHealth will ensure that TB registers are updated as relevant and that screening of HIV positive individuals is done at every visit. Additionally, in FY 2009 the partner will provide refresher training to two staff from each district that underwent respiratory infection control training and will continue to build their capacity through TRACPLUS coordinated mentoring so they can continue to provide supportive supervision to facilities within their supported districts.

In order to ensure effective integration of TB and HIV, IntraHealth, will continue to support integrated planning and TB/HIV training to both HIV services providers and TB services providers. The partner will continue to work towards improved diagnostic services for TB, including coordinating specimen transport and patient transport for appropriate diagnostic services (such as chest radiography and FNA specimen for extrapulmonary TB) and treatment services to relevant referral centers and provide appropriate follow-up for quick results and prompt patient care.

In FY 2009, IntraHealth, Inc. will focus on continuous quality improvement in their 39 existing sites and building the capacity of the District health teams to plan and implement an HIV program within the existing health delivery system. The goal is to offer one stop services where an HIV positive individual is screened for TB, family planning, and is appropriately served or referred.

Integrating TB and HIV is one step towards integrating HIV into primary healthcare.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16750

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16750	15230.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$186,028
15230	15230.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$133,224

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

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 Mechanism

Mechanism ID: 7089.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15229.20045.09

Activity System ID: 20045

Mechanism: EGPAF Bilateral

USG Agency: U.S. Agency for International
Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$159,084

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

In FY 2007, EGPAF began implementing the national TB/HIV policy using national guidelines at their 24 supported sites. The program's achievements include an improvement in the percentage of TB patients tested for HIV from less than 70% to 95% and improving HIV-infected TB patient's access to HIV care and treatment (increased proportion of patients accessing co-trimoxazole and ART). In FY 2008, the goal was to ensure at least 95% of all TB patients were tested for HIV and that 100% of eligible patients receive co-trimoxazole and 100% of those who are eligible receive ART. In addition, at the 24 EGPAF-supported PMTCT and HIV Care and Treatment sites, 100% of 10,130 adults and children enrolled in HIV care were routinely screened for TB.

However, in FY 2008, at the national level lower than expected numbers of PLHIV receiving basic care services were diagnosed and treated for TB. The priority in FY 2009 will be to increase support to district health teams (DHT) to provide supervision to non PEPFAR funded sites within EGPAF supported districts, to increase the diagnostic capacity of district hospitals and other TB treatment and diagnostic centers (DTHs) within EGPAF-supported districts. Improving services for TB/HIV management will also include a strong focus on infection control standards through use of national guidelines and protocols developed with PEPFAR funding; increased diagnostic capacity for both pulmonary and extra pulmonary TB; fully expand implementation of regular TB screening and for all PLHIV (adults and children), and for those with suspected TB disease; ensuring complete treatment with DOTS, and monitoring treatment failure in order to facilitate early detection of MDR TB and tracking of exposed family members for appropriate HIV and TB screening and or initiation of isoniazid prophylactic therapy as indicated in the national guidelines.

Additionally, in FY 2009 EGPAF will provide refresher trainings to two staff members from each district that underwent respiratory infection control training in FY 2007 and 2008 and will continue to build their capacity through TRAC-coordinated mentoring so they can continue to provide quality supervision to facilities within their assigned districts.

In order to ensure effective integration of TB and HIV, EGPAF will continue to support integrated planning and TB/HIV training for HIV and TB services providers. The partner will continue to work towards improved diagnostic services for TB, including coordinating specimen transport and/or patient transport for appropriate diagnostic (such as chest radiography and FNA specimen for extra-pulmonary TB) and treatment services to relevant referral centers and provide appropriate follow-up for quick result turn-around times, and prompt patient care.

In FY 2009, EGPAF will focus on continuous quality improvement in their 42 existing sites and building the capacity of the DHT to plan and implement an HIV program fully integrated into the existing health care system. The goal is to offer "one stop" services for HIV-infected adults and children to improve retention into care, increase access to a variety of services including co-trimoxazole prophylaxis, CD4 and clinical staging, regular assessments for TB or ARV drug toxicity and support for adherence. In addition, other services, such as family planning, STI diagnosis and treatment, nutritional support and other services can also be made available in a coordinated manner to maximize resources at site-levels and in the community and increase the chances that persons can access all the services needed for appropriate care and treatment.

TB/HIV activities have greatly increased access to critical clinical services for adults co-infected with HIV and TB. The pediatric population has not necessarily been targeted with some of these interventions although they are at high risk for TB even when not HIV co-infected. HIV-testing of children being treated at TB clinics, expedited initiation of co-trimoxazole for HIV-infected children identified at TB clinics and active case finding of TB cases among children of adults with TB/HIV co-infection has not been implemented in most countries. At present, most USG supported partners have begun regular clinical screening of children enrolled in ART programs for signs, symptoms or history of TB exposure but that is generally the extent of services offered to children. Testing for HIV in children at TB clinics has not been generally implemented at this time. EGPAF and other USG partners and donors will work with the GOR to develop an agenda to specifically address issues related to TB in children.

In addition to TB/HIV activities at their supported sites, EGPAF recruited and extensively trained three TB/HIV focal persons in FY 2008 to work together with personnel from AIDSRelief, Columbia University, PNILT and TRAC-plus and the UPDC unit of the MOH to create a TB/HIV coordination sub-group who will be charged with bringing together a national technical working group to develop an agenda to further support TB/HIV integration and improve the quality of services at all levels. In FY 2009, this team will continue to ensure the functioning of the national TB/HIV working group, conduct monthly regular supervision to districts and give feedback to sites regarding weaknesses in the program, provided recommendations for program improvement and achievements observed with respect to TB/HIV activities. The three staff based at EGPAF office will also continue to ensure quality and coordination of the roll-out of quality services and infection control services within EGPAF supported site in both out and in-patient settings for adult and children.

Lessons learned from integrating TB and HIV will serve to further support efforts to fully integrate HIV into the primary healthcare delivery system for adults and children.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16736

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16736	15229.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$219,440
15229	15229.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$73,140

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

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 Mechanism

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 17029.20686.09	Planned Funds: \$90,000
Activity System ID: 20686	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity will continue unchanged with a new prime partner. The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008 MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 09 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both IPs and the USG teams. MEMS staff will work closely with the USG teams and IPs and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17029

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17029	17029.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtg System	\$100,000

Total Planned Funding for Program Budget Code: \$13,315,591

Program Area Narrative:

Approximately 52 percent of Rwanda's population is under the age of 18 (source: Rwanda General Population Census 2002). The double impact of genocide and AIDS has resulted in Rwanda having one of the highest proportions of orphans in the world. UNICEF estimates that by 2010, the majority of orphan cases will be attributable to HIV. The Rwanda National OVC Strategic Plan (2007-2011) estimates that there are 1,264,000 OVC in Rwanda (of all causes). The UNAIDS report for 2008 puts the number of orphans due to AIDS in Rwanda at 220,000. An additional 27,000 are children living with HIV.

The USG is the primary donor in OVC service provision and focuses on beneficiaries aged 0-17 infected or affected by HIV and AIDS. UNICEF, the other major international donor working with OVC, focuses only on central level TA and provides no direct services. As of March 2008, USG assistance had reached an estimated 52,883 OVC with a menu of services that mirrors that of the GOR, including school fees, vocational training, health insurance, food aid, psychosocial support, and HIV prevention education.

In its final year Community HIV/AIDS Mobilization Program (CHAMP) is, in FY 2008, playing the lead role in coordinating USG efforts to assist OVC and their families. CHAMP is assisting the GOR with strengthening district and sector level children's forums and orphan care committees. These efforts are ensuring the participation of children and local leaders in OVC activities as well as coordination of services for OVC. In the past year, OVC programming used a model of service delivery through Rwanda Partner Organizations (RPOs), which will be scaled up in FY 2009 under the CHAMP follow-on activity. This model ensures that identification of beneficiaries is transparent, services are appropriate, and the program is sustainable as local capacity is built and strengthened through on-going skills transfer. The follow-on activity will be designed to prepare for the end of Track 1-funded agreements.

To expand OVC access to include direct food aid, USG awarded a cooperative agreement in FY 2008 to a consortium of food partners (Ibyiringiro Project) led by Catholic Relief Services (CRS) to provide other essential OVC services in addition to food assistance. To ensure OVC access to legal aid, PEPFAR funding is providing support to Avocats Sans Frontiers that works closely with the Kigali Bar Association to provide legal services to vulnerable groups. In FY 2008, PEPFAR will fund a follow-on activity that will have several months of overlap with the existing community services program in order to ensure a smooth transition for existing beneficiaries. This overlap will ensure continued support to OVC and the retention of existing targets. To enhance the coordination of OVC services, PEPFAR is supporting a full-time position at Ministry of Gender and Family Promotion (MIGEPROF) in FY 2008.

In FY 2009, the overall strategy for providing services to OVC will not change. Partners will either directly provide OVC services or refer them to other care and support programs in USG districts. PEPFAR and its partners will continue as active members of the OVC TWG which coordinates quality OVC programming, and is presently analyzing the recently completed OVC situation analysis and vulnerability criteria. Service delivery and quality of care will be improved in FY 2009 by standardization of services among implementing partners and the use of the Child Status Index to monitor the children's wellbeing. The CHAMP follow-on will oversee the task of significantly increasing the number of beneficiaries by providing the needed technical and programmatic assistance to allow local partners and communities to take the lead in providing OVC services.

In FY 2009, OVC partners will continue to work closely with local women's groups, community and faith-based organizations (C/FBOs), and PLHIV associations to provide technical training in OVC care and support as well as institutional capacity building for these C/FBOs. Implementing partners will continue to use the household centered approach which links OVC services to the family unit caring for OVC. In an effort to sustain the gains made in the past, the focus of OVC programming in FY 2009 will be to strengthen households' socio-economic capacity to care for OVC through scaling up of income generating activities (IGAs) and saving schemes. Implementing partners will mobilize communities to increase their participation in OVC care, monitoring and evaluation. To ensure that the needs of children most affected by HIV are addressed, stronger links will be established and maintained between OVC services and other programs (TC, PMTCT, palliative care and ART). The GOR and USG clinical partners will continue identifying and treating HIV-positive OVC. In FY 2009 PEPFAR will support GOR in strengthening central and local level coordination, monitoring and evaluation of OVC services by funding and rolling out the M&E framework of the National Strategic Plan of Action for OVC through a collaborative process involving all stakeholders. Implementing partners will support GOR in improving the OVC database by regularly providing updated information on: number of, gender and age disaggregated OVC being served, type of services provided, and area of operation.

The PEPFAR OVC strategy will continue to leverage other sectors to provide optimal services to the affected population, wraparound programming and adopting best practices. PEPFAR activities for OVC will wrap around PMI, microfinance, education, youth employment, food assistance, HIV prevention and TC activities to ensure integration and linkages with other USG funded/PEPFAR activities. In FY 2009 the CHAMP follow-on, Regional Outreach Addressing AIDS through Development (ROADS), Ibyiringiro and Track 1.0 partners will reach an estimated 61,560 OVC and train over 8,044 OVC caregivers.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7585.09

Mechanism: Monitoring and Evaluation Management Services

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17031.20687.09

Planned Funds: \$0

Activity System ID: 20687

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV/AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008 MEMS is deploying a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 2009 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both IPs and the USG teams. MEMS staff will work closely with the USG teams and IPs and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2009 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. Accordingly, MEMS will facilitate joint performance analysis to raise common understanding of key programmatic issues, maximize data driven programming and encourage constructive dialogue between activity managers and their respective implementing partners on areas of concerns related to programmatic issues and/or target setting. An important focus will be to support analysis of USG support and partner data with respect to the overall country context and achievements, as specific planning and reporting requirements of the Government of Rwanda (GOR). MEMS will also facilitate a common understanding of the GOR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GOR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. These studies will be designed to shed light on to key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17031

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17031	17031.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtng System	\$100,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7621.09 **Mechanism:** Basic Education/Youth Employment

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 16949.20680.09 **Planned Funds:** [REDACTED]

Activity System ID: 20680

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

USAID/ Rwanda recently awarded a cooperative agreement to implement a youth livelihoods project. The Rwanda youth project is a five-year, \$7.5 million activity directly targeting 2,500 out-of-school youth per year, aged 15-24, in urban areas. This activity is a multi-sector collaboration within USAID/Rwanda, involving input and funding from all four sectors: Education (Basic Education), Health (PEPFAR), Democracy and Governance, and Economic Growth.

The project will reduce youth vulnerability to health risks, especially HIV/AIDS, and work to maintain a healthy workforce that can effectively contribute to the growth of the country's economy. Of the 2,500 targeted youth per year, 1,000 will be orphans and other vulnerable children (OVC).

PEPFAR funds will enable youth to build the skills and knowledge necessary to become healthy productive workers and participants in civic and community affairs. This includes: life skills in critical health topics (i.e., reproductive health and HIV/AIDS prevention) and leadership development, as well as meaningful opportunities for civic engagement.

Through life skills education, the project will provide youth with the information and skills they need to manage and negotiate health, childbearing, and relationships. The project will provide youth with life skills instruction and counseling, including on such topics as HIV/AIDS prevention, interpersonal communication, reproductive health, and other youth-oriented health training consistent with best practices of PEPFAR-funded programs. Whenever possible, the project will link to existing PEPFAR-supported activities and institutions in order to better address the needs of the youth it is serving, particularly OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16949

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16949	16949.08	U.S. Agency for International Development	To Be Determined	7621	7621.08	Basic Education/Youth Employment	[REDACTED]

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

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

**Education**

Estimated amount of funding that is planned for Education

**Water****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 3644.09**Mechanism:** Africare Track 1**Prime Partner:** Africare**USG Agency:** U.S. Agency for International Development**Funding Source:** Central GHCS (State)**Program Area:** Care: OVC**Budget Code:** HKID**Program Budget Code:** 13**Activity ID:** 5262.20698.09**Planned Funds:** \$445,505**Activity System ID:** 20698

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Africare's Community Based Orphan Care, Protection and Empowerment (COPE) project's purpose is to provide a comprehensive menu of services to OVC while strengthening the capacity of families and the community to meet the needs of vulnerable children. In FY 2008, Africare is providing a range of services to 3,450 OVC including formal education and vocational training, health insurance, food and nutrition, psychosocial support and household economic strengthening.

In FY 2009, Africare will increase the number of OVC to 5,012 who will benefit from the menu of services. Out of school OVC will be enrolled in vocational training schools and provided with start-up kits upon graduation. Child heads of households who are unable to attend formal or non-formal education will be assisted to start income generating activities appropriate to their capacity and local community needs. The project will create new and strengthen existing community and school-based COPE clubs. These are instrumental in training youth as peer educators to provide OVC and other youth with correct information about HIV and AIDS; allow youth to understand their own risk factors; support youth in abstaining from sex; encouraging fidelity; and helping to develop youth's negotiation skills to sustain these healthy practices. The COPE project will continue wrapping around PMI and other on-going USG-funded programs such as Ibyiringiro food assistance project (of which Africare is a consortium partner), immunization, de-worming and vitamin A distribution.

Africare will train 1,000 caregivers and help them to initiate backyard gardens or supplementary nutrition interventions for OVC including mapping nutritional service providers and establishing linkages to secure additional nutritional support. The caregivers will be helped to undertake selected income generation activities after identifying commercial markets and initiating saving schemes. Caregivers' savings will serve as a source of self sustained local investment and self support. Africare will provide relevant technical assistance and capacity building to associations serving OVC in the local communities. Africare's service corps volunteers will use the child status index to monitor OVC's well being for service quality assurance and improvement.

Africare will bring together district authorities, religious leaders, teachers, and community members under multi-sectoral district-level child forum and orphan care committees (OCC) to come up with one participatory community OVC care and support strategy. This will help to improve program coordination and harmonization of activities at decentralized levels. Africare will continue to work with and strengthen the capacity of community volunteers in psychosocial support, basic child rights, trauma processing, HIV prevention and monitoring the status of OVC and their families. Volunteers will link HIV-infected OVC to health care services and malnourished OVC to food assistance programs.

Recognizing that gender often determines the needs and roles of youth in communities and families, as well as their access to services, Africare's approach will continue to ensure that both girls and boys are linked to appropriate services according to their age group and identified needs, and that girls have access to educational opportunities, free from sexual abuse, exploitation and HIV; in that context Africare will continue to increase the knowledge of community leaders, caregivers, and OVC in the areas of inheritance and property rights to both women, young girls, and OVC in general.

As a phase out strategy, Africare's main focus in FY 2009 will be to strengthen FBO and CBO capacity for OVC care and support through training in financial and program management, community mobilization and strategic partnerships. Africare will work towards handing over some of the supported beneficiaries to selected FBO/CBO in the areas of intervention to take over direct service provision to OVC by the end of the Track 1.0 cooperative agreement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12781

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12781	5262.08	U.S. Agency for International Development	Africare	6296	3644.08	Africare Track 1	\$559,709
7148	5262.07	U.S. Agency for International Development	Africare	4319	3644.07	Africare Track 1	\$760,451
5262	5262.06	U.S. Agency for International Development	Africare	3644	3644.06		\$191,281

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)

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 \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$150,000

Education

Estimated amount of funding that is planned for Education \$150,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3643.09

Mechanism: AVSI Track 1

Prime Partner: Associazione Volontari per il Servizio Internazionale

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5242.20960.09

Planned Funds: \$768,000

Activity System ID: 20960

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

AVSI provides quality, comprehensive care services to OVC in collaboration with community development committees, MIGEPROF and GOR. AVSI builds the capacity of families and CBOs to provide care and support for OVC in their communities by identifying their needs and organizing workshops to improve management skills, accountability systems, and service delivery.

In FY 2008, AVSI is providing a menu of services, including education fees and learning materials, vocational training, after school programs, health insurance, hygiene kits, psychosocial support, food assistance, and recreational activities/outings to 2,992 OVC in four districts. In addition, training is being provided to 41 CBOs to build their organizational and management capacity, improve their ability to successfully implement IGAs and provide support and care for OVC in their communities.

In FY 2009, AVSI will reach a total of 2,875 OVC with the above menu of services. AVSI will continue working closely with community leaders and CBOs to identify the neediest OVC and ensure that the services provided are consistent with the real needs and expectations of the beneficiaries. AVSI social workers will continue conducting in-depth assessment of each OVC to assess their current situation and provide a package of services tailored to their needs. The Child Status Index rolled out in the previous fiscal year will be used to evaluate if and how OVC benefit from the services. AVSI will continue to take part in the Joint Action Network in every district of intervention.

The program will ensure that every child who is supported is cared for by an adult, either in the family or by someone in the community. AVSI will train 250 OVC caregivers, who include community members, social workers and teachers. As one of the most at risk groups, girl heads of households will be especially targeted for vocational training in order to equip them with skills for economic self sustenance.

To reduce orphaned girls' and boys' vulnerability to sexual abuse, exploitation, and HIV, sensitization sessions using AVSI's Value of Life and other modules will be scaled up. AVSI's social workers will sensitize the communities, particularly local leaders and caregivers about inheritance and property rights of OVC, and where necessary refer cases to other PEPFAR-funded partners that specialize in legal aid or advocacy, Avocats Sans Frontiers and Haguruka, respectively. To help them assume responsibility for heading households and cope with the inequitable burden of care of OVC, AVSI will provide women and girls with the required resources and support. This assistance may be economic or in the form of advice.

AVSI will continue working with communities to organize Mobile Tent activities in each community. These activities include recreational activities for children, health education sessions for all community members (separated for youth and adults), mobile libraries, songs, drawing competitions and dance activities. The aim of these activities is to disseminate information about HIV and AIDS, reproductive health, family planning, OVC protection, and other community pertinent issues. AVSI will work to ensure that all OVC have access to appropriate HIV prevention messages and other HIV services as needed. In addition, general HIV prevention, care and treatment information will be shared with the CBOs receiving support under this activity through their regular meeting and capacity building activities. AVSI will use PEPFAR resources to leverage their other funding to expand ongoing efforts to provide a minimum package of services to OVC through a collaborative, multi-sectoral approach.

As part of the exit strategy, AVSI will assess personal projects of all OVC who have completed a school cycle to determine whether the objectives set at the beginning of the project have been achieved. If the objectives have been achieved, the OVC will be replaced with others in need of vocational training or the completion of the school cycle. Criteria for replacing children will include completion of a school cycle or the improvement of the household economic situation that would enable the parent/caregiver to support the OVC. Vocational training graduates will be supported to start market and demand driven income generating activities.

For those who may still need support at the end of the Track 1.0 cooperative agreement, AVSI plans to transfer them to the Italian families-funded Distance Support Project (DSP) to ensure continued support until project objectives for each supported child are achieved.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12787

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12787	5242.08	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	6300	3643.08	AVSI Track 1	\$416,384
7155	5242.07	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	4323	3643.07	AVSI Track 1	\$358,280
5242	5242.06	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	3643	3643.06		\$471,766

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Health-related Wraparound Programs

* Malaria (PMI)

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 \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$200,000

Education

Estimated amount of funding that is planned for Education \$250,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7620.09	Mechanism: Legal Aid
Prime Partner: Avocats Sans Frontieres	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 16948.20961.09	Planned Funds: \$100,000
Activity System ID: 20961	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

USAID/Rwanda has an agreement with Avocats Sans Frontières to improve access to justice for Rwanda's poor and vulnerable and contribute to the strengthening of the rule of law, in which law serves the most vulnerable.

The project is establishing legal advice centers in Gisenyi city and mobile legal advice centers that serve three prisons and rural areas around Gisenyi. These mobile centers help to build awareness among the population of their legal rights and the mechanisms available to them to protect these rights. Legal services are provided in partnership with lawyers who are members of the Kigali Bar Association and human rights NGOs. Beneficiaries include the general population as well as persons in pre-trial custody, specifically OVC, victims of GBV, and persons affected by HIV/AIDS. The grantee works in close coordination with Rwandan government institutions, relevant USAID implementing partners (including PEPFAR clinical and community partners in the area), and local civil society groups such as the Kigali Bar Association and national NGOs. This activity provides an additional resource to these communities to better enable them to care for OVC in their communities.

FY 2009 PEPFAR funding will continue this important project and further focus the activities of the implementing partner on providing legal services to OVC and those affected by HIV/AIDS in areas served by the project. The project will also focus on addressing the issue of GBV by assisting in the prosecution of sexual crimes.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16948

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16948	16948.08	U.S. Agency for International Development	Avocats Sans Frontières	7620	7620.08	Legal Aid	\$200,000

Emphasis Areas

Gender

- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6146.09

Mechanism: Ibyiringiro

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16945.20957.09

Planned Funds: \$850,000

Activity System ID: 20957

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

The Food and Nutrition Interventions project – Ibyiringiro (that in which we have faith for a better tomorrow) - aims at ensuring that high quality, sustainable and comprehensive services are provided to PLWHA and OVC who are receiving food aid through the USG Title II food program in Rwanda. A consortium of Title II food aid partners, led by CRS, will implement this project in 22 PEPFAR districts in coordination with other partners - EGPAF, WFP and the GOR.

This project will leverage the experience and expertise of CRS to procure and distribute food for PMTCT programs. CRS will work with PEPFAR clinical partners to determine the needs of PMTCT programs at each distribution site. To maximize efficiency, CRS will combine the delivery of Title II and weaning food to PMTCT sites in the nine FDO (Food Distribution Organizations) districts. Where this is not possible, CRS will identify a delivery mechanism to insure on-time delivery of the weaning food to the remaining PMTCT sites.

In addition to procurement and distribution of weaning foods, the project will complement existing food aid program with support for home-based care, nutrition, income-generating and food security activities and OVC services. The program will work closely with existing USG partners to ensure a standard package of services to OVC. The project will also use existing tools such as the MoH and FANTA's nutrition booklet of images and posters to educate OVC on health and nutrition practices.

Additional beneficiaries will be identified in coordination with existing USG-supported clinical and community partners.

The project will reach 6,000 OVC with a comprehensive menu of services and train 400 caregivers during the period. Furthermore, OVC in school will be targeted during holidays at holiday camps with nutrition and hygiene education activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16945

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16945	16945.08	U.S. Agency for International Development	Catholic Relief Services	6287	6146.08	Ibyiringiro	\$750,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

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 \$150,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$250,000

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1072.09

Mechanism: CRS Track 1

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 2830.20964.09

Planned Funds: \$522,086

Activity System ID: 20964

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

CRS's "Support for OVC Affected by HIV/AIDS" project began in Rwanda in 2004. Since that time, the project has reached thousands of OVC in four target dioceses in over 35 parishes. The project's main objectives are to ensure the provision of essential core services to OVC infected or affected by HIV and to strengthening the family and community's ability to provide these services. CRS successfully integrates this OVC program into its Track 1.0 AB program and its Title II food assistance project. As the lead OVC partner within the CHAMP project, CRS uses the experience and lessons learned from implementing this activity to guide and improve other PEPFAR-supported OVC activities. CRS works closely with its primary partner Caritas, the GOR, and CHAMP to implement its activities.

In FY 2008, the CRS OVC Track 1.0 project supported 2,956 OVC with secondary and primary school; vocational training including start-up kits; health insurance; HIV prevention and referrals to TC; linkages with ART services; nutrition support; economic strengthening; psychosocial support and protection. 320 community volunteers received refresher courses in psychosocial support and child protection services. The OVC program wraps around the PMI, the Ambassador's Girls Education and child survival programs. Recognizing that girls tend to be more vulnerable than boys, CRS is providing gender and age specific services to OVC. CRS also began using the Child Status Index to monitor and improve the overall provision of services to the beneficiaries.

In FY 2009, CRS will take advantage of the cost extension it received until June 2010 to serve an estimated 1,673 OVC with the above tailored menu of services and train 294 community volunteers. CRS will also work in closer collaboration with local legal assistance organization, Haguruka, to develop more effective strategies to safeguard women's inheritance rights and protect girls from sexual abuse.

CRS will complete the development of a sustainability framework in collaboration with its local partner, Caritas Rwanda, in preparation for the complete handover of project activities to the community. This framework will identify key program areas and critical capacities that need to be developed in order to sustain program results. The framework will also include measurable indicators and an expected timeline for achieving agreed upon goals. Progress on achieving sustainability plan goals will be assessed over the course of the year during regular quarterly planning meetings with partners.

Sustainability activities to be implemented in FY 2009 will mainly focus on increasing the skills of Caritas staff and OVC community volunteers, and strengthening program linkages into the local health system. In particular, Caritas partner staff will be targeted with skills building in the areas of fundraising and advocacy on behalf of OVC. Refresher training sessions will be organized for community volunteers in psychosocial support, Savings and Internal Lending Communities (SILC) methodology, child protection, and HIV prevention including Choose Life. CRS will also conduct refresher trainings for OVC committee members in parishes and sub-parishes on their roles and responsibilities in community-based child care and support including advocacy and protection. The program will continue to strengthen linkages between Caritas dioceses, community services and health centers for providing a continuum of care for HIV positive OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12789

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12789	2830.08	U.S. Agency for International Development	Catholic Relief Services	6301	1072.08	CRS Track 1	\$149,100
7156	2830.07	U.S. Agency for International Development	Catholic Relief Services	4324	1072.07	CRS Track 1	\$0
2830	2830.06	U.S. Agency for International Development	Catholic Relief Services	2587	1072.06	CRS Track 1	\$431,844

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Malaria (PMI)

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 \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$200,000

Education

Estimated amount of funding that is planned for Education \$200,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 169.09

Prime Partner: Community Habitat Finance International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 2810.20989.09

Activity System ID: 20989

Mechanism: CHAMP

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$0

Activity Narrative: The Community HIV/AIDS Mobilization Program (CHAMP) is working to ensure access to high quality, sustainable HIV and AIDS care services through financial support and technical and institutional capacity building for Rwandan partner organizations. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This follow-on activity will be informed by an evaluation of the current community services project as well as an assessment of IGA supported by the EP.

CHAMP serves as the main coordinating mechanism for EP-supported OVC activities by providing TA, training and financial support to local partners to support and strengthen their capacity to directly provide care and by supporting GOR programs and policies for OVC by seconding technical staff at the central level.

In communities where CHAMP partners work, CHAMP advances the network model by linking HIV/AIDS clinical and community partners, and by doing wrap arounds with non-HIV/AIDS services that are supported by other funding streams. To ensure sustainable change, CHAMP supports and strengthens existing natural social linkages in the community for child protection, care and support. In FY 2007, CHAMP is providing financial and technical support to 12 Rwandan Partner Organizations in 20 districts to reach over 39,000 OVC with a menu of services and train 5,000 caregivers. CHAMP works closely with the RPOs and the EP Track 1.0 partners to assess the needs of individual OVC, and offer multiple services and/or refer OVC to other services in the community, based on their needs. CHAMP works to fill gaps and improve the quality of services currently being offered and expand services to ensure OVC have access to them, especially in the catchment areas around EP-supported health facilities, including those areas around military camps. CHAMP gives special attention to child headed households and takes a family-centered approach to providing care, linking closely with their community-based care activities for PLHIV. In FY 2006, CHAMP participated in the development and finalization of the National OVC Strategic Plan. CHAMP supports the implementation of the OVC policy through participation on the OVC TWG, and secondment of a technical advisor in the MIGEPROF, the GOR entity charged with OVC services.

In FY 2008, CHAMP-supported partners will reach 43,774 OVC with a comprehensive menu of services as outlined in the National OVC Strategic Plan. CHAMP will train 5,600 OVC caregivers in psychosocial support, protection, HIV prevention and ways to link to other services such as education, healthcare, food and vocational training. CHAMP will ensure that caregivers trained previously receive follow-up support and refresher training as needed. CHAMP will continue to wrap around other EP-funded and CHAMP-supported OVC programs where appropriate. This includes Title II food support, the Ambassador's Girls Scholarship program, PMI, and other general health services for children supported by USG's child survival and health program, such as vitamin A distribution and immunization. CHAMP will work with their partners to develop an exit strategy and transition plan to ensure the smooth transition of beneficiaries to the new community services award to be made before the end of FY 2008.

This approach reflects the EP five-year strategy to integrate HIV prevention, care and treatment; expand pediatric HIV care; and mobilize community coordinated action.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12818

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12818	2810.08	U.S. Agency for International Development	Community Habitat Finance International	6308	169.08	CHAMP	\$8,850,000
7186	2810.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$8,039,083
2810	2810.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$4,516,400

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3451.09 **Mechanism:** Transport Corridor Initiative
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13

Activity ID: 8727.21003.09

Planned Funds: \$0

Activity System ID: 21003

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008. NO NEW FUNDING IN FY2009.

The overall goal of the ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multi-sectoral project targets high-risk mobile populations- drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities- with regionally coordinated SafeTStop messages. The SafeTStop model is a branded flexible model that is hosted by the communities around the border sites and other areas along transport corridors. SafeTStop represents a set of high quality services, geared to provide products, information and support for the prevention, care and treatment of HIV/AIDS in communities. Health services include general information on HIV/AIDS- including ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans and low-income women to secure the long-term economic health of individuals, families and communities- a key HIV care and prevention strategy.

Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans, including design and production of home and fashion accessories; 2) provide start-up financing through development banks; and 3) give pro bono business expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only provide jobs for the most vulnerable people in a community, but that the companies themselves fight HIV through their own corporate responsibility platforms. This partnership will be partially supported with HVAB funding. ROADS will provide TA in M&E, community mobilization, and advocacy to an estimated 150 different local associations, women's groups and CBOs. ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo, on the Rwanda-Tanzania border; Bugarama, on the Rwanda/Burundi/DRC border and Gisenyi, on the Rwanda/DRC border). FHI launched the SafeTStop campaign in November 2005 with participation from the three major transport associations in Rwanda (truck and mini-bus drivers and motorcycle taximen) as well as from the Association of Truckers' Wives, the CNLS and the Ministry of Labor. In FY 2006, ROADS completed an assessment on alcohol and HIV as part of a three-country study requested by the ECSA Ministers and has since initiated programming around alcohol to include improving TC to include alcohol related issues; improving ART patient enrollment uptake assessments; alcohol treatment options for individuals about to enroll on ART and a focused campaign with bar/lodging owners & religious leaders to reduce alcohol abuse among truckers and others. The ROADS project works in partnership with PSI and other health facilities to provide mobile TC services.

In FY 2007, ROADS partners began providing care and support services to vulnerable HIV-affected families in the three communities through continued links and referrals to existing OVC and PLHIV services. ROADS partners began providing care and support services to vulnerable HIV-affected families, including the training of 23 pharmacists in HIV prevention, positive living, nutrition and referral to clinical and non clinical services. 1,000 OVCs and 1,500 PLHIV were reached in FY 2007. Each of these beneficiaries also received age & circumstance appropriate AB and/or C information for HIV/AIDS prevention. The project trained about 20 volunteers (teachers, community and religious leaders and health workers) to work with truck drivers, low-income women and out-of-school youth. In FY 2008, ROADS will conduct a baseline assessment of OVCs in the three new proposed project sites. The project will provide 500 OVC with a menu of services including school fees and scholastic materials, health insurance, nutritional support, psychosocial support, economic strengthening opportunities, shelter and protection. HIV risk reduction, alcohol abuse and GBV activities will be introduced to older OVC. ROADS will train at least 50 caregivers in OVC care including nutrition, psychosocial support, protection and IGAs.

This activity addresses the key legislative issues of gender, violence, stigma reduction, and wraps around Microfinance/Micro credit. This activity also reflects the ideas presented in the Rwanda EP five-year strategy and the National Prevention Plan by focusing prevention efforts on high-risk, mobile populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12834

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12834	8727.08	U.S. Agency for International Development	Family Health International	6310	3451.08	Transport Corridor Initiative	\$150,000
8727	8727.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$75,000

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7623.09	Mechanism: DCA
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 16962.21046.09	Planned Funds: \$0
Activity System ID: 21046	
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008. NO NEW FUNDING IN FY 2009.	

USAID's DCA can help establish partial credit guarantees with local lending institutions to provide credit to populations not normally receiving credit, such as associations of community health workers or people living with HIV.

Recognizing that poverty is a major factor in the spread and management of HIV, the EP has supported a number of interventions – income generating activities, microfinance, financial and management capacity strengthening for local organizations – to address this issue among PLHIV, OVC and their families. In FY 2008, EP will support three activities to address this need: 1) conduct an assessment of IGAs; 2) award a follow-on community services project with a component for income generation; and, 3) develop loan guarantee through the DCA.

The EP, together with the USAID/Rwanda Economic Growth team and the EGAT Bureau, will conduct an assessment of all IGAs supported since the beginning of the program. This assessment will inform the income generation component of the follow-on activity which will provide community-based support for PLHIV, OVC, their families and caregivers to be designed in FY 2008. This new awardee will be responsible for working with groups identified to benefit from the DCA loan guarantees (to be determined based on DCA initial assessments) to ensure they have the appropriate business development, management and financial skills to receive and successfully use credit. In addition, the awardee will monitor the impact of the loan guarantees on health outcomes such as adherence to ART. The DCA will work with local lending institutions and the community-services follow-on project to establish loan guarantee and provide any technical assistance needed to ensure its ongoing success. The EP will incorporate the best practices of the DCAs current work with the agri-business sector that is in place with the USAID/Rwanda Economic growth team.

This activity addresses the EP five-year strategy for sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16962

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16962	16962.08	U.S. Agency for International Development	US Agency for International Development	7623	7623.08	DCA	\$0

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 114.09 **Mechanism:** USAID Rwanda Mission
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 4969.21054.09 **Planned Funds:** \$85,000
Activity System ID: 21054
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

USAID has been providing local and international technical assistance to GOR agencies and limited direct grants to local NGOs since FY 2004. In FY 2009, the EP will continue to build local capacity and provide OVC services in Rwanda. USAID anticipates continuing direct financial and technical support to Rwanda NGOs in sponsoring or attending conferences, workshops and technical meetings on OVC care and support. USAID will also support direct TA to other GOR agencies as needed, in particular CNLS and MIGEPPROF, which oversee OVC related activities in Rwanda.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12897

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12897	4969.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$85,000
7255	4969.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$85,000
4969	4969.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$185,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6139.09 **Mechanism:** MEASURE Evaluation
Prime Partner: University of North Carolina **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 24750.09 **Planned Funds:** \$100,000
Activity System ID: 24750

Activity Narrative: ACTIVITY IS NEW.

The GOR has elaborated a national monitoring and evaluation strategy for OVC which outlines the data flow from lower administrative and implementation levels to the national level. PEPFAR will procure technical assistance to strengthen this system, and to build data analysis and use capacity at national and sub-national levels. The contractor will support the key GOR institutions involved in OVC programs, namely CNLS and MIGEPROF, to strengthen the collection, analysis, reporting, quality and use of information for decision support, including program management and coordination. PEPFAR partners implementing OVC activities will regularly report service data to the OVC M&E system to ensure accurate and quality information is available.

This activity will focus on capacity building within CNLS and MIGEPROF to help operationalize the national OVC M&E strategy. TA will be provided for training in data quality and to promote results-based management and support for the implementation of the national unified OVC M&E framework and link this to the national HIV/AIDS M&E framework. As a result of this activity, CNLS and MIGEPROF will have the capacity and mechanism for actively monitoring the implementation of OVC activities in order to mitigate the impact of HIV and AIDS.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10514.09	Mechanism: ROADS II LWA
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 24622.09	Planned Funds: \$270,000
Activity System ID: 24622	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity addresses HIV prevention, care and treatment activities with some of the most vulnerable populations located and moving along the transport corridors of East Africa. The recently closed ROADS project was a 5-year regional project whose goal was to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. The project targeted high-risk populations - drivers and their assistants, sex workers, members of the unformed services and stop-over site communities, with regionally coordinated SafeTStop information and services. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The LifeWorks Partnership is an innovative strategy of the ROADS project, designed to provide small business services to local community associations and cooperatives. LifeWorks works with the private sector, to create and provide opportunity for small community groups to have access to income generating activities and markets for their products. LifeWorks is an important component of ROADS activities.

A new leader with associate award project, ROADS II (Road to a Healthy Future) was recently awarded to FHI, with the goal of improving African capacity to respond to key HIV/AIDS and health issues and increase the number of people served and improving the health outcomes of the population served. PEPFAR Rwanda will issue an associate award under this new mechanism in FY 2009. Activities addressed under this new award will include addressing key risk groups in hotspots along the transport corridors, where mobility, poverty and inadequate and insufficient health services exacerbate the risk for HIV infection. Healthy behaviors that will be promoted include promoting abstinence among youth; provision of condoms to MARPS; counseling and testing; reduced alcohol consumption; improved HIV outcomes through referrals and support in care and treatment settings; improved access to economic, social and food security through IGA's and other community interventions and support; family planning information and referrals; malaria prevention and treatment referrals. ROADS II will make use of community clusters and association members (associations of low income women, youth, truckers, fishermen, OVC, etc.) to implement integrated health services as well as address some of the underlying factors that exacerbate risk- alcohol consumption and violence against women as examples.

In FY 2008 the ROADS project was supporting 1,000 OVC with at least one of the basic services. Of these children, 477 were receiving more than one service, including school fees, health insurance, psycho-social support and training on children's rights. ROADS II activities will continue to focus on vulnerable youth, providing them with life skills, HIV prevention information and economic and educational empowerment opportunities. Youth will be served through multiple channels (youth clusters, peer educators, etc.) with information and services that are age-specific and relevant, ensuring improved health seeking behavior and outcomes. In FY 2009 ROADS II will reach 1,000 OVC with a menu of services consistent with GOR's minimum package of services including school fees and scholastic materials, health insurance, nutritional support, psychosocial support, economic strengthening opportunities, shelter and protection. ROADS II will address those risk behaviors that heighten HIV risk, including alcohol, transactional sex and gender-based violence. Referrals to OVC social services and support will also be included. Information and services will be risk-specific and relevant, ensuring improved health seeking behavior and outcomes. ROADS will continue to train and support OVC caregivers in family- centered approaches to HIV prevention, care and treatment.

Activities are currently implemented in 5 sites- Kigali city; Gatuna (Uganda border); Rusizi (DRC border); Rusumo (Tanzania border) and Bugarama (intersection of DRC, Rwanda and Burundi). FY 09 activities will expand to Gisenyi (DRC/Goma border), pending an improvement of the security situation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)

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 \$20,000

Food and Nutrition: Commodities**Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$100,000

Education

Estimated amount of funding that is planned for Education \$100,000

Water**Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 7556.09**Mechanism:** CSP II**Prime Partner:** To Be Determined**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Care: OVC**Budget Code:** HKID**Program Budget Code:** 13**Activity ID:** 16829.24540.09**Planned Funds:** [REDACTED]**Activity System ID:** 24540

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

In FY 2008, the Community HIV/AIDS Mobilization Program (CHAMP) currently providing financial and technical support to 12 Rwandan Partner Organizations (RPOs) in 20 districts to reach over 43,774 OVC with a menu of services and train 5,600 caregivers will come to an end and be replaced by TBD follow-on mechanism(s). The follow-on will be designed later this year and will seek to build on CHAMP's activities and ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. This mechanism will also consider the end of the Track 1 OVC agreements to ensure a smooth transition for those beneficiaries as well. The follow-on will build the institutional capacity of Rwandan partner organizations working to ensure access to high quality, sustainable HIV and AIDS care services and will support the provision of community services in PEPFAR-supported districts, especially around PEPFAR-supported health facilities.

The CHAMP follow-on will serve as the main coordinating mechanism for PEPFAR-supported OVC activities by providing TA, training and financial support to local partners to support and strengthen their capacity to directly provide care and by supporting GOR programs and policies for OVC by seconding technical staff at the central level.

The follow-on will continue to advance the network model by linking HIV/AIDS clinical and community partners, and by connecting community members with wrap arounds and with non-HIV/AIDS services that are supported by other funding streams to ensure that OVC and PLHIV receive a comprehensive package of services tailored to their needs. To ensure sustainable change, the follow-on mechanism will support and strengthen existing natural social linkages in the community for child protection, care and support, work closely with RPOs and districts to strengthen OVC identification, assess the needs of individual OVC, and offer multiple services and/or refer OVC to other services in the community, based on these needs. The child status index tool will be utilized and all information reported to the GOR's National OVC M&E system.

Like its predecessor, the follow-on will give special attention to child-headed households and take a family-centered approach to providing care, linking closely with community-based care activities for PLHIV. In FY 2006, CHAMP participated in the development and finalization of the National OVC Strategic Plan. The CHAMP follow-on will continue to support the implementation of the OVC policy through participation on the OVC TWG, and secondment of a technical advisor in the MIGEPROF, the GOR entity charged with coordination of OVC services.

In FY 2009, this activity is projected to reach 45,000 OVC with a comprehensive menu of services as outlined in the national strategic plan of action for OVC and will train 6,000 OVC caregivers in psychosocial support, protection, HIV prevention and ways to link to other services such as education, healthcare, food and vocational training. Caregivers trained previously will receive follow-up support and refresher training as needed. This mechanism will continue to wrap around other USG-funded programs and activities where appropriate, including food assistance, the Ambassador's Girls Scholarship program, PMI, and other general health services for children supported by USG's child survival and health program, such as vitamin A distribution and immunization.

In the transition period from CHAMP to the follow-on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities and will ensure documentation of best practices and lessons learned.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16829

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16829	16829.08	U.S. Agency for International Development	To Be Determined	7556	7556.08	CSP II	

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

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

Estimated amount of funding that is planned for Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11178.09	Mechanism: Handicap International NPI
Prime Partner: Handicap International	USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 26892.09	Planned Funds: \$0
Activity System ID: 26892	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Total Planned Funding for Program Budget Code: \$5,299,878

Program Area Narrative:

In FY 2009, PEPFAR clinical, and non-clinical, partners will continue to employ counseling techniques that ensure confidentiality, minimize stigma and discrimination, and reach those individuals most likely to be infected. Currently, TC is conducted by trained clinical providers. However, with the expansion of finger-prick TC, PEPFAR funding will support the training of lay counselors as well. USG technical assistance in the area of prevention with positives (funded in the HVOP program area) will help to ensure that high quality prevention counseling is being routinely provided to all HIV-infected clients by all PEPFAR-supported partners.

It is estimated that 2% of heterosexual couples in the Rwandan general population are serodiscordant (DHS 2005). However, modeling of DHS data indicates that over 90% of new heterosexually-acquired HIV infections occurred within cohabiting couples (Dunkle et al, Lancet 2008). In FY 2009, PEPFAR will use several strategies to expand couples TC. First, clinical partners will recruit male partners for testing through PMTCT. There is a current GOR policy that supports male involvement in all ANC visits. During these visits, both PMTCT services for the women, and TC services for the male partners will be offered. Second, PEPFAR will continue to support a specific and highly weighted performance-based financing indicator on couples testing to provide financial incentives for such testing. To evaluate and ultimately ensure dissemination of best practices, PEPFAR will fund a public health evaluation to compare couples testing strategies. Finally, PEPFAR will support technical assistance to the TRACPlus – Center for Infectious Disease Control/MOH (CIDC) to develop specific guidelines for couples TC.

In order to reach high prevalence populations who are unlikely to access TC services at clinical sites, PEPFAR efforts will continue to target several groups that are considered to be at higher risk of HIV infection with mobile TC. Four complementary activities with different points of emphasis are planned: 1) Population Services International (PSI) mobile teams will focus on military members, their spouses and their families as well as outreach to high risk youth; 2) through the wraparound Transport Corridor Initiative, Family Health International (FHI) will ensure TC services at 7 SafeTStops for long distance truck drivers, sex workers and other mobile groups; and 3) PSI, through the Healthy Schools Initiative (HSI), will provide comprehensive TC and prevention services at four youth centers reaching 25,000 high-risk youth in urban areas. These activities will be coordinated to avoid duplication and maximize coverage to most at-risk populations. Counseling and testing provided in mobile settings will follow national guidelines and ensure linkages and referrals to care. Mobile counseling and testing programs will reach 60,000 individuals. PEPFAR community partners Community HIV/AIDS Mobilization Program (CHAMP), PSI, and FHI's Regional Outreach Addressing AIDS through Development Strategies (ROADS) will continue to support the promotion of TC among OVC and partners and families of PLWHA, out of school youth, and truckers, respectively. This targeted promotion of TC services will identify those most likely to be infected and ensure they are referred to sites where they can receive testing, counseling, and referral to appropriate care. These activities will contribute to increasing the number of people served by both community and clinical partners.

In FY 2009, PEPFAR will continue its technical and financial support to the CIDC for the development of policies, guidelines, and tools for TC. This support is designed to elevate and sustain the capacity of the MOH. There is also an emerging need for guidelines and tools for testing and disclosure of results for children, couples counseling, and abbreviated counseling for PITC. CIDC will continue to conduct training of trainers and trainings for district supervisors. Quality Control (QC) for HIV testing is performed on 10% of all testing samples throughout the country and is managed and supervised centrally by the National Reference Lab (NRL). PEPFAR provides technical and financial support to the NRL in these activities, which are further detailed in the HLAB program area. In FY 2009, SCMS will continue to procure test kits and laboratory supplies for all PEPFAR-supported TC activities, as the umbrella commodities management system. This procurement will also include the procurement of lancets to implement the newly-adopted finger prick specimen collection method.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 128.09	Mechanism: PSI Healthy Schools
Prime Partner: Population Services International	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: 2796.24645.09	Planned Funds: \$0

Activity System ID: 24645

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12872

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12872	2796.08	HHS/Centers for Disease Control & Prevention	Population Services International	6321	128.08	PSI Healthy Schools	\$750,000
7227	2796.07	HHS/Centers for Disease Control & Prevention	Population Services International	4343	128.07	PSI Healthy Schools	\$100,000
2796	2796.06	HHS/Centers for Disease Control & Prevention	Population Services International	2571	128.06	HIV/AIDS School Based Program-Procurement	\$100,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 129.09

Mechanism: Columbia MCAP Supplement

Prime Partner: Columbia University Mailman 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: 24764.09

Planned Funds: \$149,073

Activity System ID: 24764

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 10528.09	Mechanism: CDC Prevention FOA
Prime Partner: To Be Determined	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: 24665.09	Planned Funds: ██████████
Activity System ID: 24665	

Activity Narrative: This is a new activity and mechanism in FY 2009.

In FY 2009, through a TBD partner the EP will extend support from four youth centers to at least six where the TBD partner will offer comprehensive HIV prevention and testing services. In addition, STI services (including screening, diagnosis, and treatment) and family planning counseling will be provided, thereby ensuring that youth who access the centers receive an integrated package of prevention services.

The TBD partner will deliver counseling and testing to high risk youth who visit the Reproductive Health Youth Centers. HIV testing and counseling (HTC) is an important component of HIV prevention, care, and treatment programs worldwide. Despite widespread promotion and implementation of counseling and services, there is inadequate knowledge about the behavioral impact of counseling and testing and how to maximize the prevention benefit of these services, especially for youth who receive a negative test result. A focus of this funding will be to develop prevention messages, follow-up, etc. that deals with those who have negative results. Messages will be adapted for counseling these youth to maximize the effectiveness of counseling and testing as a prevention intervention. In addition, HIV positive youth will be referred to Care and Treatment facilities and a referral system will developed to track the effectiveness of the program.

Specifically, the TBD partner will develop STI/HIV integration model that screens high risk groups with STI for HIV, and those with HIV for STIs (including sexual partners), promote "repeat testing" for high risk groups and develop innovative approaches to provide condoms and STI services to High Risk group and ensure linkages of these services to Care & Treatment. All these interventions will be instrumental in reducing the incidence of HIV in these Most At Risk Populations (MARPS)

Priority target groups reached by youth centers will include youth living in urban areas and high HIV transmission zones (as defined by the PLACE study), youth frequenting hotspots, girls working in workplaces that make them vulnerable (bars, hotels..), girls engaging in transactional sex, and street children.

This activity directly supports the Rwanda EP five-year strategy by expanding abstinence programs at secondary schools and among the youth population in general.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

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

Estimated amount of funding that is planned for Education [REDACTED]

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10531.09

Prime Partner: To Be Determined

Mechanism: Couples Counseling FOA

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: 24667.09

Planned Funds: [REDACTED]

Activity System ID: 24667

Activity Narrative: This is a new activity/mechanism in FY 2009

A primary aim for Rwanda under PEPFAR guidelines is to increase the number of Rwandans who undergo routine, confidential testing and counseling (TC) each year. Counseling and testing for couples is a unique strategy to encourage this important intervention. Knowing one's HIV status is the first step towards prevention, care and treatment. Reaching couples with HIV testing and counseling is a vital component of a comprehensive testing strategy. When healthy couples are reached with testing, discordant couples can be identified, thereby creating an opportunity for prevention of new infections in the uninfected partner through intensive counseling. Early identification of these discordant couples is also an opportunity to provide early referral to care and treatment. Key technical differences to the model include whether couples receive TC and/or disclosure of results together or separately. CVCT and disclosure of results may have an effect on the number of couples tested, acceptability by clients, potential for reducing GBV, and compliance with follow-up.

By providing counseling and testing to couples, counselors can address and help couples overcome obstacles such as gender inequity and stigma. Couples confidential counseling and testing has many benefits both for the couples themselves as well as the Rwandan community as a whole, including the following providing an important opportunity to promote fidelity and strengthen relationships; identifying serodiscordance among couples, which is common in Africa, and could account for a large proportion of new infections; reducing the rate of HIV transmission among partners; facilitating linkages to targeted prevention efforts to avert HIV infection; facilitating linkages to care and treatment, which can promote healthy behaviors/practices for positive living; empowering couples by promoting family decision-making and appropriate behavior changes; and encouraging faithfulness in concordant HIV-negative couples.

In FY 2009, PEPFAR will support a TBD partner to provide Technical Assistance to TRACPlus – Center for Infectious Disease Control/MOH (CIDC) in couples confidential TC interventions, provide training to counselors and VCT/PMTCT Health Center and District Hospital staff, work with CIDC in strengthening linkages of confidential TC sites for couples with ART referral centers and developing mechanisms to track the effectiveness of these linkages, provide technical assistance in the area of couples TC to PEPFAR and other implementing partners, provide TA to develop interventions tailored at following up HIV Discordant Couples and put in place a strong monitoring and evaluation system for assessing program effectiveness.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

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 Mechanism

Mechanism ID: 10514.09

Mechanism: ROADS II LWA

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 24624.09

Planned Funds: \$300,000

Activity System ID: 24624

Activity Narrative: ACTIVITY IS NEW IN FY 2009

1 TCI/ROADS was predecessor to ROADS II. In FY 2009, PEPFAR will convert to associate award for ROADS II mechanism

2. Activities for new ROADS II mechanism have been elaborated below

This activity addresses HIV prevention, care and treatment activities with some of the most vulnerable populations located and moving along the transport corridors of East Africa. The recently ended ROADS project was a five year regional project whose goal was to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. The project targeted high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop information and services. SafeTStops provide products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The LifeWorks Partnership, is an innovative strategy that was developed in the first ROADS project. It is designed to provide small business services to local community associations and cooperatives. LifeWorks works with the private sector to create and provide opportunity for small community groups to have access to income generating activities and markets for their products. LifeWorks is an important component of ROADS activities.

Building on the initial ROADS project, a new "leader with associate" award project, ROADS II (Road to a Healthy Future) was recently awarded to FHI. Its goal is improving African capacity to respond to key HIV/AIDS and health issues and improve health outcomes. PEPFAR will issue an associate award under this new mechanism in FY 2009. Activities will include addressing key risk groups in hotspots along the transport corridors, where mobility, poverty and inadequate and insufficient health services exacerbate the risk for HIV infection. Healthy behaviors that will be promoted include promoting abstinence among youth; provision of condoms to MARPS; counseling and testing; reduced alcohol consumption; improved HIV outcomes through referrals and support in care and treatment settings; improved access to economic, social and food security through IGAs and other community interventions and support; family planning information and referrals; malaria prevention and treatment referrals.

Depending on the site, ROADS II will partner either with local health facilities or with PSI to provide mobile counseling and testing to MARPS. ROADS II will work through its cluster associations to mobilize community members and MARPS for counseling and testing. Everyone receiving a positive HIV result will be referred to the appropriate facility for service, including TB testing. All clients testing HIV negative will receive risk reduction information to help them maintain their HIV negative status.

Activities are currently implemented in 5 sites- Kigali city; Gatuna (Uganda border); Rusizi (DRC border); Rusomo (Tanzania border) and Bugarama (intersection of DRC, Rwanda and Burundi). FY 2009 activities will expand to Gisenyi (DRC/Goma border), pending an improvement of the security situation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 7556.09	Mechanism: CSP II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 24757.09	Planned Funds: ██████████
Activity System ID: 24757	
Activity Narrative: This is a new activity/mechanism in FY 2009.	

The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in all PEPFAR-supported districts, especially around PEPFAR-supported health facilities. FY 2008 was the final year of funding for this four-year, \$40 million program. PEPFAR has begun work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

CHAMP partners are training volunteers/members from various community and faith-based organizations to promote TC services among OVC, PLHIV, their families and caregivers through home visits and group talks. In FY 2008, CHAMP partners are continuing to support the promotion of TC among OVC and PLHIV and their families. This targeted promotion of TC services will identify those most likely to be infected and ensure they are referred to appropriate sites to receive care and treatment. CHAMP partners will not have any direct targets in this area, but will contribute to increasing the number of people served by clinical partners and mobile TC activities. In FY 2009, the CHAMP follow-on mechanism(s) will continue to promote TC activities and services.

In the transition period from CHAMP to the follow on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition and support for these activities. The follow on mechanism will learn from CHAMP's documentation of best practices and lessons and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow on mechanism may include other activities designed to strengthen community knowledge and access to counseling and testing services.

New/Continuing Activity: New Activity**Continuing Activity:**

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4740.09

Mechanism: Refugees UNHCR

Prime Partner: United Nations High
Commissioner for Refugees

USG Agency: Department of State /
Population, Refugees, and
Migration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8732.24528.09

Planned Funds: \$16,676

Activity System ID: 24528

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12892

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12892	8732.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	6326	4740.08	Refugees UNHCR	\$19,688
8732	8732.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4740	4740.07	Refugees UNHCR	\$40,000

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8697.09

Mechanism: Behavior Change Social Marketing BCSM

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 24463.09

Planned Funds: \$720,000

Activity System ID: 24463

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.
No narrative required.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 10538.09	Mechanism: PBF II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 24733.09	Planned Funds: ██████████
Activity System ID: 24733	

Activity Narrative: This is a new activity/mechanism in FY 2009.

Performance-based financing (PBF) has been an innovative approach to financing health services based on output that enhances quality of services and leads to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of indicators with a performance incentive for the production of more than agreed upon quantities of services. Full or proportionally reduced payment of HIV/AIDS indicators is determined by the quality of general health services as measured by the score obtained using the standardized national Quality Supervision tool. Financial incentives provided by PBF to motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. PEPFAR, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF and health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance. Consistent with the principles of linking performance to incentives, MSH provided output-based financing to health facilities in six districts through sub-contracts with health centers and district hospitals for HIV/AIDS indicators. PEPFAR adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. In Rwanda, though performance has increased with PBF, TA and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national PBF roll-out. At the health center level, PEPFAR partners purchase a quantity of the 14 key HIV/AIDS indicators. Performance on these indicators is measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit. The quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are then merged during the quarterly District PBF Steering Committee meetings and the final payments are approved. Examples of TC indicators include the number of persons tested for HIV and number of couples and partners tested for HIV. MSH/PBF also has sub-contracts at the district hospital level for a slightly different purpose and scope than with health centers. The focus of these contracts with district hospitals is on increasing quality service outputs, quality assurance, self-evaluation, and review by peers similar to an accreditation scheme. There is payment for indicators from the National District Hospital PBF Scheme, which reinforces the supervisory role that hospitals play in district health networks.

In FY 2008, MSH/PBF continued supporting the MOH PBF department and the national PBF TWG. In addition, MSH/PBF provided TA to DHTs and implementing partners in 23 PEPFAR districts to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF also provided intensive TA to districts that will introduce PBF in FY 2008. At the district level, MSH/PBF continued supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with the national family health steering committee during data collection/entry and control of indicators; 2) facilitating the quantity control function by providing TA and paying associated costs; and 3) supporting secretarial functions for the Family Health Unit at the district level. PEPFAR support to the district is critical for the proper functioning of the national PBF model. Monthly invoices approved by the health center PBF management committee (COGE) and MSH are then presented to the district steering committee for merging with quality index and final approval before payments are made.

In FY 2009, the MSH PBF mechanism is coming to an end. However, performance based financing has been successful in Rwanda and a priority of the GOR as it is linked to improved quality of HIV and other health services. Consequently, PEPFAR is in the process of designing a new mechanism that would build on the success of the MSH PBF project and potentially expand performance-based financing to the community level. In FY 2009, there will be additional need to support the GOR with technical assistance as sites continue to be graduated and as the PBF system is expanded into a community setting with the goal of increasing the quality and standardization of care at all entry points to the health system. As a result, the follow on mechanism will continue to purchase indicators in HVCT. The follow on mechanism will also continue to provide technical assistance to build the capacity of staff at both the central level health institutions and the DHTs with the goal of improving the quality of counseling and testing services.

PBF of HIV/AIDS services has been a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda PEPFAR five-year strategy for increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 8692.09**Mechanism:** ARC**Prime Partner:** American Refugee Committee**USG Agency:** Department of State /
Population, Refugees, and
Migration**Funding Source:** GHCS (State)**Program Area:** Prevention: Counseling and
Testing**Budget Code:** HVCT**Program Budget Code:** 14**Activity ID:** 19466.24521.09**Planned Funds:** \$25,014**Activity System ID:** 24521**Activity Narrative:** This is a continuing activity from FY 2008. No narrative required.**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 19466**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19466	19466.08	Department of State / Population, Refugees, and Migration	American Refugee Committee	8692	8692.08		\$22,002

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1527.09	Mechanism: CDC Country Office GHAI/TA
Prime Partner: US Centers for Disease Control and Prevention	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: 23916.09	Planned Funds: \$120,218
Activity System ID: 23916	
Activity Narrative: This is a new activity in FY 2009	

In FY 2009, CDC will continue support Couples Counseling and Testing (CVCT) activities integration into the Rwanda National Program. In addition, CDC will be supporting partners to carry out a Counseling and Testing Public Health Evaluation.

CDC will provide TA to support development of CVCT M&E activities, including supporting the rollout of CVCT, follow-up of discordant couples, and EP strategic information activities. These funds will also continue to support CDC staff in attending CVCT related trainings.

In addition, during FY 2009, Rwanda will serve as a regional training center for CVCT. GOR and EP staff will attend the CVCT trainings. The training activities will contribute to building sustainable implementation of CVCT, monitor its effectiveness in preventing new infections, and focus on CVCT data quality and data utilization for CVCT program improvement.

This funding will also support part of salaries of two staff member of the EP prevention team. Working in a country with a national HIV prevalence rate of 3.1%, it is vital for the EP to design and implement prevention strategies that can affect behavior change and reduce the number of new infections in order to stem the progression of the epidemic.

The prevention team will be responsible for evaluating prevention activities, monitoring the epidemic through analysis of available data, collaborating with the National Prevention TWG on development of best practices, and providing strategic guidance to the country program.

The Prevention Specialist will also manage the CDC-funded prevention and TC activities by providing general oversight, TA, and support for monitoring and reporting of supported activities. This will include management of and TA to the Prevention Follow-on activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

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 Mechanism

Mechanism ID: 114.09

Mechanism: USAID Rwanda Mission

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 16521.21055.09

Planned Funds: \$40,000

Activity System ID: 21055

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16521

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16521	16521.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$40,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 97.09	Mechanism: TRAC Cooperative Agreement
Prime Partner: Treatment and Research AIDS Center	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: 2741.21037.09	Planned Funds: \$135,000
Activity System ID: 21037	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12879	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12879	2741.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$150,000
7242	2741.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$120,000
2741	2741.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$120,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 132.09

Mechanism: PSI-DOD

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: 4006.21026.09

Planned Funds: \$495,000

Activity System ID: 21026

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12875	4006.08	Department of Defense	Population Services International	6322	132.08	PSI-DOD	\$495,000
7231	4006.07	Department of Defense	Population Services International	4344	132.07	PSI-DOD	\$450,000
4006	4006.06	Department of Defense	Population Services International	2574	132.06	PSI-DOD	\$255,000

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3451.09

Mechanism: Transport Corridor Initiative

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 4778.21004.09

Planned Funds: \$0

Activity System ID: 21004

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12835

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12835	4778.08	U.S. Agency for International Development	Family Health International	6310	3451.08	Transport Corridor Initiative	\$300,000
7201	4778.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$125,000
4778	4778.06	U.S. Agency for International Development	Family Health International	3451	3451.06	Transport Corridor Initiative	\$86,400

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 100.09 **Mechanism:** HIV Support to RDF
Prime Partner: Drew University **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 8165.20996.09 **Planned Funds:** \$51,981
Activity System ID: 20996
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.
New/Continuing Activity: Continuing Activity
Continuing Activity: 12828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12828	8165.08	Department of Defense	Drew University	6309	100.08	HIV Support to RDF	\$57,229
8165	8165.07	Department of Defense	Drew University	4331	100.07	HIV Support to RDF	\$36,641

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4741.09 **Mechanism:** SCMS
Prime Partner: Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8167.21017.09

Planned Funds: \$1,000,000

Activity System ID: 21017

Activity Narrative: This is a continuing activity from FY 2008. Narrative required as the mechanism is above the single partner limit

In FY 2007, PEPFAR transitioned towards a consolidated approach for procurement of HIV-related commodities through the use of SCMS and NRL as the primary procurement partners. In addition, the GOR has expanded the CPDS to include all HIV-related commodities, including OI drugs and diagnostics, test kits and CD4. SCMS worked closely with CAMERWA for the procurement, storage and distribution of all HIV-related commodities, including laboratory. This consolidated approach to procurement has increased cost savings and improved efficiencies in procurement and distribution of commodities. In addition, partners worked in close collaboration through joint planning and work plan development, particularly for activities that supported the LMIS and active distribution system.

In FY 2008, SCMS works closely with CAMERWA for the procurement, storage, and distribution of rapid test kits and supplies (gloves, lancets, filter paper) for PEPFAR-supported health facilities, to target all CT and PMTCT clients. In addition, SCMS procures additional test kits for GFATM sites and is continuing PEPFAR's support to GFATM that began in FY 2005. Test kits will be procured in line with the national testing protocol, which includes Determine, First Response, Unigold, Capillus, OraQuick and others that may be incorporated into the national algorithm. SCMS will coordinate and regularly communicate with USG partners to ensure they have adequate information for the quantification and distribution of test kits, as well as to discuss issues related to test kit procurement, distribution and management.

SCMS supports the CPDS to ensure smooth functioning of the CPDS system, quality data for quantification, and strong communication between sites, districts and CAMERWA. As CPDS increasingly expands to include other commodities, SCMS is continuing to work closely with the CPDS to ensure appropriate integration of kits into the system, including development of a procurement plan that integrates test kits, support for national quantification in collaboration with NRL and other members of the Quantification Committee and integrated distribution to sites. SCMS ensures appropriate integration of test kit information into LMIS at all PEPFAR-supported sites and district pharmacies, and to ensure appropriate stock management of test kits.

As the country continues to strengthen its TC strategy and implementation, SCMS will work with CAMERWA to analyze and report on district pharmacy and health facility stock levels on a regular basis to monitor for trends, potential stock outs, and make any revisions to procurement plans and projections.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12867

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12867	8167.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$500,000
8167	8167.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$1,025,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 169.09	Mechanism: CHAMP
Prime Partner: Community Habitat Finance International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 2806.20990.09	Planned Funds: \$0

Activity System ID: 20990

Activity Narrative: This is a continuing activity from FY 2008. A narrative is included because this partner requires a justification waiver for more than 8% to any one partner.

The Community HIV/AIDS Mobilization Program (CHAMP), through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV and AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this four-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

CHAMP partners are training volunteers/members from various community and faith-based organizations to promote CT services among OVC, PLHIV, their families and caregivers through home visits and group talks. By the end of FY 2007, over 6,000 individuals will have received messages on the importance of counseling and testing for HIV prevention, care, and treatment. In FY 2008, CHAMP partners will continue to support the promotion of CT among OVC and PLHIV and their families. This targeted promotion of CT services will identify those most likely to be infected and ensure they are referred to appropriate sites to receive care and treatment. CHAMP partners will not have any direct targets in this area, but will contribute to increasing the number of people served by clinical partners and mobile CT activities.

As this is the final year of funding for this program, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. CHAMP will also work to document best practices and lessons learned to share with partners and other key stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12819

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12819	2806.08	U.S. Agency for International Development	Community Habitat Finance International	6308	169.08	CHAMP	\$100,000
7182	2806.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$100,000
2806	2806.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$192,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3493.09

Mechanism: CRS Supplemental

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8164.20971.09

Planned Funds: \$116,051

Activity System ID: 20971

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12796

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12796	8164.08	HHS/Health Resources Services Administration	Catholic Relief Services	6303	3493.08	CRS Supplemental	\$94,356
8164	8164.07	HHS/Health Resources Services Administration	Catholic Relief Services	4326	3493.07	Catholic Relief Services Supplemental	\$71,900

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 170.09	Mechanism: HIV/AIDS Performance Based Financing
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 2812.20710.09	Planned Funds: \$0
Activity System ID: 20710	
Activity Narrative: This is a continuing activity from FY 2008. No narrative required.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12857	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12857	2812.08	U.S. Agency for International Development	Management Sciences for Health	6315	170.08	HIV/AIDS Performance Based Financing	\$298,971
7217	2812.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$373,120
2812	2812.06	U.S. Agency for International Development	Management Sciences for Health	2577	170.06	HIV/AIDS Performance Based Financing	\$400,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7088.09
Prime Partner: Family Health International
Funding Source: GHCS (State)

Mechanism: FHI Bilateral
USG Agency: U.S. Agency for International Development
Program Area: Prevention: Counseling and Testing

Budget Code: HVCT
Activity ID: 15441.20665.09

Program Budget Code: 14
Planned Funds: \$207,673

Activity System ID: 20665

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16744

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16744	15441.08	U.S. Agency for International Development	Family Health International	7528	7088.08	FHI Bilateral	\$231,088
15441	15441.07	U.S. Agency for International Development	Family Health International	7088	7088.07	FHI New Bilateral	\$312,944

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7090.09
Prime Partner: IntraHealth International, Inc
Funding Source: GHCS (State)

Mechanism: IntraHealth Bilateral
USG Agency: U.S. Agency for International Development
Program Area: Prevention: Counseling and Testing

Budget Code: HVCT
Activity ID: 15443.20672.09

Program Budget Code: 14
Planned Funds: \$188,622

Activity System ID: 20672

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16751

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16751	15443.08	U.S. Agency for International Development	IntraHealth International, Inc	7529	7090.08	IntraHealth Bilateral	\$162,774
15443	15443.07	U.S. Agency for International Development	IntraHealth International, Inc	7090	7090.07	IntraHealth New Bilateral	\$150,495

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7089.09

Mechanism: EGPAF Bilateral

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15442.20046.09

Planned Funds: \$185,598

Activity System ID: 20046

Activity Narrative: This is a continuing activity from FY 2008. No narrative required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16737

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16737	15442.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$192,010
15442	15442.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7089	7089.07	EGPAF New Bilateral	\$30,811

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7585.09	Mechanism: Monitoring and Evaluation Management Services
Prime Partner: Social and Scientific Systems	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 17034.20688.09	Planned Funds: \$90,000
Activity System ID: 20688	

Activity Narrative: This is a new mechanism in FY 2009. This activity was TBD and now has a new prime partner.

The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of these several USG teams, including the PEPFAR, PMI, and three USAID strategic objective teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV / AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008, MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual workplans by implementing partners (IPs). The version 1.0 of the database will be operational by March 2009 and continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements, and to increase the user friendliness for both implementing partners and the USG teams. MEMS staff will work closely with the USG teams and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their PMPs. MEMS will use the results of these assessments to target its technical assistance to particular USG teams and implementing partners facing specific M&E challenges. Working collaboratively with USG teams, IPs and relevant host country institutions and M&E technical working groups, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs, as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2010 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip USG teams and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GoR requirements among USG teams and IPs, as to improve USG's responsiveness and alignment to GoR's programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY09. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and customize a five day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17034

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17034	17034.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtg System	\$100,000

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$10,860,593

Program Area Narrative:

The Government of Rwanda (GOR) and its USG partners are committed to scaling up quality HIV/AIDS treatment services to allow universal access to anti-retroviral drugs (ARVs). Many successes have been realized to date which have resulted in reduced HIV transmission and many saved lives.

As of the end of July 2008, according to the CIDC, 57,960 patients (52,816 adults and 5,144 children) were on ARV medication (supported by all donors). Each month an average of 1,100 additional persons are placed on ARVs in Rwanda. It is estimated that approximately 150,000 persons in the country are living with HIV (EPP Spectrum Epidemiology 2008).

Out of 308 projected ART sites in Rwanda, by June 2010, 149 of these will be supported by PEPFAR, with approximately 65,000 patients anticipated to be on ART.

PEPFAR is also supporting the scale up and coordination of rational drug use, pharmacovigilance, and supply chain management programs through efforts of the MOH, the Pharmacy Task Force, Supply Chain Management System, DELIVER, Strengthening Pharmaceutical Systems and CIDC.

Various strategies are being utilized to enhance the efficiency and effectiveness of ARV treatment for people living with HIV/AIDS. These include rehabilitation of district pharmacies; training of pharmacists; coordinating and streamlining Logistics Management Information Systems; utilizing the newly developed warehouse computer system at CAMERWA to limit stock outs and ensure medications with short expiration dates are used in a timely manner; and utilization of updated communicable disease treatment guidelines. Finally, close collaboration and integration of HIV counseling and testing, PMTCT and TB/HIV programs is further enhancing ARV treatment efforts in Rwanda.

PEPFAR is facing an imminent challenge in its support to the Rwandan HIV/AIDS treatment program. The GOR is proposing to switch to the more expensive Tenofovir (TDF) second-line treatment regimens by July 2009 and all new patients as well as those already on first-line treatment regimens that experience treatment failure are expected to switch to this TDF regimen. As many as 13,200 or more patients per year could be on the TDF regimen within a year after it is implemented.

This switch in drug regimen poses significant challenges to PEPFAR given available funding levels.

PEPFAR has partially addressed these modifications in the national ART treatment policy by increasing the ART procurement budget by \$500,000 beyond the FY 2008 funding level to try and ensure that clinical partners can comply with the new national guidelines. The total cost of ARVs based on utilization of the new regimen could by itself amount to over \$12,900,000 per year. Close coordination with other partners whose financial support helps pay for ARV medications will be needed to ensure continued ARV treatment success in Rwanda.

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7584.09	Mechanism: SPS
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 16880.20704.09	Planned Funds: \$260,000
Activity System ID: 20704	

Activity Narrative: ACTIVITIES UNCHANGED FROM FY 2008

Pharmaceutical interventions are critical for the overall success of the PEPFAR program. However, along with their life-saving and disease preventing properties, use and misuse of these medicines can also result in adverse patient reactions or trigger resistance diminishing their therapeutic benefits. Many of the antiretroviral and anti-infective drugs utilized by the PEPFAR program can have adverse effects that are not well recognized in select certain clinical settings.

Primary activities for FY 2009 will include the establishment of an adverse drug reaction (ADR) notification system and an accredited National Center for Pharmacovigilance (NCPV) located within the Pharmacy Task Force (PTF) in compliance with World Health Organization (WHO) requirements. Additionally, it will be important to develop standard operating procedures (SOP) to facilitate quality ADR reporting, and to monitor and supervise the ADR system in selected sites. Furthermore, it will be necessary to develop protocols for prevention and prompt identification of ADR, toxicities and drug interactions for chronic patients. Finally, prophylaxis for OIs and TB treatment must also be administered appropriately.

PEPFAR funding will not only assist the PTF in establishing a pharmacovigilance system at the central level, but also within the districts as well. This will be achieved through trainings for health providers, implementation of data collection systems, and reporting on ADR notification. In addition to working with the PTF, CIDC, and the National University of Rwanda, SPS works working with 12 district hospitals, 8 district pharmacies in the public sector, and 10 district pharmacies in the private sector.

To enhance capacity in this area, SPS will work with PTF pharmacists in order to help them finalize the National Pharmacy Policy; update the Essential Medicines List and Standard Treatment Guidelines; and establish a National Medicines Committee (NMC). Other capacity building measures will include a seminar for members of the NMC and other partners to provide guidance on containing antimicrobial resistance and the development of pharmaceutical management pre-service training modules for University of Rwanda pharmacy students emphasizing rational drug use and pharmacovigilance. SPS will also identify three national level staff to participate in PV courses organized by the National Drug Authority of Morocco (two individuals were trained in this manner using FY 2007 funds).

In FY 2009, SPS will expand the ADR notification system to all district hospitals by training clinical and pharmacy staff in pharmacovigilance (PV) while emphasizing the need to prepare for the challenges of implementing the new ART treatment regimen. SPS will also assist with the implementation of recently developed SOPs. Expansion of the PV program will also include the following quality assurance activities: following-up with trained staff to ensure routine monitoring of the quality of the ADR system; conducting targeted supervision for improvement and participation in evaluation of activities; monitoring drug cohorts first in sentinel sites and eventually in all sites; and building PTF capacity in analyzing and validating PV data.

An important goal of this activity continues to be providing a small-scale passive and active surveillance programs for adverse events experienced by Rwandan patients who receive PEPFAR distributed pharmaceuticals. Preliminary work with the PTF has occurred and the need to conduct this activity through regional collaboration based on experience in other African countries has been identified. The funds necessary to further develop the surveillance program were reprogrammed to SPS (formerly RPM Plus) in collaboration with the President's Malaria Initiative (PMI) and CIDC. To date, such funding has been used to provide TA to establish a small-scale passive surveillance program for adverse events as part of a drug safety program. SPS provided training to caregivers in select hospitals in the utilization of user-friendly reporting forms as well. They also trained a GOR analyst in forms interpretation. In addition, SPS has provided periodic QA and supervision to health care providers to ensure proper completion of reports, quality of data, and reporting to the PTF. SPS will continue its involvement with all of these activities in FY 2009.

These activities will continue to complement PMI investments to ensure that pharmacovigilance system strengthening is well-integrated into both HIV/AIDS and malaria medication distribution networks. This approach is also in keeping with the goals of the Rwanda PEPFAR five-year strategy and the National Prevention Plan by continuing to provide assurance and strengthening of quality treatment commodities and ARV services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16880

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16880	16880.08	U.S. Agency for International Development	Management Sciences for Health	7584	7584.08	SPS	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$70,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4741.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 8170.21018.09

Activity System ID: 21018

Mechanism: SCMS

USG Agency: U.S. Agency for International Development

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$10,450,593

Activity Narrative: ACTIVITIES UNCHANGED FROM FY 2008

In FY 2009, funds for ARV medications will continue to support three components:

1. Under the stewardship of the Ministry of Health, the Supply Chain Management System (SCMS) works closely with the Centrale d'Achats des Medicaments Essentiels du Rwanda (CAMERWA) and the Pharmacy Task Force (PTF) to procure, warehouse, store, and actively distribute PEPFAR financed ARVs. These drugs are procured through the Coordinated Procurement and Distribution System (CPDS) for 149 PEPFAR-supported ART sites and 40,439 patients, including 6,056 HIV-positive pregnant women. In FY 2008, SCMS has begun to provide support previously provided by Strengthening Pharmaceutical Systems (SPS) for district pharmacies and oversees proper management of medications from the district level to the facilities.

2. SCMS is the lead agency building the capacity for the CPDS. SCMS provides technical support and supervision to the Quantification Committee, the Resource Management Committee and the Implementation Committee to ensure optimal use of funds. This includes continued funding of key positions within CAMERWA and one position in CPDS responsible for reporting to the GOR. This activity also supports coordination between donors and implementing partners and includes conducting data analysis of pipelines and stock movements. SCMS also continues to participate in quarterly data quality control visits with the CDC and the district health facilities in support of the coordination of the Laboratory Management Information System (LMIS) between districts and CAMERWA. In addition, SCMS collaborates with DELIVER for harmonization with family planning, malaria, and other health commodities.

3. SCMS collaborates with SPS to strengthen quality assurance (QA) systems. It is critical that all medications reaching patients are safe, effective and meet quality standards. SCMS works with SPS, the PTF, CAMERWA and the CPDS to ensure prudent supplier and product selection and certification, and other components of the World Health Organization (WHO) Certification Scheme. SCMS also supports the establishment of Thin-Layer Chromatography (TLC) and mini-laboratories in collaboration with the MOH, University of Butare and the National Reference Laboratory (NRL) to test the quality of ARVs.

New and significantly more expensive treatment regimens, including Tenofovir (TDF), Zidovudine (AZT), and Stavudine (d4T), will be prescribed in Rwanda beginning July 2009 for new patients starting on ARVs as well as patients determined to be failing on currently prescribed ARV regimens. Consequently, the need to identify additional funds for ARV treatment must be addressed and carefully planned for. PEPFAR funds are being utilized to purchase first-line treatment regimens. As many as 13,200 or more patients per year (with increased testing efforts identifying new positives) could be prescribed the new and more expensive second-line regimen. TDF will cost approximately \$613 per patient per year; AZT \$163 per patient per year; and d4T \$88.51 per patient per year. Prescribing the new regimen to this number of patients could by itself amount to over \$12,000,000 a year in the PEPFAR funded sites. Close monitoring and coordination with other partners whose financial support helps pay for ARV medications in Rwanda's 159 non-PEPFAR-funded ARV sites, along with ongoing evaluation of the impending regimen changes will be of critical importance for continued ARV treatment success across the country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12868	8170.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$9,900,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7539.09

Mechanism: GHFP

Prime Partner: Public Health Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 16773.21028.09

Planned Funds: \$150,000

Activity System ID: 21028

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

In FY 2009, PEPFAR will support a Commodity and Logistics Advisor position through USAID's Global Health Fellows Program. This activity includes personnel costs, equipment and services to support PEPFAR management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16773

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16773	16773.08	U.S. Agency for International Development	Public Health Institute	7539	7539.08	GHFP	\$150,000

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$5,402,948

Program Area Narrative:

PEPFARs FY 2009 laboratory strategy builds on a tiered national laboratory system for creating sustainable infrastructure to support care and treatment of HIV-infected patients. The funding from FY 2008 is providing support and technical assistance to four key GOR institutions: 1) National Reference Laboratory (NRL); 2) University Teaching Hospital of Butare (CHUB); 3) University Teaching Hospital of Kigali (CHUK); and 4) Kigali Health Institute (KHI). A five year strategic plan for the NRL was established in 2006 and revised in 2008, and PEPFAR activities support that plan. The program is working with the Ministry of Health (MOH) to further develop this strategic plan in cooperation with President's Malaria Initiative (PMI), Global Fund (GF), World Health Organization (WHO) and other in-country stakeholders.

The national laboratory policy and strategic plan includes, but is not limited to the following activities: national laboratory policies for minimal laboratory standards for each tier of the laboratory network; integration of clinical diagnostic laboratory services; plans for harmonizing and maintaining laboratory equipment; inventory management and national forecasting of laboratory supplies, reagents and test kits; plans for quality assurance programs; human capacity development; and standards for laboratory information systems. Using this approach will provide a strategic vision and a better understanding of the function of laboratory network, appropriate coordination of funding and a dedication of resources for increasing laboratory infrastructure where the greatest needs exist. The NRL will coordinate all partners' activities within the laboratory network.

In FY 2009, PEPFAR will support NRL to strengthen linkages in the national tiered laboratory system. This includes laboratories, in the national system that are linked from NRL to regional sites to district hospital sites to primary care site laboratories. NRL supports 318 PMTCT, 315 VCT and 209 ART sites. The laboratory is comprised of more than 400 health centers, 42 district hospitals, numerous private laboratories and 5 regional laboratories and 2 university teaching laboratories. NRL will continue to improve the following infrastructure systems: financial, coordinated procurement, overall quality assurance, laboratory networks and referrals, and laboratory information systems. NRL will continue to support human capacity development through specialized training and ongoing technical assistance with special emphasis in FY 2009 on new CD4 count technologies suitable for primary care, new HIV test technologies, training non-laboratory personnel to perform rapid HIV testing using finger prick method of blood collection and new lab technicians for OI diagnosis and continue to improve the HIV prevention, care and treatment, TB and malaria quality control programs.

The early infant diagnosis (EID) program currently supports 126 PMTCT sites to collect dried blood spots (DBS) from children born to HIV-infected mothers. In FY 2009, the program will be scaled up to support a total of 178 PMTCT sites. In FY 2009, the program will train 200 nurses and laboratory staff in DBS collection, in addition to laboratory technicians to support the continuation of scale up of infant testing.

The USG will fund the laboratory coalition partners (Association of Public Health Laboratories (APHL), American Society for Clinical pathology (ASCP), and the American Society for Microbiology (ASM) to support the NRL. These partners will provide technical assistance to NRL to develop procedures and standards, to obtain international laboratory accreditation and to implement OI and STI diagnostic assays. ASCP will be engaged in developing human capacity through curriculum improvements to standardize in-service training materials and to expand support for pre-service training of laboratory technicians at KHI. ASM in cooperation with Columbia ICAP will partner to work closely with NRL to improve TB culture laboratories and to strengthen TB and malaria QA/QC. ASM will also work to improve the laboratory support for the diagnosis of OIs and STIs. Consultants will also be identified who can provide technical assistance for better management of the tiered laboratory system.

In FY 2009, PEPFAR will continue to support sustainable laboratory systems by providing TA for training in OI diagnosis with emphasis on MDR and extra pulmonary TB and parasitic infections at CHUB, CHUK and NRL. NRL will provide training in new techniques to support program evaluation and surveillance and molecular virology techniques for HIV drug resistance surveillance at five regional clinical diagnostic laboratories. The USG will continue to support long-term technical positions at the NRL to assure quality HIV-related laboratory services through training and day-to-day mentorship of NRL staff. The USG will also continue bolstering management and financial capacity at the NRL by maintaining the long-term laboratory management advisor position and supporting improvements to the data management system for tracking specimens and reporting functions. In FY 2009, PEPFAR will support priority basic program evaluations, such as an evaluation of HIV rapid testing algorithms to support provider initiated testing by non-lab personnel, an evaluation of simple technologies for CD4 and CD4% testing, and in-country validation of rapid cryptococcal antigen testing.

In FY 2009, SCMS with assistance from the NRL will be responsible for the procurement of all laboratory commodities purchased by PEPFAR through direct support to CAMERWA for the procurement, storage and distribution of all medicines, equipment and laboratory supplies. This consolidated approach to procurement will increase cost savings and improve efficiencies in procurement and distribution of commodities. It also supports building infrastructure within the country to support distribution of laboratory commodities. SCMS will also take over the support of the CPDS and logistics management activities to ensure smooth functioning of the CPDS system, quality data for quantification and strong communication between districts and CAMERWA.

Given a strong willingness to develop a highly functional national network, the USG is working with NRL to establish standard practices which will facilitate more efficient delivery of services.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 4741.09	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 8189.21021.09

Planned Funds: \$2,940,000

Activity System ID: 21021

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

1. Elaboration of activities

In FY 2009, SCMS will work in close collaboration with the Central Medical Stores of Rwanda (CAMERWA) for the procurement of all PEPFAR commodities, warehousing, and distribution of all medicines, equipment and laboratory supplies, which includes biosafety equipment. This consolidated approach to procurement will increase cost savings, and improve efficiencies in procurement and distribution of commodities. SCMS will continue to support the coordinated procurement and distribution system (CPDS), which includes: MOH; Management Science for Health (MSH); GFATM; Multi-sectoral AIDS Program (World Bank) (MAP); Clinton Foundation; Luxembourg Corporation; logistic management Information System (LIMS) activities; and paper-based laboratory information systems (LIS) which ensures smooth functioning of the CPDA and quality data for quantification; and strong communication between districts and CAMERWA..

In FY 2007, CAMERWA increased its staff to 70 employees and performed a restructuring to become more efficient. A team of employees spent time in South Africa to learn how to improve services and created a master plan for the restructuring on their return. In FY 2007 - 2008, they increased their own warehouse space by 5000 cubic meters and are working to decentralize logistics to strengthen the health districts in Rwanda. They currently have a cold room with a backup generator and will be adding a room where supplies that need to be stored at 15-25oC will be kept.

Nationally, quantifications for commodities occur every six months. The management plan will have CAMERWA take over the bi-annual quantification of ARV, equipment and laboratory supplies in a stepwise manner and to be in charge of quantification in FY 2009. Overhead charges for SCMS services that were previously paid through Washington will now be absorbed by the country. These costs along with funds provided for technical assistance for quantification are included in the SCMS budget.

SCMS working closely with CAMERWA will conduct all commodity procurement for PEPFAR-supported site laboratories, including equipment, supplies and reagents for biochemistry, hematology, mycology, bacteriology, parasitology and biosafety. SCMS will procure all CD4 kits and supplies for the estimated 175,000 tests needed in FY 2009 for PEPFAR-supported patients. National ART treatment guidelines call for viral load testing in cases of suspected treatment failure. SCMS will procure viral load reagents sufficient to cover the estimated needs of 6,000 PEPFAR-supported patients. In addition to this site-level laboratory procurement, SCMS will procure equipment, supplies and reagents for specific central-level activities and functions, including: 1) kits and supplies for 6,000 PCR tests for the national early infant diagnosis program; 2) an estimated 1,000 additional viral load kits and associated supplies for the laboratory component of the national ART program impact evaluation; 3) test kits and supplies for continuing HIV serology and CD testing QA systems; 4) PCR equipment, supplies and reagents for expansion of PCR capacity to CHUB and as backup for NRL; 5) supplies and reagents for OI diagnostics for regional and district-level laboratories as well as supplies for ongoing parasitology.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12869	8189.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6320	4741.08	SCMS	\$3,526,448
8189	8189.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4741	4741.07	SCMS	\$4,357,880

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 129.09

Mechanism: Columbia MCAP Supplement

Prime Partner: Columbia University Mailman 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: 2734.20983.09

Planned Funds: \$0

Activity System ID: 20983

Activity Narrative: This is a continuing activity from FY 2008.

In FY 2008, Columbia will continue its TA and capacity building activities at NRL by supporting technical activities as well as strengthening the institutional infrastructure and management capacity critical to sustain the national network of laboratories for the Rwandan HIV care and treatment program. Direct TA will continue to be provided through long-term advisors and periodic short-term consultants as needed. Two long-term technical advisors positions will be continued in FY 2008. The first provides support for HIV-related quality laboratory services, including evaluations of new technologies, technician trainings, and guidance on technical and policy issues. The second advisor, a local-hire senior lab technician, will remain responsible for development and implementation of national standards, QA systems, and training. These two technical advisors will continue to transfer skills, knowledge and capacity, ensuring a sustained impact.

In FY 2008, Columbia will continue to improve NRL's laboratory management through support of an international-hire management advisor. The laboratory management advisor will help develop management systems for finances, logistics, program data, transport and commodities and will mentor the new NRL Director and Finance position funded under the CDC cooperative agreement. The management advisor position continues to be critical in strengthening NRL's capacity to effectively manage multiple projects and multiple streams of funding, including substantial EP resources. Columbia will continue through these technical and financial positions to support the decentralization of NRL supervision and QA within the national laboratory network. This decentralization will include continued strengthening of the five regional district laboratories. PCR for Early Infant Diagnosis and viral load determination will continue to be supported at NRL and CHUB via equipment maintenance and staff training.

TB services at NRL continue to require strengthening to meet the EP priority of providing reliable AFB microscopy at the health facility level. Columbia will continue to support laboratory TA to the NRL and CHUB TB laboratories to ensure high quality smear microscopy, liquid culture and drug sensitivity testing capability. These TB diagnostic and treatment capabilities are essential in order to provide PLHIV adequate access to comprehensive quality TB-related services. These capabilities are also essential for the support of patients with MDR TB. Extrapulmonary TB diagnostics will be available through continued support to CHUB and CHUK anatomopathology laboratories.

ACM (Atelier central de maintenance) and NRL maintenance units for laboratory equipment will continue to be strengthened with training and staffing to guarantee the quality of results within the national laboratory network. Also, small laboratory renovation/rehabilitation will be performed to assure building sustainability inside the national laboratory network.

Columbia will also continue to strengthen and integrate QA/QC/QI into all HIV-related laboratory areas: serology, chemistry, hematology, CD4, TB, and malaria. New QA/QC approaches will continue to be explored in those HIV specific areas. National specimen transportation systems will continue to be strengthened. Specific laboratory target evaluations on new technical alternatives and new technologies will be supported to improve the accessibility and reliability of care and treatment programs. For example, new alternatives technologies will focus on specific HIV areas like, CD4 (dipsticks, micro-chips etc) or TB infants diagnostics. Protocols and/or indicators should be designed to evaluate laboratory performance impacts on care and treatment programs.

Columbia will continue to support laboratory staff skills development through local (KHI), regional and international training programs, with an emphasis on integration of all HIV-related laboratory activities and total quality management as part of the laboratory accreditation process. In collaboration with CDC, Columbia will continue to maintain and improve the laboratory information system for NRL and will continue to support the LIS extension at district hospitals. The laboratory information system will manage financial record keeping, as well as specimen tracking, inventory control, and programmatic indicators.

All of these activities are consistent with Rwanda's EP five-year strategic goals of strengthening NRL's capacity to manage a national network of laboratories, standardize technical approaches, and support QA of HIV-related services throughout the national laboratory network.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12805

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27342	27342.06	HHS/Centers for Disease Control & Prevention	University of Washington	11997	11997.06	University of Washington	\$500,000
12805	2734.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6307	129.08	Columbia MCAP Supplement	\$300,000
7172	2734.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4328	93.07	Columbia UTAP	\$600,000
2734	2734.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2549	93.06	Columbia UTAP	\$755,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3497.09	Mechanism: National Reference Laboratory
Prime Partner: National Reference Laboratory	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: 4976.20721.09	Planned Funds: \$1,532,948
Activity System ID: 20721	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Elaboration of activities:

In FY 2009, PEPFAR will continue to maintain a cooperative agreement with the NRL for direct funding of certain key reference laboratory functions. As the lead institution in Rwanda's national laboratory network, the NRL plays a critical role in the successful expansion of HIV prevention, diagnostics, training of laboratory technicians and other health care workers, and care and treatment services nationally. The NRL has been a close collaborator in PEPFAR efforts for many years and has benefited from PEPFAR technical and financial support through several implementing partners. Substantial resources have already been invested in NRL by CDC and Columbia including, support for infrastructure, technical activities and management capacity. Support will continue in FY 2009 through CDC direct technical support, laboratory coalition partners (ASCP, ASM and APHL) and through continued funding of the NRL cooperative agreement.

NRL cooperative agreement activities in FY 2009 include support for human resources (new positions for laboratory managers, technical positions and training), infrastructure maintenance and select QA activities. In FY 2009, NRL activities will again focus on selected infrastructure maintenance of the tiered laboratory system, human resources and QA activities. One of the major responsibilities will be to continue the decentralization of the laboratory referral system at two levels of the laboratory network. NRL will continue to support early infant diagnostic PCR testing and HIV viral load testing, TB culture and identification plus susceptibility testing to first-line drugs and extra pulmonary TB diagnosis at the CHUB and CHUK referral laboratories. The NRL cooperative agreement funds will support building repairs needed to maintain the NRL laboratory and the training of laboratory network staff. NRL will strengthen five district hospital laboratories that will provide services to the region. The NRL will also continue a maintenance contract for all of its central and laboratory network equipment through the MOH (ACM) and NRL maintenance unit, as well as conduct small repairs and preventive maintenance in the ART site laboratories, secure warehouse storage space and transport laboratory equipment and reagents to sites. The NRL will continue to strengthen the national referral system for patient specimens.

NRL will support technical staff needed to carry out surveillance and M&E activities that have laboratory components; these include ANC sentinel surveillance, HIV drug resistance and the national ART program evaluation activities. Laboratory staff supported by the NRL cooperative agreement performs a range of tasks to support the national laboratory system. One of those activities is to evaluate new techniques and technologies for the clinical diagnostic services to improve the care and treatment of HIV-infected patients. Once these technologies are approved, staff transfers the new diagnostic techniques to lower level laboratories in the laboratory network. A modest amount of funding will be made available to support participation of key senior technical staff in international trainings and conferences directly relevant to increasing capacity for HIV-related laboratory techniques.

Throughout the national laboratory network, NRL will train 200 laboratory technicians in good laboratory practices and HIV-related techniques, including CD4 testing, biochemistry, hematology and HIV and OI diagnosis. This will include two-week trainings for technicians at new ART sites and two-day refresher trainings for all previously trained lab technicians. These trainings will be carried out by a national team of trainers/supervisors placed both centrally and in regional laboratories. As part of its QA activities for TB diagnosis, NRL will also provide refresher training for laboratory technicians in health centers and district hospitals to maintain skill levels in sputum examination for TB by direct AFB smear microscopy. A continuing activity in FY 2009 will be the implementation of a laboratory information system to manage laboratory data and support HIV and AIDS patient care. A new activity for FY 2009 will be to work toward accreditation of the NRL to WHO standards.

To ensure quality HIV-related services, this NRL cooperative agreement will continue to fund operational costs (such as specimen transport, supervision costs) associated with HIV QA/QC/QI activities in peripheral lab sites for HIV serology, CD4 testing, biochemistry/hematology, OIs, TB, malaria and good laboratory practices. Commodities needed to conduct all of the above activities will be procured through the SCMS activity in FY 2009. Continuation of laboratory tool standardization and maintenance and expansion of the national laboratory information system will be supported.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12863

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12863	4976.08	HHS/Centers for Disease Control & Prevention	National Reference Laboratory	6318	3497.08	National Reference Laboratory	\$1,400,000
7224	4976.07	HHS/Centers for Disease Control & Prevention	National Reference Laboratory	4341	3497.07	National Reference Laboratory	\$630,000
4976	4976.06	HHS/Centers for Disease Control & Prevention	National Reference Laboratory	3497	3497.06	National Reference Laboratory	\$600,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

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:** 1527.09**Mechanism:** CDC Country Office GHAI/TA**Prime Partner:** US Centers for Disease Control and Prevention**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:** 2847.21068.09**Planned Funds:** \$330,000**Activity System ID:** 21068**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

1. Elaboration of Activities

CDC provides direct support for laboratory infrastructure activities through CDC technical staff in-country as well as through short-term TA from CDC headquarters. In FY 2008, CDC GAP International Laboratory Branch provided TA to support the NRL in viral load testing using dried blood spots and dried plasma spots. The CDC recruited a direct hire to manage the laboratory portfolio. The new CDC laboratory advisor provides day-to-day oversight of EP-funded lab partner activities, including the NRL cooperative agreement and other clinical partners. The lab position also provides ongoing assistance with development and implementation of national laboratory policy. The lab advisor works with the CDC laboratory coalition partners and others to develop a plan for TA and laboratory resources during FY 2009 and work with them to complete the projects which are being funded. Additional TA will be provided by the GAP International Laboratory Branch to support the implementation of HIV drug resistance testing and accreditation to WHO standards.

In FY 2009, the CDC will support the NRL by providing TA for the management and operation of the laboratory. To further sustainable in-country capacity, the NRL will hire a new laboratory operations manager and two quality assurance managers, one for the NRL and another to focus on the laboratory network. Additionally, the CDC will provide TA by hiring a senior laboratory officer to work with the NRL to mentor and lead activities that will allow the NRL to manage its resources better and to plan its programs in a more efficient manner. The new CDC position will provide a direct link to the NRL to manage the USG cooperative agreement and provide support for USG programming.

CDC technical support to NRL is consistent with Rwanda's five-year strategic goals of strengthening NRL capacity to manage a national network of laboratories and to standardize technical standards and to implement QA of HIV-related services through a network model.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 12909

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12909	2847.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$400,000
7263	2847.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$320,000
2847	2847.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$80,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

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: 10544.09	Mechanism: APHL
Prime Partner: American Public Health Laboratories	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: 24747.09	Planned Funds: \$100,000
Activity System ID: 24747	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Elaboration of activities:

The use of laboratory data to support the care and treatment of patients with HIV/AIDS is the backbone of any clinical program. The lack of a data management system to compile data for the management of day - to-day laboratory activities and for the management of patient care is the major cause of the problems faced by the Laboratory Network in Rwanda. Laboratory registers are used to collect data in the laboratories and any analysis of the data requires hours and hours of time to manually review and analyze. As a result, useful laboratory data is currently not available, incomplete or inaccurate. Current practices are not compatible with a comprehensive and coordinated national system.

The Association of Public Health Laboratories (APHL) is a public health laboratory association that provides technical assistance to improve the quality of laboratory testing and to strengthen laboratory infrastructure to support treatment and care for HIV and AIDS. In 2006, APHL conducted an assessment of laboratories in Rwanda to prepare for the introduction of a laboratory information system (LIS). Progress on this program has been slowed by other priorities in country. In FY 2009, APHL will return to Rwanda to assist the NRL to develop a plan of action for the implementation of a LIS. APHL will help the NRL to develop system requirements for a LIS and a work plan leading to the selection and implementation of a LIS. Specifically, APHL will do the following: 1) assist the GOR to develop a strategic and financial plan for the LIS, 2) help define LIS needs; 3) assist in selecting a solution that meets the GOR's needs within the budget; 4) help adapt LIS to Rwanda and assist with training and implementation of the LIS.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 10484.09	Mechanism: Columbia University
Prime Partner: Columbia University	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: 24538.09	Planned Funds: \$0
Activity System ID: 24538	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

1. Elaboration of activities

In FY 2009, Columbia will continue its TA and capacity building activities at NRL by supporting technical activities as well as strengthening the institutional infrastructure and management capacity critical to sustain the national network of laboratories for the Rwandan HIV care and treatment program. Direct TA will continue to be provided through long-term advisors and periodic short-term consultants as needed. Two long-term technical advisor positions will be continued in FY 2009. The first provides support for HIV-related quality laboratory services, including evaluations of new technologies, technician trainings and guidance on technical and policy issues. The second advisor, a local hire senior lab technician will remain responsible for development and implementation of national standards, QA systems and training. These two technical advisors will continue to transfer skills, knowledge and capacity, ensuring a sustained impact.

Columbia will continue to support laboratory TA to the NRL and CHUB TB laboratories to ensure reliable AFB and high quality smear microscopy, liquid culture and drug sensitivity testing capability at the health facility level. These TB diagnostic and treatment capabilities are essential in order to provide PLWHA adequate access to comprehensive quality TB-related services. These capabilities are also essential for the support of patients with MDR TB. Extrapulmonary TB diagnostics will be available through continued support to CHUB and CHUK anatomical pathology laboratories.

Atelier Central de Maintenance (ACM) and NRL maintenance units for laboratory equipment will be strengthened through training and staffing to guarantee the quality of results within the national laboratory network. Also, small laboratory renovations will be performed to assure building sustainability inside the national laboratory network.

Columbia will also continue to strengthen and integrate QA/QC/QI at the NRL into all HIV-related laboratory areas serology, biochemistry, hematology, CD4, TB and malaria. New QA/QC approaches will continue to be explored in those HIV specific areas. National specimen transportation systems will continue to be strengthened. Specific laboratory target evaluations on new technical alternatives and new technologies will be supported to improve the accessibility and reliability of care and treatment programs. For example, new alternative technologies will focus on specific HIV areas like, CD4 or TB infant diagnostics. Protocols and/or indicators should be designed to evaluate laboratory performance impacts on care and treatment programs.

In collaboration, CDC, APHL and Columbia will support NRL to develop a highly functional national laboratory information system for NRL, and will work, utilizing existing funds, to extend this system to district hospitals. The laboratory information system will manage financial record keeping, as well as specimen tracking, inventory control and programmatic indicators.

All of these activities are consistent with Rwanda's five-year strategic goals of strengthening NRL's capacity to manage a national network of laboratories, standardize technical approaches and support QA of HIV-related services throughout the national laboratory network.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

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: 7587.09

Mechanism: American Society for Clinical Pathology

Prime Partner: American Society of Clinical Pathology

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: 16895.24550.09

Planned Funds: \$300,000

Activity System ID: 24550

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

1. Elaboration of activities:

American Society for Clinical Pathology (ASCP) is a not-for-profit medical society organized exclusively for educational, scientific, and charitable purposes. ASCP provides laboratory support and assistance in building human resource capacity and laboratory infrastructure for diagnostic testing in clinical laboratories within PEPFAR countries. In FY 2009, PEPFAR will continue a partnership with ASCP building upon FY 2007 and FY 2008 activities initiated by CDC and Columbia UTAP in support of Kigali Health Institute (KHI). KHI is the sole institution in Rwanda that provides pre-service training for laboratory technicians. As such, KHI is a key institution in Rwanda's efforts to provide quality clinical and laboratory services in support of national-scale HIV care and treatment. CDC and Columbia renovated and equipped KHI's training laboratory, more than tripling their classroom capacity. With FY 2007 resources, ASCP provided TA to KHI to strengthen its laboratory training program. Funding supported laboratory curriculum development, direct support for laboratory training for 75 students and continued infrastructure strengthening. ASCP worked with KHI to begin developing a laboratory pre-service internship training activity under which KHI lab students are placed at district hospital laboratories to gain field experience in HIV/AIDS-related lab work. FY 2008 funding is developing a program curriculum for lab technicians for in-service training that will qualify them to move to a higher grade level of competency as well as finishing the pre-service curriculum. This in-service program will enable technicians to move up the academic scale and perform at a higher level laboratory that performs more sophisticated testing. These activities address the Rwanda PEPFAR five-year strategic goal of building sustainable laboratory human capacity.

In FY 2008, ASCP will complete the curriculum development for KHI. In addition to improving the curriculum, ASCP is working with KHI faculty to improve their teaching skills and training resources. ASCP is also supporting the National Reference Laboratory and the Laboratory Network of Rwanda. Training in Hematology is being provided to coincide with the installation of new Sysmex hematology instruments for laboratories supporting ART sites. The NRL maintains a group of trainers at the NRL and throughout the Laboratory Network to provide training to district hospital and health center level technicians. The ASCP is working closely with this group of technicians to provide training of trainers in FY 2008.

In FY 2009, ASCP will focus on three main activities: 1) support to KHI's faculty and pre-service program; 2) support for in-service training for NRL and the Laboratory Network; and 3) support the NRL to achieve accreditation to WHO standards.

ASCP will continue to support KHI to improve its curriculum as additional requirements are added to the program. ASCP will focus on in-service training curriculum in support of the Rwandan government's policy that all in-service training activities be a permanent part of any pre-service curriculum. In addition, ASCP will continue to work with KHI faculty to improve their teaching skills and will assist to improve the educational resources for the institution. ASCP will work with the NRL to provide in-service training in hematology, biochemistry, CD4 testing, phlebotomy and laboratory management. This is a critical element as new automated equipment is introduced into the laboratory network with greater emphasis on quality assurance. ASCP will also work with the NRL to achieve accreditation of its laboratory services. The WHO has introduced a program for laboratories in Africa to achieve accreditation. ASCP will provide technical assistance to the NRL to meet these standards to become an accredited institution. ASCP and CDC, working together, will enhance laboratory systems of Rwanda by implementing comprehensive laboratory quality assurance programs and conducting integrated laboratory training.

In FY 2008, other coalition partners are funded to support the following activities: provide TA to develop a plan for accreditation of the NRL, work with NRL to improve TB culture, provide TA for TB and malaria QA/QC, standardize in-service training materials, and improve the management of the national tiered laboratory system. Accreditation of NRL will be an important step toward quality improvement of the laboratory system. Staff at NRL provides TA and technology transfer to other tiers of the laboratory system—regional, district and point of care. Once these standards are in place, in-country capacity will be available to assist other laboratories in the accreditation process. The other activities listed above are also part of a national plan for improving overall quality of clinical diagnostic laboratories to support prevention, care, and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16895

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16895	16895.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	7587	7587.08	Lab Coalition Partners	\$400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

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: 8698.09	Mechanism: The American Society for Microbiology
Prime Partner: The American Society for Microbiology	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: 19489.24551.09	Planned Funds: \$200,000
Activity System ID: 24551	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Elaboration of activities

The American Society for Microbiology (ASM) is available to PEPFAR countries to address two key aspects of clinical microbiological laboratory capacity building: 1) strengthening laboratory organizational and technical infrastructure especially as it relates to clinical microbiology for HIV (and opportunistic infections) prevention, care and treatment programs, and; 2) assuring the quality of laboratory testing and HIV test results by instituting systematic approaches to delivering clinical microbiology services to HIV/AIDS (and opportunistic infections) prevention, treatment and care programs.

In FY 2008 PEPFAR is supporting ASM to conduct an assessment of clinical microbiology services. The primary objective of the assessment is to develop a strategic plan for strengthening laboratory capacity in support of HIV/AIDS care programs in Rwanda. ASM is working with the CDC and NRL to conduct the following activities: 1) collect data on physical infrastructure, types and number of tests performed, equipment status, and personnel at the central microbiology laboratory level; 2) analyze data on laboratory capacity and identify significant gaps; 3) determine panel of tests at each lab level by infrastructure/requests; incidence/prevalence of infection; severity of infection; procedures required to obtain specimens; availability of therapy; complexity of test; training; quality assurance and cost; and 4) develop a strategic plan for microbiology to include needs of Rwanda to support opportunistic infections and sexually transmitted infections. The strategic plan will address the following: personnel, guidelines and consensus protocols, monitoring and evaluation, supply management, data management, and QA.

In FY 2009, ASM will continue to assist the NRL to implement the strategic plan developed in FY 2008. This plan will allow the Government of GOR to provide laboratory services to support the diagnosis of opportunistic infections (OI) associated with HIV/AIDS and sexually transmitted infections (STI). ASM will partner with the NRL to implement laboratory strategies for the NRL and the Laboratory Network initially focusing on the five regional laboratories and the two university teaching hospital laboratories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19489

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19489	19489.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	8698	8698.08		\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

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: 10929.09

Mechanism: TBD Lab

Prime Partner: To Be Determined

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: 26331.09

Planned Funds: [REDACTED]

Activity System ID: 26331

Activity Narrative: ACTIVITY IS NEW IN FY 2009.

The TB services at the National Reference Laboratory (NRL) continue to require support in order to meet the PEPFAR priority of providing reliable Acid-Fast Bacilli (AFB) microscopy at the local clinical level, and culture and drug susceptibility testing at the national and regional levels.

Technical assistance to support the NRL, Central University Hospitals in Kigali and Butare (CHUK and CHUB) TB laboratories ensure high quality smear microscopy, liquid culture and drug sensitivity testing capability will be provided. These TB diagnostic and treatment capabilities are essential in order to provide PLHA adequate access to comprehensive quality TB-related services. These capabilities are also essential for the support of patients with multi-drug resistant TB (MDR TB). Extrapulmonary TB diagnostics will be available through continued support to CHUB and CHUK anatomical pathology laboratories.

Atelier Central de Maintenance (ACM) and NRL maintenance units for laboratory equipment will continue to be strengthened with training and staffing to guarantee the quality of results within the national laboratory network. Also, small laboratory renovations will be performed to assure building sustainability inside the national laboratory network.

PEPFAR will also continue to strengthen and integrate QA/QC/QI at the NRL into all HIV-related laboratory areas: serology, biochemistry, hematology, CD4, TB and malaria. New QA/QC approaches will continue to be explored in those HIV specific areas. National specimen transportation systems will continue to be strengthened. Specific laboratory target evaluations on new technical alternatives and new technologies will be supported to improve the accessibility and reliability of care and treatment programs. For example, new alternative technologies will focus on specific HIV areas like, CD4 or TB infant diagnostics. Protocols and/or indicators will be designed to evaluate laboratory performance impacts on care and treatment programs.

New/Continuing Activity: New Activity

Continuing Activity:

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: \$5,943,712

Program Area Narrative:

Since FY 2004, PEPFAR has provided support to the GOR (The National AIDS Control Commission -CNLS; Rwanda Defense Force- RDF; TRAC Plus- Center for Infection Disease Control CIDC; and Ministry of Health- MOH) for strategic information (SI) activities. This has included updating indicators and reporting requirements, providing information technology (IT) equipment and internet connectivity, conducting surveillance of HIV among specific population groups, and supporting the implementation of the unified M&E system for the “Three Ones” to better coordinate the national response. With PEPFAR assistance, the country has also built an operational unified M&E framework, successfully rolled out advanced technological systems to support scale-up of HIV care and treatment, and markedly strengthened surveillance capacity. In FY 2007, the Rwanda Partner Reporting System (RPRS) was developed to improve the management of PEPFAR reporting and utilization of data for program improvement.

Despite considerable achievements in the domain of strategic information in the health sector, significant challenges remain. These include the existence of several parallel information systems, a lack of coordination and harmonization among the systems, and a large number of indicators which are for the most part redundant. In addition, although the health sector is at the forefront of deploying advanced technological solutions for data collection and presentation (i.e. TRACnet), the culture of information use in decision making is still weak. These factors contribute to a generally poor quality of data and to a very limited use of routine health information in management particularly at the district and health facility levels.

To address these problems, the MOH is elaborating a health management information system (HMIS) strategic plan during FY 2008 and identifying a minimum set of core indicators. The overarching SI priorities in FY 2009 will be the improvement of data quality, the enhancement of data utilization, and the coordination of reporting systems. Support will be provided for the implementation phase of the national HMIS strategic plan. The integration of information systems, standardization of data quality and supervision, and the drafting of a data dictionary will figure among the main activities.

To aid the GOR and its partners better understand the dynamics of the HIV epidemic in Rwanda, PEPFAR will support data triangulation to identify drivers of the epidemic based on recent surveillance and survey data. Assistance to CIDC will be given for both ongoing surveillance activities and for new studies which include an assessment of behavior among youth sub-groups to identify high risk groups. Through CDC, PEPFAR will also support training in epidemiology and surveillance.

Building sustainable capacity to implement SI activities within national and local agencies, implementing partners, and the USG team remains central to PEPFAR support. The Rwanda team will contract through SFR for certain SI functions and will employ strategic use of TA in order to address the above-mentioned challenges. The proposed SI activities will continue to strengthen the collection, analysis, reporting and use of information for decision support, including program management and coordination. The activities will enhance in-country SI capacity in M&E and surveillance, and they will improve the ability to conduct public health evaluations. PEPFAR will also support the CNLS in the implementation of the unified M&E system for the “Three Ones” with a focus on coordinated reporting systems and processes.

PEPFAR will also provide M&E capacity building support to CNLS and CIDC for the implementation of the “Third One” through training and TA in data quality and data utilization for program improvement, enhanced planning, reporting and sharing of information among all Rwanda stakeholders. PEPFAR will implement specific capacity strengthening interventions for M&E for program managers (national agencies, USG agencies, implementing partners and local organizations) in utilization of data for program improvement and dissemination of best practices. CNLS will receive support to operationalize the National HIV/AIDS M&E System, and effectively implement the district level reporting system. PEPFAR, in collaboration with other partners, will sponsor the organization of an annual HIV/AIDS Research Conference.

Significant assistance will continue to be provided to build data analysis skills at district and facility levels through the consolidated M&E support mechanism. PEPFAR support will continue to strengthen Rwanda’s national system for monitoring and reporting of the HIV/AIDS response, including synthesis and use of clinical and non-clinical data collected by CIDC and CNLS, respectively. The Rwanda SI team works closely with these agencies that are an integral part of the PEPFAR reporting process and reporting to the GFATM and OGAC.

The interagency USG SI team is made up of an SI Liaison, an HIV/AIDS Management Information System (HMIS) Advisor, an M&E Program Manager, and a Surveillance Specialist. The team will develop one inter-agency SI strategy including collaboration on surveys, results reporting, and HMIS. This strategy is updated on an annual basis as part of the COP development process.

The COP process includes validation of targets at the agency level to document how targets are set and to ensure de-duplication of targets. These targets, which have detailed explanations of calculations, are recorded in a master spreadsheet that includes all program areas. In addition, calculations of both direct and indirect targets for USG and its implementing partners are synchronized with the national HIV targets set by the GOR. During FY 2009, TA will be provided to all PEPFAR program leads and implementing partners on utilization of data and data quality assurance for program improvement.

The processes outlined above constitute the data quality assurance systems of the Rwanda SI team and follow guidelines developed by the GFTAM and OGAC.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10538.09

Mechanism: PBF II

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 24719.09

Planned Funds: ██████████

Activity System ID: 24719

Activity Narrative: This activity is being amended to shift the costs (\$120,000) associated with hiring five district coordinators for PBF M&E from this TBD International TA partner (previously MSH) to the Ministry of Health.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

- The design of a mechanism that would support the expansion of PBF to the community and tertiary hospital levels.
- Harmonization of the various data collection tools in use by the Ministry of Health

Performance-based financing (PBF) has been an innovative approach to financing health services based on output that aims to enhance quality of services and lead to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of high-quality health services with a performance incentive for the production of more than agreed upon quantities of services. The quality of these health services is ensured through the use of a score obtained using the standardized national Quality Supervision tool. This score determines whether payment for HIV/AIDS indicators is full (high quality services) or proportionally reduced (quality needs to be improved). Financial incentives provided by PBF motivate health facilities to improve both the quantity and the quality of their performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. PEPFAR, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF for health services.

At the health center level, PEPFAR partners purchase key HIV/AIDS indicators. Performance on these indicators is measured during monthly control activities jointly conducted by the Management Sciences for Health (MSH)/PBF district coordinator, clinical partners, and the district's Family Health Unit. The quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are then merged during the quarterly District PBF Steering Committee meetings and the final payments are approved. Because payment is made based on this information, reports from health centers are complete and submitted on time and quality supervision visits are conducted regularly. All data is stored in a web-based database that can be accessed by health facilities to review past performance, track trends and make decisions about improving quality of services. The PBF approach generates a significant amount of quality information that could be used by the GOR for decision making.

In FY 2009, the MSH PBF funding mechanism is coming to an end. However, performance based financing has been successful in Rwanda and a priority of the GOR as it is linked to both improved quantity and quality of HIV and other health services. Consequently, PEPFAR is in the process of designing a new funding mechanism that would continue to provide support to the MOH for the successful implementation of PBF at the health center and district hospital levels and also for the expansion of PBF to the community and tertiary hospital levels. This follow-on will address the need to harmonize the various data collection tools and databases in use by the MOH and will explore how the PBF approach can be used to ensure the quality, availability and use of routine user information in health facilities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 1527.09

Mechanism: CDC Country Office GHAI/TA

Prime Partner: US Centers for Disease Control and Prevention

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: 2848.21069.09

Planned Funds: \$503,200

Activity System ID: 21069

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

CDC will continue to provide long-term TA through a CDC core technical field team which is comprised of an Epidemiologist, an inter-agency HMIS Coordinator a Monitoring and Evaluation Specialist and a data manager. Short-term TA in surveillance, HMIS, and M&E will also continue to be provided during the planned period.

During FY 2009, CDC will continue to support an HMIS Coordinator to coordinate HMIS activities with the GOR, PEPFAR agencies, PEPFAR partners, and multilateral organizations such as the WHO and UNAIDS. The Coordinator will assist the GOR in strategic planning for information systems in the health sector and will help strengthen GOR capacity in information systems development, implementation, management and data use to collect critical data. The HMIS Coordinator will also provide technical support to PEPFAR partners to implement the HIV Registry (in collaboration with Voxiva and TRACPlus-CIDC), and to scale up the rollout of the electronic TB register that is being adapted from South Africa. CDC will also provide short-term TA to support HMIS activities, including supporting the rollout of the case registry, and PEPFAR strategic information activities. These funds will also continue to support one local hire data manager at CIDC.

The M&E Specialist recruited during FY 2008 will continue to provide technical assistance to the MOH and CIDC M&E Unit. The contribution of the M&E Specialist to strengthening local human capacity in M&E has been instrumental in building a culture of data use. The M&E Specialist will also develop a follow-up plan for the training activities on M&E conducted during FY 2008 in collaboration with the MOH to ascertain the performance of trainees who will benefit from the PEPFAR trainings related to M&E 101, economic evaluation, qualitative evaluation, and data utilization to be delivered by CDC/Atlanta in coordination with USG Rwanda staff.

This activity reflects the ideas presented in the PEPFAR Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control (2005-2009) by directly supporting the development of sustainable strategic information systems for the national HIV/AIDS program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12910

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12910	2848.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$583,900
7264	2848.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$649,000
2848	2848.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

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: 3494.09	Mechanism: HIV/AIDS Reporting System
Prime Partner: Voxiva, Inc.	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: 4987.21077.09	Planned Funds: \$0
Activity System ID: 21077	
Activity Narrative:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12918	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12918	4987.08	HHS/Centers for Disease Control & Prevention	Voxiva, Inc.	6335	3494.08	HIV/AIDS Reporting System	\$1,000,000
7237	4987.07	HHS/Centers for Disease Control & Prevention	Voxiva, Inc.	4348	3494.07	HIV/AIDS Reporting System	\$850,000
4987	4987.06	HHS/Centers for Disease Control & Prevention	Voxiva	3494	3494.06	HIV/AIDS Reporting System	\$600,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10265.09	Mechanism: HIV/AIDS Reporting System/TRACNet
Prime Partner: To Be Determined	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: 23686.09	Planned Funds: [REDACTED]
Activity System ID: 23686	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

A new activity in FY 2009 will be the building of an interface between TRACnet and OpenMRS, the electronic medical record system.

The overall objective of the TRACnet project is to establish a comprehensive information system for the HIV/AIDS program in Rwanda. It is currently managed by Voxiva, and its cooperative agreement ends in September 2009. Since FY 2004, TRACnet has evolved from a pilot to a national ART program reporting system. It is used to collect data on a monthly basis via the telephone and internet on HIV/AIDS program indicators. As strong as the data collection has been, issues still remain around data quality and the use of the data for decision making. There are also relatively few information products being generated with TRACnet data.

In FY 2009, TRACnet will continue collecting data on ART and fully scale up collection of aggregate PMTCT and VCT data. The collection of data on malaria, TB and disease surveillance will be integrated to TRACnet in FY 2008, and these additions will be rolled out the following year. Also, an HIV patient registry which will be made available during FY 2008 will provide a wealth of information on the epidemic in Rwanda. This database is useful for research and contributes to strengthening the scientific capacity in the country. Assistance will be provided to CIDC and implementing partners to analyze the data collected in order to develop a culture of data use for decision making at all levels of the health pyramid. Further improvement will be made on the TRACnet system in line with the needs of the end users of the system and CIDC requirements. Also, more efforts will be put on improving and maintaining the quality of the data collected through TRACnet.

In collaboration with Supply Chain Management System (SCMS), and building on work ongoing in FY 2008, the drug reporting component of TRACnet will be rolled out to collect data required for quantifying drug and supply needs. To improve data use for decision making, a contractor will collaborate with CIDC to train site level personnel on data quality analysis techniques and upgrade the system to incorporate additional analytic capacities.

Furthermore, the contractor (TBD) will create offline capacity for TRACnet so the majority of facilities without internet connection can view and utilize the information in the system. Finally, the contractor (TBD) will work with the ICT and technical units at CIDC to prepare information products and increasingly hand over management of the TRACnet system.

Support will be provided to CIDC to implement the sustainability plan developed during FY 2008. In order to ensure interoperability between OpenMRS and TRACnet, steps will be taken to harmonize standards used by both systems and build an interface between the two systems to allow those ART sites that are using the OpenMRS to send reports directly from their system without having to use TRACnet traditional data transmission channels.

This activity reflects the ideas presented in the PEPFAR Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control by directly supporting the development of a sustainable SI system for the national HIV/AIDS program.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5108.09	Mechanism: MoH CoAg
Prime Partner: Ministry of Health, Rwanda	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: 9252.20717.09	Planned Funds: \$680,000
Activity System ID: 20717	

Activity Narrative: This activity is being amended to shift the costs (\$120,000) associated with hiring five district coordinators for PBF M&E from the International TA partner (previously MSH) to this agreement with the Ministry of Health.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

The following activities will be added in FY 2009:

- Implementation of the national HMIS strategic plan;
- Strengthening the capacity of district level managers to facilitate the search for the root causes of unsatisfactory performance of health facilities;
- Implementing a case-based, integrated, disease surveillance system;
- Development of a training module on HMIS for in-service training of health professionals;
- Support for the Cellule d'Appui à l'Approche Contractuelle (CAAC) unit within the MOH to further improve and develop the performance based financing approach.

During FY 2008, PEPFAR is providing substantial technical and financial support to the Ministry of Health to support the development of a clear vision for strengthening the national health information system (HIS). A strategic plan, which was elaborated in a participatory process, includes the following interventions:

- Development of an integrated district level data collection system,
- Reinforcement of data management at the local level with a focus on data quality and use,
- Capacity building in the domains of epidemiology, biostatistics and information for decision making.

A thorough review and improvement has been made on the current GESIS (MOH HIS). Consultations are undergoing to revise numerous indicators collected aiming at reducing the burden of work on health workers at the grass root level and at the same time improving the quality of the data generated for better analysis and use for program management across all levels of the health system. Efforts have been made also through PEPFAR support to enhance the GOR health system using international standards such as ICD10.

All USG-supported health centers are staffed with data managers that complement the efforts made by the GOR to assign 187 additional data managers to help improve the quality of data collected and used. PEPFAR will continue to support these activities.

In FY 2009, the activities will focus on the implementation of the national HIS strategic plan through technical assistance from PEPFAR. PEPFAR will provide both long-term support through the country team and short-term through its headquarters' experts. Given the multiple systems and databases operated by current implementing partners in Rwanda there is a need to define commonly accepted standards for the HMIS to facilitate data exchange.

PEPFAR will continue to support all activities related to the improvement of data quality and its use initiated by the unit of HMIS at the MOH including elaboration of standardized protocols, guidelines etc. Support will be provided for the elaboration of a country meta-data dictionary using locally and internationally accepted standards. It will outline clear definitions and specifications of each data to be collected and how to use them. The data dictionary will be a useful tool to have a common understanding of indicators across all stakeholders in order to improve the quality of the data collected. A master registry of health facilities is also a must if we need to facilitate data exchange and interoperability of system across the country. PEPFAR will also support the MOH to design an electronic and dynamic system of health facility registry to be periodically updated by a designated desk at the ministry of health.

The MOH is engaged in an effort to increase its technical assistance to its decentralized bodies at the district level. In FY 2008 steps are underway to conduct regular supervision to the health centers and the district hospitals. In FY 2009, this activity will be expanded to include building the capacity of district level managers to identify the root causes of unsatisfactory performance of health facilities. PEPFAR will support the development of a supervision protocol and tools for district managers to improve both service delivery and data use for decision making at the district and health facility levels.

Human capacity building has been a major concern for both the GOR and PEPFAR managers. In FY 2009, technical and financial support will be provided for the development of a training module on HMIS for in-service training of health professionals. The intent is to integrate this module at a later stage in a pre-service training within the health professional training institutes including the National University of Rwanda, the nursing schools, and the School of Public Health. Support will be provided also to reinforce human capacity at the national level to roll out the data quality improvement and use initiated during FY 2008. Technical assistance will be provided for the continuation and enhancement of the M&E unit capacity building at the Ministry of Health. Moreover, PEPFAR will provide assistance to the CAAC desk for performance based financing (PBF) interventions at MOH. This assistance will pave the way for transferring some management responsibilities from MSH/PBF to the MOH.

These activities reflect the ideas presented in the PEPFAR Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control by directly supporting the development of a sustainable SI system for the national HIV/AIDS program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12861	9252.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	6316	5108.08	MoH CoAg	\$500,000
9252	9252.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	5108	5108.07	MoH CoAg	\$250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

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: 170.09	Mechanism: HIV/AIDS Performance Based Financing
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 8743.20713.09	Planned Funds: \$0
Activity System ID: 20713	

Activity Narrative: Performance-based financing (PBF) is an innovative approach to health services financing based on outputs, thereby enhancing quality of services and leading to greater efficiency and sustainability. Output financing involves the purchase of indicators that are linked to performance incentives. These incentives are linked to the quantity and quality of services provided by health facilities and hospitals. The payment scale for HIV/AIDS indicators is commensurate with the scores obtained using the standardized national Quality Supervision tool. PBF provides these financial incentives to motivate health facilities to improve performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. As a result of successful pilots implemented by CordAID, GTZ and BTC, the MOH has endorsed national scale-up of PBF for all health services. The EP, in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF of health services.

In FY 2007, MSH/PBF supported the GOR in collaboration with key donors to implement a national strategy, policy, and model of PBF that applies to all health assistance. Consistent with the principles of linking performance to incentives, MSH provided output-based financing to health facilities in six districts through sub-contracts with health centers and district hospitals for HIV/AIDS indicators. The EP adopted a strategy in FY 2007 to combine both input and output financing to properly motivate health facilities for higher performance while providing necessary resources and tools to meet the established targets. In Rwanda, though performance has increased with PBF, TA and basic input support is still needed, especially in the current context of rapid decentralization and accelerated national PBF roll-out. At the health center level, EP partners purchase a quantity of the 14 key HIV/AIDS indicators. Performance on these indicators is measured during monthly control activities jointly conducted by the MSH/PBF district coordinator, clinical partners, and the district's Family Health Unit. The quality of services is evaluated through the existing national supervisory and quality assurance mechanisms. The quantity and quality scores are then merged during the quarterly District PBF Steering Committee meetings and the final payments are approved. MSH/PBF also has sub-contracts at the district hospital level for a slightly different purpose and scope than with health centers. The focus of these contracts with district hospitals is on increasing quality service outputs, quality assurance, self-evaluation, and review by peers similar to an accreditation scheme. There is payment for indicators from the National District Hospital PBF Scheme, which reinforces the supervisory role that hospitals play in district health networks.

In FY 2008, MSH/PBF will continue supporting the MOH PBF department and the national PBF TWG. In addition, MSH/PBF will provide TA to DHTs and implementing partners in 23 EP districts to effectively shift some of their input financing to output-based financing for HIV/AIDS indicators in accordance with national policy. MSH/PBF will also provide intensive TA to districts that will introduce PBF in FY 2008. At the district level, MSH/PBF will continue supporting the national model by 1) placing a district coordinator within the Family Health Unit to work with the national family health steering committee during data collection/entry and control of indicators; 2) facilitating the quantity control function by providing TA and paying associated costs; and 3) supporting secretarial functions for the Family Health Unit at the district level. EP support to the district is critical for the proper functioning of the national PBF model. Monthly invoices approved by the health center PBF management committee (COGE) and MSH are then presented to the district steering committee for merging with quality index and final approval before payments are made.

PBF of HIV/AIDS services is a critical step to achieving the goal of sustainable, well-managed, high quality, and cost-effective basic health care service delivery in a comprehensive HIV/AIDS treatment network. This financing modality supports the Rwanda EP five-year strategy by increasing institutional capacity for a district managed network model of HIV clinical treatment and care services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12859

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12859	8743.08	U.S. Agency for International Development	Management Sciences for Health	6315	170.08	HIV/AIDS Performance Based Financing	\$298,972
8743	8743.07	U.S. Agency for International Development	Management Sciences for Health	4339	170.07	HIV/AIDS Performance Based Financing	\$559,680

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 6139.09 **Mechanism:** MEASURE Evaluation
Prime Partner: University of North Carolina **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 12300.20951.09

Planned Funds: \$1,800,000

Activity System ID: 20951

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

PEPFAR Rwanda will procure TA to strengthen the unified national HIV/AIDS M&E system, and to build capacity for data collection, analysis, dissemination and use in decision making. The specific activities to be implemented are grouped into four components. The first component focuses on capacity building and skills transfer. Training will be organized at national and sub-national levels to strengthen the capacity of health managers to apply M&E data in decision making and programming, to develop basic program evaluation questions and to be able to translate them into protocols and projects. The contractor will assist in the dissemination of best practices.

The TA to CIDC will include assistance in the development of study protocols and in conducting studies on various aspects of the HIV and TB epidemics. The assistance aims to expand the role of CIDC in the design and implementation phases of studies and surveillance activities to reduce dependence on external TA.

The second component includes TA to CIDC for the maintenance and improvement of the HIV/AIDS, TB and malaria monitoring system in the context of efforts to integrate the various electronic information systems in the health sector. The contractor will work closely with the Informatics Unit at CIDC, the HMIS Unit in the MOH, and the M&E and Data Analysis units in CNLS to ensure harmony in indicators and data collection systems. Building upon existing data quality assurance tools, the contractor will provide assistance to the GOR to develop and manage protocols and procedures to assure data quality in national and decentralized information systems. TA will also be provided to integrate data reliability activities into routine quarterly monitoring and reporting activities.

In addition, MEASURE Evaluation will assist in the development of a harmonized reporting system of community level activities (basic care and support, OVC, sexual prevention activities).

In the third component, TA will be provided to the CNLS Data Analysis Unit to review and improve the database developed by the CNLS to ensure that state-of-the-art approaches are being used – including data interchange and the introduction of other technologies as needed. Limited funding will also be available for the purchase of new software, upgrades and renewal of site licenses for software already possessed by the CNLS and CIDC.

The fourth component of the technical assistance will focus on the promotion of data use in planning and management. Support will be provided to the M&E and Data Analysis units in CNLS and CIDC in the analysis of program data from all data bases and in the feeding of the results into the programs for improvement in service delivery. The contractor will also provide support to the organization of the Annual National HIV/AIDS Research Conference in Rwanda.

MEASURE Evaluation will collaborate with external TA in the provision of support to the GOR in the triangulation of HIV/AIDS program coverage data with behavioral, environmental and health status data from surveys and studies. Assistance in conducting secondary analyses of all data sets will provide insight into ways in which HIV/AIDS services in Rwanda can be better matched to the risk profile of local populations. The expected outcomes will include practical descriptive and spatial analyses to be disseminated to and used by local and national level decision makers and program planners to address identified program gaps.

MEASURE Evaluation will support staffing in CNLS and CIDC that will be able to respond to the needs of the organizations as well as supporting the "Third One" of the Three Ones. Staffing support will also be provided for the coordination of PEPFAR activities with in the CNLS as well as integration of HIV/AIDS in the health sector.

This activity reflects the ideas presented in the PEPFAR Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-Sectoral Strategic Plan for HIV/AIDS Control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12766

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12766	12300.08	U.S. Agency for International Development	To Be Determined	6285	6139.08	TASC 3	██████████
12300	12300.07	U.S. Agency for International Development	To Be Determined	6139	6139.07	TBD--TBD Search	██

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation**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: 7585.09

Mechanism: Monitoring and Evaluation
Management Services

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 16958.20691.09

Planned Funds: \$200,000

Activity System ID: 20691

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity will continue with a new prime partner. The purpose of the Monitoring and Evaluation Management Services (MEMS) Project is to assist USAID/Rwanda, the USG Rwanda Interagency President's Emergency Plan for AIDS Relief (PEPFAR), and President's Malaria Initiative (PMI) teams to develop and implement a comprehensive performance management, monitoring, and reporting program. This program will support compilation and use of data and information that meet and inform reporting and programming requirements. The MEMS team works closely with and supports the reporting and performance management needs of the USG teams. The program is also required to establish strong linkages with host country institutions that are involved in the monitoring of HIV/AIDS, malaria and other health and development activities in the context of the national response.

In FY 2008, MEMS will deploy a web-based database that will facilitate USG data reporting, aggregation, analysis and use, as well as development and update of annual work plans by implementing partners (IPs). The version 1.0 of the database will be operational by March 2009, and it will be continuously upgraded to respond to changes in PEPFAR, PMI and OP requirements and to increase its user friendliness for both implementing partners and the USG. MEMS staff will work closely with the USG and implementing partners and build their M&E capacity for improving analysis and use of quality data for programming and decision making. Taking advantage of the reporting periods, MEMS will train USG and IP staff on sharing the same understanding of indicator definitions and reporting requirements, as well as other key dimensions of data quality, as to immediately improve the validity, reliability, precision and integrity of data reported to and used by USG teams and IPs.

Following collaborative M&E needs assessments, MEMS staff will work with USG teams and related IPs to develop or update their performance monitoring plans (PMPs). MEMS will use the results of these assessments to target its technical assistance to particular USG and implementing partners facing specific M&E challenges. Working collaboratively with the USG, IPs, the M&E technical working groups and relevant host country institutions, MEMS will also facilitate an agreement on common standards for data quality with USG teams and IPs as to provide the basis for the implementation of data quality assessment and improvement (DQAI) activities.

In support of FY 2009 planning meetings, MEMS will work with USG teams, technical working groups and IPs to prepare a series of data analyses and thematic maps providing insights regarding progress against set targets and coverage of USG supported interventions, while identifying opportunities for improved performance. MEMS will equip the USG and partners with a range of worksheets to facilitate comparative and trend analysis and settings of targets. MEMS will also facilitate a common understanding of the GOR requirements among USG teams and IPs, as to improve USGs responsiveness and alignment to GORs programmatic priorities and reporting requirements.

Building on the numerous interactions with USG teams, IPs and host country institutions, MEMS will facilitate the development of a USG analytical agenda. Up to three special studies are planned to be launched/completed during FY 2009. The topics of these studies will be determined by the PEPFAR SI team and will be designed to shed light on key programmatic challenges facing USG and IPs.

Finally, one important MEMS activity will be to develop a comprehensive training strategy and to customize a 5-day training curriculum building on the collaborative M&E needs assessments. The M&E training course will place particular attention on integrated programming and the importance of implementation monitoring for informing targeted evaluation/special studies and use of data for program improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16958	16958.08	U.S. Agency for International Development	Social and Scientific Systems	7585	7585.08	Prtnr Rprtg System	\$200,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$55,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3461.09	Mechanism: Measure DHS
Prime Partner: Macro International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 12301.20703.09	Planned Funds: \$100,000
Activity System ID: 20703	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, a Demographic Health Survey (DHS) will be conducted.

The MOH, the National Institute of Statistics (NISR), and Macro International conducted the 2005 Rwanda Demographic Health Survey (RDHS), the first nationwide survey of its kind in Rwanda that included HIV testing. The GOR plans to carry out a similar survey in 2010 that will inform the country's progress on the Economic Development and Poverty Reduction Strategy (EDPRS) targets.

Macro International will support NISR to implement DHS 2010. In FY 2008, funding was provided for the preliminary activities related to this survey that include establishment of the steering and technical committees, developing and modification of survey instruments and sampling frame, and creating the timeline. DHS 2010 will be the second DHS conducted with HIV testing. Based on past experience, early planning for the survey is essential to ensure that field data collection is completed by 2010.

This activity reflects the ideas presented in the PEPFAR Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-Sectoral Strategic Plan for HIV/AIDS Control (2005-2009) by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12845	12301.08	U.S. Agency for International Development	Macro International	6313	3461.08	Measure DHS	\$300,000
12301	12301.07	U.S. Agency for International Development	Macro International	4337	3461.07	Measure DHS	\$100,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 114.09 **Mechanism:** USAID Rwanda Mission
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Budget Code:** 17
Activity ID: 4972.21058.09 **Planned Funds:** \$577,500
Activity System ID: 21058
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity supports all FY 2009 activities. It funds two PEPFAR staff dedicated to strategic information – an SI Liaison Officer and an FSN M&E Program Manager. The SI Liaison serves as the principal field counterpart to the Core Team SI Advisor and supports all PEPFAR implementing agencies.

The SI Liaison facilitates SI team coordination by serving as the PEPFAR representative to donor coordinating bodies (UNAIDS, WHO, Global Fund, World Bank) to address the SI/M&E component of the Three Ones. This position will also lead the five- year SI strategy implementation, while working closely with the PEPFAR team to set targets and prepare semi-annual and annual reports.

The M&E Program Manager provides TA to USG on all M&E activities with a primary focus on PEPFAR monitoring and reporting activities. The Program Manager manages the synthesis, analysis and transmission of all PEPFAR-funded partner reports, correspondence, and work plans. The Program Manager also contributes to overall strategy development through analysis of partner reports and country data.

In addition to these key SI positions, USAID/Rwanda anticipates continuing financial and technical support to local NGOs and GOR agencies by sponsoring attendance at conferences, workshops and technical meetings on HIV prevention, care, and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12899

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12899	4972.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$577,500
7257	4972.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$525,000
4972	4972.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$509,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 97.09

Mechanism: TRAC Cooperative Agreement

Prime Partner: Treatment and Research AIDS Center

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: 2739.21040.09

Planned Funds: \$934,040

Activity System ID: 21040

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY 2009, the evaluation of the electronic medical record system will be added as a new activity.

PEPFAR has made significant investments in surveillance in Rwanda since 2004. The capacity of CIDC to carry out surveillance activities has markedly improved over the years. In FY 2008, CIDC is undertaking multiple surveillance activities aimed at better understanding the state of the HIV epidemic in Rwanda. These include HIV sentinel surveillance at antenatal care facilities, a behavioral surveillance survey (BSS+) among high risk groups (sex workers, truck drivers, youth), and ARV drug resistance surveillance.

Building on activities implemented in previous years, PEPFAR will continue to support sentinel surveillance activities in 30 antenatal care facilities. In order to determine the sub-groups among the youth population that are at highest risk of HIV infection, CIDC will carry out a rapid assessment of HIV prevalence among specific youth groups such as youth who are living or working on the streets full-time or part-time, and orphans. Moreover, CIDC will conduct a rapid assessment of the behavior of the clients of commercial sex workers. In FY 2009, CIDC will also strengthen ARV resistance surveillance. This will be carried out in collaboration with CDC, WHO and the National Reference Laboratory.

A triangulation of HIV/AIDS program coverage data with behavioral, environmental and health status data from surveys and studies was performed in 2008 with technical assistance from the University of California San Francisco (UCSF) and CDC/Atlanta. A second triangulation exercise is planned for FY 2009, and will again utilize technical support from UCSF and CDC/Atlanta. CIDC will assume greater responsibility for this activity as the objective is to build local capacity for triangulation activities in Rwanda.,

The focus of M&E activities in FY 2009 under the TRAC cooperative agreement will be on enhanced data quality, planning, reporting, and utilization of data for program improvement. CIDC will support data analysis and use as it relates to clinical care, treatment, and PMTCT to monitor the quality of services provided. The M&E Unit of CIDC will continue to train district level supervisors and conduct periodic supervision visits to health facilities in collaboration with the MOH. The M&E unit will also continue to maintain the postings and digital library.

In FY 2008, CIDC is evaluating the performance of TRACnet (Rwanda's phone and web-based reporting system for HIV/AIDS) with technical assistance from PEPFAR. In FY 2009, PEPFAR will continue to support CIDC in rolling-out of new TRACnet functionalities and modules for malaria, TB and the integrated disease surveillance reporting system (IDSR). In addition, the SBI (Surveillance, Bioinformatics & IT) Unit will enhance the TRACnet data quality and improve feedback to sites. CIDC's SBI unit staff will continue to provide on-site IT training to all ART sites, including the use of TRACnet for reporting of ARV drug, disease surveillance and program indicators.

An electronic medical record system has been implemented at seven sites. Support will be provided to CIDC for the evaluation of the system, and also to estimate the costs of the extension of the system to include other clinical specialties and the gradual expansion to achieve national coverage.

Limited funding will be available for the procurement of IT equipment and to support internet connectivity.

All the above activities reflect the ideas presented in the PEPFAR Five-Year HIV/AIDS Strategy in Rwanda and the GOR National Multi-sectoral Strategic Plan for HIV/AIDS Control by directly supporting the development of a sustainable strategic information system for the national HIV/AIDS program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12881	2739.08	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	6323	97.08	TRAC Cooperative Agreement	\$834,040
7240	2739.07	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	4351	97.07	TRAC Cooperative Agreement	\$262,700
2739	2739.06	HHS/Centers for Disease Control & Prevention	Treatment and Research AIDS Center	2551	97.06	TRAC Cooperative Agreement	\$333,822

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$6,735,154

Program Area Narrative:

Health Systems provide the foundation for service delivery. Long-term sustainability of programs and activities supported by PEPFAR is dependent on well established and functioning systems.

Rwanda is a dynamic country, characterized by the rapid adoption of new approaches, strategies and programs. At the same time, Rwanda is experiencing a critical deficit in human resource capacity, resulting in movement of senior staff within and outside the Health Sector. An approach simultaneously supporting key individuals (through training and mentorship) and strengthening processes (through development of systems, tools and user-friendly guidelines) is required for sustainability of the Health Care system and HIV program in Rwanda. Ultimately, building capacity in Rwanda requires the strengthening of systems by empowering key individuals with skills and knowledge and developing sustainable processes and tools based on best practices.

PEPFAR health systems strengthening efforts cut across a broad range of issues that directly impact service delivery. These include strengthening national health sector financing, increasing availability of skilled human resources, capacity building for local NGOs, policy development, TA and staff secondment to key Government of Rwanda (GOR) institutions, improving management systems for critical health systems, such as logistics and information management, and strengthening basic national health functions such as epidemiology, infant and maternal health etc. Other key issues include addressing legal issues surrounding gender based violence (GBV), inheritance and property rights, and orphans and vulnerable children (OVC), through collaborative ventures with other government sectors in Rwanda such as Ministries of Education and Infrastructure, and the Minister within the Prime Minister's office on Gender and Family Promotion.

Since its inception in FY 2004, PEPFAR has invested significantly in at least four distinct strata of capacity building: 1) organizational capacity building for NGOs and governance for central and decentralized GOR structures; 2) development and improvement of overarching health systems; 3) national human resource management; and 4) individual level training, mentoring and capacity building. In coordination with the World Bank, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and other donors, investment in each of these levels of capacity building has strengthened the GOR's ability to provide quality HIV national prevention, care and treatment services. Given that these four levels of capacity building are interlinked and collectively contribute to a strong health system, PEPFAR has prioritized capacity building as a cross-cutting issue. Many activities listed in other sections of this FY 2009 COP also contribute to the dual objectives of both building the MOH and GOR's capacity of providing HIV services and advancing the sustainability of the PEPFAR program.

PEPFAR is committed to adherence to the 'three ones' One National Framework, one National Coordinating Agency and one National M&E System. FY 2009 provides for technical assistance (TA) for development and implementation of the National Strategic HIV/AIDS plan. In FY 2009 a Health Systems Strengthening Advisor will liaise between PEPFAR and the GOR and Development Partners to continue to promote harmonization of activities within the National Framework. In FY 2008, PEPFAR is actively strengthening the National AIDS Control Commission (CNLS) through TA, co-chaired Technical Working Groups (TWG) and supporting strategic planning. These activities will continue to be supported in FY 2009. In other sections of the COP 2009, activities working towards integrated systems for information collection and analysis are described.

Organizational capacity building for NGOs and governance for central and decentralized GOR structures:

In line with the PEPFAR Gender focus, the Health System Strengthening Portfolio (OHSS) will support capacity building in drafting legislation, including designing and implementing a process for gender-targeted legislation to correct the current legislation regarding land distribution and inheritance for women through the Rural Development Institute (RDI). Avocat sans Frontiers ("Lawyers Without Borders") is providing TA to the Kigali Bar Association in FY 2008, strengthening the capacity of this

organization to draft legislation that protects other vulnerable groups (OVCs, prisoners and PLWA).

At the health system level, PEPFAR provides long-term TA to the National AIDS Control Commission (CNLS), TRACPlus- Center for Infections Disease Control (CIDC), and the National Tuberculosis and Leprosy Program (PNILT) for the development of national policies for HIV prevention, care and treatment and to strengthen GOR HIV coordination mechanisms and linkages between programs. The IntraHealth Capacity Project continues to support a Human Resource Advisor at the MOH Human Resources Department, to assist in the implement the national Human Resources for Health (HRH) policy, database and strategic plan, as well as MOH reorganization. In FY 2008 the Community HIV/AIDS Mobilization Program (CHAMP) continues to develop the financial and managerial capacity of locally-based NGOs and provides staff support to the Minister within the Prime Minister's office on Gender and Family Promotion to integrate policies that will advance gender equity in HIV services. In FY 2009 the follow-on award will further emphasize capacity building of these NGOs resulting in future self sufficiency for local Rwandan partner organizations based on measurable goals.

Development and improvement of overarching health systems:

At the organizational level, PEPFAR has similarly supported capacity building for GOR and other Rwandan NGOs since FY 2004. The strategies used include financial and management assistance, skills-building in specific areas of technical expertise, M&E, and commodities and logistics management. PEPFAR thus worked with the GOR and other funders to strengthen National laboratory capacity in Rwanda. At the central level funding to the National Reference Laboratory (NRL) has built capacity to provide quality HIV testing for Voluntary Counseling and Testing (VCT), Prevention-of-Mother-To-Child Transmission (PMTCT), and Pediatric and adult care and treatment programs. Over the past three years the NRL has also developed capacity for Early Infant Diagnosis (EID) and with PEPFAR support, is expanding capacity for EID in 2008. USG partners have worked in collaboration with the NRL, District Health Teams (DHT) and site level personnel to expand basic laboratory capacity for HIV management and OI treatment at District and Health Center levels. At the request of the MOH, logistics providers, RPM+ and the Supply Chain Management System (SCMS) supported the National Central Medical Stores (CAMERWA) at the central level and helped to establish a system of district pharmacies to ensure and monitor drug availability, and actively distribute commodities to the district and Health Center levels. This expansion of capacity building from the national to the district level parallels the GOR's decentralization process. In FY 2009, the efforts to continue improvement of the active distribution system and the Logistics Management Information System (LMIS) will be linked with building CAMERWA's ability to directly procure anti-retroviral drugs (ARVs) and other commodities for the national program.

Rwanda is committed to the decentralization of health service provision by building management capacity at the District Level. Sustainable Management Development Program (SMDP, a CDC training program) will provide training and support to District teams to address a gap in capacity at this level, recognized by the MOH. A network of epidemiologists, operating from District level and disseminating skills to front line health workers, and information to MOH and International colleagues will be provided through the Field Epidemiology and Laboratory Training Program (FELTP). In FY 2009 the scale-up of Quality Improvement through the proven HealthQual methodology, involving patients and health providers in the process through use of health facility, data will be included.

In line with PEPFAR priorities for FY 2009 a package for male circumcision services will be developed. The package, based on lessons learned from neighboring countries, will contain at minimum, messages on sexual behavior and condom use, infection control measures and safe circumcision practices. Implementation will begin in FY 2009 within the Rwandan military, an FY 2009 target population.

National human resource management:

At the human resource level, PEPFAR supports pre-service, in-service, and refresher training of health professionals. The emphasis for FY 2009 will be the initiation of all relevant modules used in in-service training, to be provided for all cadres concerned on leaving pre-service training, with the ultimate goal of incorporating these into the pre-service curricula. Since FY 2005, PEPFAR has actively supported pre-service nursing training and the Rwanda HIV/AIDS Public Interest Fellowship to develop a cadre of program managers. In FY 2008, the IntraHealth Capacity Project and Columbia University supports the implementation of the pre-service nursing and medical school curricula developed with PEPFAR support in FY 2007. In FY 2009, ongoing support for students in MPH programs will be augmented by training in field epidemiology and sustainable management through short courses in Applied Epidemiology at the School of Public Health. In FY 2008, many existing implementers continue their capacity building efforts: CAPACITY will expand the national curricula to medical schools in collaboration with the GOR. Specialized training in TB/HIV care and treatment will be expanded - an area in which PEPFAR system strengthening investments have resulted in better diagnosis of TB among PLHIV, and lower mortality rates for adults with TB. Training in infection control and injection safety, PMTCT and Pediatric HIV will also be expanded and incorporated into the pre-service curriculum.

In FY 2009 PEPFAR will also continue to support at least five pre- and in-service training initiatives, given the acute shortage of health care providers and HIV program managers. PEPFAR will support the implementation of the revised nursing curriculum, expand the number of participants in the Public Interest Fellowship program, continue support to a social work certificate program to strengthen the continuum of care for PLHIV. In addition, PEPFAR will expand and promote the initiative to use nurses to oversee ART service delivery, which will target PMTCT to provide an increase in access or anti-retroviral therapy (ART) to pregnant women.

Individual level training, mentoring and capacity building:

In FY 2008 TA is being used to provide one-on-one mentorship from Central to District levels directly through short and long term advisers. This support will continue in FY 2009. At the community level, the Regional Outreach Addressing AIDS through Development Strategies follow-on (ROADS II) and the follow-on Community-based project will strengthen locally-based non-governmental organizations (NGOs) and civil society associations towards the ultimate goal of becoming prime partners. Measurable goals and objectives, evidenced-based models, taking into account best practices in the field, will be the guiding principals in design of the follow-on model. Linkages to clinical partners will be strengthened. FY 2009 includes an initiative to

empower police officers to attend to cases of gender-based violence (GBV), strengthening linkages with health services for necessary referrals for protection against HIV and Sexually Transmitted Infections (STIs).

Program evaluation, to provide the PEPFAR program with an understanding of the progress towards its goals, will include a baseline assessment of knowledge and practices at the peripheral level in the recognition and action during outbreaks. This assessment will provide a benchmark with which to evaluate the wider impact of the FELTP activity. The impact of the MPH training on systems and processes at different levels of the health sector will also be evaluated.

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8696.09	Mechanism: Tulane Capacity Building
Prime Partner: Tulane University	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: 19483.21041.09	Planned Funds: \$2,005,000

Activity System ID: 21041

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, PEPFAR harmonized its existing human capacity building efforts in the areas of public health management, strategic information, post-graduate medical training, social work, human resources management, and new support to pre-service medical education through a partnership with Tulane University. This new cooperative agreement will leverage the strong leadership and institutional support that Tulane University has provided to the National University of Rwanda, School of Public Health (NURSPH) since its founding in 2001. Additionally, Tulane University's international expertise in human resources development and its history of collaboration with local and international partners working in Rwanda make it an ideal focal point for coordinating PEPFAR human resource development for health activities.

PEPFAR has supported the NURSPH since 2004. The MOH has identified this institution as a cornerstone for training quality government personnel at central and district levels and it has relied on the School to help fill Rwanda's extensive public health training needs. PEPFAR has worked with NURSPH to found: 1) the Rwanda HIV/AIDS Public Interest Fellowship (RHPIF) – a two-year training program that provides public health program management training and on-the-job experience to at least 15 recent college graduates each year; 2) a two-year executive Master's in Public Health Program that enrolls 25 students each year (of which PEPFAR directly supports 10-15) and has targeted current MOH employees needing additional training; 3) a certificate program in strategic information, which has supported personnel in various sectors, including health and defense; 4) a certificate program in psychosocial support for PLHIV that targets faculty from institutes of higher learning and practitioners in trauma counseling; and 5) efforts have begun to develop the Rwanda Sustainable Management Development Program – a certificate program aligned with one from CDC-Atlanta, that will harmonize training for district health teams in the areas of leadership, management, and process improvement.

Additionally, PEPFAR has initiated programs in collaboration with the National University of Rwanda in post-graduate medical education and nursing education. Under a new cooperative agreement, Tulane University will work directly with NURSPH, other schools within the NUR, the University of Colorado, Columbia University, the Capacity Project, the Ministry of Education (MINEDUC), and MOH to ensure that Rwanda's educational institutions possess the ownership and capacity to oversee and implement these PEPFAR-initiated programs. Tulane University will also work to integrate and link in-service training modules to pre-service curricula, beginning with training for district health officials, directly supporting PEPFAR and GOR strategies for sustainability.

Since 2001, Tulane University has focused on building technical capacity at the NURSPH. Under PEPFAR, it has provided support for five faculty members to pursue PhDs in the United States and abroad. Because of this support, and the strong presence of visiting faculty members in-country, Tulane has also been pivotal in developing NURSPH into a quality research institution, bolstering the institution's reputation locally and among the international non-governmental organizations who now seek partnerships with faculty members to conduct in-country research projects. While research and teaching capacities at NUR/SPH have developed, there is a continuing need to support institutional capacity development to enhance quality and ensure sustainability of the program. This new cooperative agreement will also seek to address important management and organizational challenges at NURSPH.

The aims of this cooperative agreement are to strengthen institutions developing the health workforce and to directly support the education of individuals in the health care sector. These activities reflect the ideas presented in the PEPFAR five-year strategy and support the GOR's national strategy of human resources and organizational capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19483

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19483	19483.08	HHS/Centers for Disease Control & Prevention	Tulane University	8696	8696.08		\$0

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7623.09 **Mechanism:** DCA
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 16964.21047.09 **Planned Funds:** \$0

Activity System ID: 21047

Activity Narrative: USAID's Development Credit Authority (DCA) can help establish partial credit guarantees with local lending institutions to provide credit to populations not normally receiving credit, such as associations of community health workers or PLHIV.

Recognizing that poverty is a major factor in the spread and management of HIV, the EP has supported a number of interventions – IGA, microfinance, financial and management capacity strengthening for local organizations – to address this issue among PLHIV, OVC and their families. In FY 2008, EP will support three activities to address this need: 1) conduct an assessment of IGAs; 2) award a follow-on community services project with a component for income generation; and, 3) develop loan guarantee through the DCA.

The EP, together with the USAID/Rwanda Economic Growth team and the EGAT Bureau, will conduct an assessment of all IGAs supported since the beginning of the program. This assessment will inform the income-generation component of the follow-on activity, which will provide community-based support for PLHIV, OVC, their families and caregivers to be designed in FY 2008. This new awardee will be responsible for working with groups identified to benefit from the DCA loan guarantees (to be determined based on DCA initial assessments) to ensure they have the appropriate business development, management and financial skills to receive and successfully use credit. In addition, the awardee will monitor the impact of the loan guarantees on health outcomes such as adherence to ART. The DCA will work with local lending institutions and the community-services follow-on provider to establish a loan guarantee and provide any TA needed to ensure its ongoing success. The EP will learn from the successful DCA with the agribusiness sector that has been put in place by the USAID/Rwanda Economic growth team and expects to make up to \$4 million available through this activity.

This activity advances the EP 5-year strategy for sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16964

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16964	16964.08	U.S. Agency for International Development	US Agency for International Development	7623	7623.08	DCA	\$0

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 114.09 **Mechanism:** USAID Rwanda Mission
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4973.21059.09

Planned Funds: \$561,578

Activity System ID: 21059

Activity Narrative: ACTIVITY HAS BEEN UPDATED IN THE FOLLOWING WAYS:

USAID/Rwanda has been providing local and international TA to GOR institutions and limited direct grants to local NGOs since FY 2004. In FY 2009, PEPFAR will expand this to further build local capacity. These resources will cover the cost of sponsoring and attending conferences, workshops and technical meetings on HIV prevention, care and treatment. A number of Rwandan NGOs requested financial assistance from USAID in FY 2005-08 for such activities. USAID anticipates continuing this financial and technical support role in FY 2009. USAID will also support direct TA to GOR agencies as needed, in particular CNLS.

In addition, PEPFAR will continue to utilize the technical expertise of staff and resources from USAID/Washington's EGAT Energy team to help the PEPFAR clinical partners to better gauge and address the energy needs of their facilities. This funding will help ensure that facility upgrades are able to accommodate all necessary equipment and activities and support the MOH/ACM in its efforts to develop sustainable approaches to maintenance of energy equipment at health facilities. Assistance will include: the development of a long term plan to address energy needs at PEPFAR supported health centers, district hospitals, and pharmacies; energy demand profiles and guidelines for partners; review of the capacity of Rwandan companies to maintain renewable and hybrid energy systems; training for PEPFAR partners and health care staff on renewable energy systems; and recommendations on methods for partners to self-finance replacement parts to ensure sustainability of the energy systems. This funding may also be used to support a dedicated, local staff person who can follow energy needs within the PEPFAR portfolio. The direct output is TA to five institutions that are directly providing HIV care and treatment. This activity advances the ideas presented in the PEPFAR five-year strategy and supports the GOR's national strategy of organizational capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12900

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12900	4973.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$343,000
7258	4973.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$200,000
4973	4973.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$140,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$150,000

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7539.09 **Mechanism:** GHFP
Prime Partner: Public Health Institute **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 17120.21029.09 **Planned Funds:** \$0
Activity System ID: 21029
Activity Narrative:
New/Continuing Activity: Continuing Activity
Continuing Activity: 17120

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17120	17120.08	U.S. Agency for International Development	Public Health Institute	7539	7539.08	GHFP	\$43,578

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 169.09 **Mechanism:** CHAMP
Prime Partner: Community Habitat Finance International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 5183.20991.09 **Planned Funds:** \$0
Activity System ID: 20991

Activity Narrative: CHAMP, through financial support and technical and institutional capacity building for Rwandan partner organizations, is working to ensure access to high quality, sustainable HIV/AIDS care services. CHAMP partners support the provision of community services in all EP-supported districts, especially around EP-supported health facilities. FY 2008 is the final year of funding for this 4-year, \$40 million program. The EP will begin work on a follow-on activity in FY 2008 to ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities.

CHAMP is providing financial and technical support to 12 Rwandan C/FBOs to reach over 39,000 OVC and 22,000 PLHIV with various support services. In addition, these partners are delivering prevention messages to 13,000 individuals and are training over 2,000 volunteers in the promotion of abstinence, fidelity, condom use, TC, PMTCT, and a menu of services for OVC and PLHIV. Of these organizations, three are considered "umbrella" organizations that collectively support over 1,000 community associations representing women, PLHIV and the religious community. CHAMP works with these local organizations to build their capacity to manage programs, finances, and human resources with the goal of directly receiving donor funding in the future. All partners receive a series of required trainings which include organizational governance, strategic planning, grant management, fundraising, project design, human resources management, and financial management. In addition, CHAMP conducts a brief assessment of each organization's management capacities, including financial, human resources, strategic planning, M&E, QA, fundraising, and develops individual capacity building plans to address issues not already covered in the required trainings.

In addition to organizational capacity building, CHAMP provides TA to these sub-grantees and their members to provide comprehensive quality services, especially for OVC and PLHIV as well as their families and caregivers. This TA includes trainings in prevention, BCC, IGA, palliative care, involvement of PLHIV, and community mobilization.

In FY 2008 CHAMP will develop an exit strategy and plan the smooth transition of these Rwandan partner organizations to the new community services project, with the goal that some may be eligible to become prime partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12821

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12821	5183.08	U.S. Agency for International Development	Community Habitat Finance International	6308	169.08	CHAMP	\$0
7189	5183.07	U.S. Agency for International Development	Community Habitat Finance International	4330	169.07	CHAMP	\$500,000
5183	5183.06	U.S. Agency for International Development	Community Habitat Finance International	2576	169.06	CHAMP	\$160,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 107.09

Mechanism: Capacity

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 2776.21010.09

Planned Funds: \$0

Activity System ID: 21010

Activity Narrative: In support of the 2005-2009 HRH National Strategic Plan, the EP will continue providing human resource expertise to the MOH through IHI/Capacity to strengthen the management of the national health workforce. This support emphasizes staff retention, performance, and promotion of professional expertise among medical and nursing staff providing HIV/AIDS care.

In FY 2008, IHI/Capacity will continue supporting the MOH to develop clearly defined job descriptions for all employee categories and expand the personnel management system to help create effective supervision, feedback and goal setting in accordance with existing civil service procedures. IHI/Capacity will continue to support the utilization of a web-based human resources information system that tracks medical and nursing continuing education, particularly HIV/AIDS training, as well as basic employee information including performance evaluations and employment history. The web-based software is connected to central and district offices and hospitals that have internet connectivity. This allows central and district health planners to evaluate current and future HR needs by cadre; compare the needs to currently available and projected human resources; and test various interventions to find the best way to supply needed health care workers.

IHI/Capacity will also continue supporting a team of three Rwandan HR specialists (HR advisor, IT database administrator, personnel specialist) to provide workforce planning and personnel management TA and capacity building to the MOH. The seconded IHI/Capacity HR advisors are instrumental in the implementation of the 2005-2009 HRH Strategic Plan. The HR Advisors research employee retention, participate in donor HRH studies and conduct focus group research to document retention issues, particularly within rural health centers where retention problems are the greatest. IHI/Capacity will also continue to provide TA in long-term workforce forecasting and planning for the MOH. These activities will be coordinated through the Health Cluster and the Human Resources TWG led by the Permanent Secretary of the MOH. While other donors in the Health Cluster are contributing to a basket fund to address HR issues, the EP is providing targeted support through IHI/Capacity and PBF strategies to augment low salaries of health workers based on performance standards and outputs.

The direct outputs of this activity are to build the organizational capacity of the MOH and the human resource capacity of 30 individuals. These activities reflect the ideas presented in the Rwanda EP five-year strategy and support the GOR national strategy of human resources and organizational capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12842

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12842	2776.08	U.S. Agency for International Development	IntraHealth International, Inc	6311	107.08	Capacity	\$100,000
7204	2776.07	U.S. Agency for International Development	IntraHealth International, Inc	4334	107.07	Capacity	\$275,000
2776	2776.06	U.S. Agency for International Development	IntraHealth International, Inc	2559	107.06	Capacity	\$200,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 3451.09	Mechanism: Transport Corridor Initiative
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 8744.21005.09	Planned Funds: \$0
Activity System ID: 21005	

Activity Narrative: The overall goal of the FHI/ROADS Project is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. This multisectoral project targets high-risk mobile populations: drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities with regionally coordinated SafeTStop messages. ROADS activities in Rwanda are currently in three sites (Kigali-ville, Gatuna on the Uganda border and Cyangugu on the DRC border) with planned expansion in FY 2008 to three additional sites (Rusumo on the Tanzania border, Bugarama on the Rwanda/Burundi/DRC border, and Gisenyi on the DRC border).

SafeTStop health services include HIV prevention messages, TC services, counseling and support for PLHIV, and treatment referral and support. The ROADS project also provides target communities with information on alcohol, GBV, food security and economic empowerment through the LifeWorks Partnership. This Partnership helps to create jobs for marginalized populations such as PLHIV, older orphans and low-income women. Through LifeWorks, ROADS has enlisted the private sector to: 1) identify small business opportunities for women and older orphans; 2) provide source financing through development banks; and 3) provide free expertise to help these new businesses grow. A key feature of LifeWorks is that nascent businesses not only create jobs for the most vulnerable people in a community, but the companies themselves fight HIV/AIDS through their own corporate responsibility platforms. Funding for this partnership is also included in the HVAB, HVOP, and HVCT sections of the COP.

In FY 2007, ROADS continued to provide technical support to a variety of cluster models (low income women, fishermen, truckers, youth), building their capacity to institute and manage HIV prevention and care activities in their communities. This includes capacity development administration of sub-agreements and community mobilization and advocacy. The ROADS project is instrumental in providing technical guidance around HIV in the transport sector, and has worked with TRAC and other GOR institutions to incorporate alcohol and GBV issues into the national TC policy. ROADS worked with community leaders to strengthen their role in the communities, as well as provided technical support to CBOs and FBOs to improve their reporting and M&E systems.

As ROADS expands in FY 2008, the project will continue to increase the capacity of cluster groups to implement HIV prevention and care activities as well as to strengthen their ability to function as an organization. FHI/ROADS will conduct a program evaluation to measure the impact of the ROADS project to date. This evaluation will help determine three key issues: 1) the impact of the cluster model on target coverage and CBO capacity building; 2) the impact of Lifeworks on HIV prevention and care; and 3) the change in psychosocial factors and behaviors among the target populations.

This activity addresses the key legislative issues of gender, violence, stigma reduction, and wraparound with microfinance/microcredit activities. The ROADS project reflects the ideas presented in the Rwanda EP five-year strategy and the National Prevention Plan by focusing prevention, care and treatment efforts on high-risk, mobile populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12836

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12836	8744.08	U.S. Agency for International Development	Family Health International	6310	3451.08	Transport Corridor Initiative	\$450,000
8744	8744.07	U.S. Agency for International Development	Family Health International	4333	3451.07	Transport Corridor Initiative	\$25,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7620.09

Mechanism: Legal Aid

Prime Partner: Avocats Sans Frontieres

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17054.20962.09

Planned Funds: \$100,000

Activity System ID: 20962

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

PEPFAR awarded a four-year cooperative agreement to Avocats Sans Frontières in May 2008. This project will improve access to justice for Rwanda's poor and vulnerable with a focus on PLHIV and OVC. The project will also contribute to the strengthening of the rule of law, in which law serves the most vulnerable. In FY 2007, the project has made the following achievements: Opened the Legal Aid Center in Rubavu District; commenced sensitization of the local population and authorities about the existence of the Legal Aid center; broadcasted two 30 minutes radio spots. These broadcasts explained the services provided by the legal clinic, the rights of the people living with HIV/AIDS, the roles and competencies of mediator committees (aka, abunzi).

In FY 2008, the project is establishing legal advice centers in Gisenyi city and mobile legal advice centers that serve three prisons and rural areas around Gisenyi. These mobile legal advice centers will help to build awareness among the population of their legal rights and the mechanisms available to them to protect these rights. Legal services will be provided in partnership with lawyers who are members of the Kigali Bar Association and human rights NGOs. Beneficiaries will include the general population as well as persons in pre-trial custody, specifically OVC, victims of gender-based-violence (GBV), and persons affected by HIV/AIDS. The grantee is working in close coordination with Rwandan government institutions, relevant USAID implementing partners (including PEPFAR clinical partners in the area), and local civil society groups such as the Kigali Bar Association and national NGOs.

In FY 2009, PEPFAR funding will continue this important project and further focus the activities of the implementing partner on providing legal services to OVC and PLHIV and those affected by HIV/AIDS in areas served by the project. Prisoners in Rwanda have some of the highest rates of HIV infection in the country. The project will also focus on addressing the issue of GBV by assisting in the prosecution of sexual crimes. This activity addresses the key legislative issues of gender - particularly equity, access to justice, and reducing violence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17054

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17054	17054.08	U.S. Agency for International Development	Avocats Sans Frontieres	7620	7620.08	Legal Aid	\$100,000

Emphasis Areas

Gender

* Increasing women's legal rights

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$60,000

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 6140.09	Mechanism: Land - Leg
Prime Partner: ARD, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 12302.20958.09	Planned Funds: \$200,000
Activity System ID: 20958	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Women's land rights are of special concern in Rwanda where most agricultural activities, including both cultivation and marketing, are conducted by women, and where 33.9% of households are female-headed (2005 RDHS-III). Women's rights to land are precarious and complicated by customary land management and ownership, the predominance of informal marriages or consensual unions, and polygamy. Despite a relatively progressive inheritance law, patrilineal inheritance patterns continue in Rwanda. According to the 2005 RDHS-III, 33.2% of widowed women reported being dispossessed of property. When women lose their access and rights to land, these women frequently are forced to turn to higher-risk behaviors that may increase the incidence of HIV/AIDS.

Rwanda's 2003 Constitution, recent Land Policy, 2005 Organic Land Law, and Inheritance Law, all promote and establish land-related legal rights for women and prohibit gender discrimination. However, the difficulties and challenges inherent in clarifying and implementing any law, along with the cultural and informal realities that govern gender relations in Rwanda, make it a challenge to achieve the goals set out in the Constitution and underlying laws.

Among the key lessons learned from USAID Land Law and policy activities in support to the Ministry of Natural Resources and Environment in FY2007 and FY 2008, is the absolutely critical need for improved legal literacy among communities, particularly among women whose land rights are being regularized. A considerable focus of the FY 2008 legal technical assistance is in developing legal literacy materials on the implications, benefits and procedures of land tenure reform.

The activities described below will address the need for land rights related information and literacy for communities, particularly women. These activities will advance the Rwanda PEPFAR five- year strategy by improving the quality of life for all PLHIV, especially HIV+ women.

Program description

The Land Law and Policy activities proposed for FY 2009 have two broad objectives, which are necessarily interlinked. The first objective is to improve upon the already progressive property rights legislative and policy framework in Rwanda with the lessons learned from recent implementation efforts. Such efforts include assisting the GoR in developing the necessary policy, legal and regulatory framework to protect the property rights of those who are infected or affected by HIV/AIDS.

The second broad objective is to ensure that efforts to regularize rights to Rwanda's most important asset – land – extend to those who would customarily be excluded from such rights, that is, assuring that assets are in the hands of all Rwandans. This is vital to ensuring that in practice Rwandans suffering from the impact of HIV/AIDS will be as able as others to use this important asset in ways that help mitigate the negative social and economic impacts that the illness may have on a household. It also will ensure an HIV/AIDS infected person will be less likely to resort to risky behavior to sustain their livelihood.

Two main activities will be undertaken to achieve these objectives. The first activity, "legal literacy/rights awareness-raising before, during, and after land tenure reform program" will consist of developing a standardized legal literacy module, which is replicable. In collaboration with each community where land rights are being formalized, the project will tailor the legal literacy module to each community, with particular focus on methods for benefiting those people susceptible to disenfranchisement from the process (for e.g. those infected or affected by HIV/AIDS, women in male-headed households, orphans). These modules will be area-specific and will include recommendations for points of monitoring to be included in the National Land Tenure Reform Program (NLTRP) monitoring and evaluation framework. During the implementation and monitoring the legal literacy modules, the number of cells to be targeted will be determined once the next NLTRP phase has been scheduled by the MINIRENA and to the extent budget allows.

Under the second activity, "Ongoing legal technical assistance to the NLTRP, the project will focus on developing, or refining where needed, laws, regulations, and procedures related to land tenure reform ensuring that they are consistent with relevant laws, particularly those that protect the rights of women and children.

Consistent with PEPFAR objectives of increasing legal rights for women, this project facilitates the legislative process that allows Rwanda's most important asset to be in the hands of women, strengthening HIV prevention and mitigating the negative socio-economic conditions caused by HIV/AIDS.

FY 2009 scope of work (SOW), and USAID's past work in the land sector is focused on ensuring that Rwandan women participate in and benefit from land tenure reform. Women in Rwanda perform the bulk of agricultural labor, and are responsible for the health, education, and nourishment of the entire household; being 80-90% subsistence farmers, land is the most important asset to the overwhelming number of Rwandans. Ensuring that this critical asset is in the hands of women helps to strengthen the economic situation of the whole household and also: (1) helps women avoid the types of high-risk behavior that can lead to contracting and spreading HIV/AIDS, by making them less reliant on males for survival; and (2) helps infected/affected women better focus on treatment and survival strategies for themselves and their households, by putting an important and valuable asset in their hands.

The activities described will address the need for land rights related information and literacy for communities, particularly women. These activities will advance the PEPFAR five- year strategy by improving the quality of life for all PLHIV, especially HIV infected women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12767

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12767	12302.08	U.S. Agency for International Development	ARD, Inc.	6286	6140.08	Land - Leg	\$300,000
12302	12302.07	U.S. Agency for International Development	Associates in Rural Development	6140	6140.07	Leg (formerly TBD)	\$400,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

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 \$50,000

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4713.09	Mechanism: Land - TBD
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 8181.20959.09	Planned Funds: [REDACTED]
Activity System ID: 20959	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Since 2004, Rwanda has received significant funding for its HIV programs through PEPFAR and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). The current legislative process is not well coordinated among relevant stakeholders and does not fully address the needs of PLHIV as well as the related programs and services. PEPFAR seeks to strengthen the current policy and legislative environment. More specifically, the legislative drafting process needs to fully incorporate gender and gender-based violence considerations. Land tenure and inheritance rights for PLHIV - particularly women, issues around stigma and discrimination for those living with HIV, regulations surrounding testing, integration of HIV education in school curricula are but a few of the many issues facing the Rwandan Parliament and Ministry of Justice.

ARD was awarded the contract for this activity and began implementation in Rwanda in April of 2008. However, implementation has been stalled until recently due to staffing problems, which have since been resolved. This activity will be incorporated as part of the implementation of Rwanda's Millennium Challenge Corporation (MCC) Threshold Program, two-year judicial sector strengthening activity, and is a follow-on to FY 2007 and 2008 COP funding for a similar project. However, the policy and legislative challenges facing vulnerable groups in Rwanda, particularly PLHIV, require continuing support.

With FY 2008 funds, ARD continues to support expert technical assistance and training to improve legislative drafting and the legislative process. These experts are initially reviewing all pertinent legislation currently "on the books" in Rwanda and identifying an inventory of problems and legislative gaps, or out of date regulations, which will need to be addressed. Secondly, the consultants are working with the parliament and the MOJ to train local staff on good drafting principles, incorporation of gender and HIV principles into legislation as a routine consideration, and develop an agenda for HIV-specific legislation over the next year.

In FY 2009, this TBD implementer will allow the project to be extended and deepened, taking advantage of the reach and resources of the MCC Threshold Program, which will broadly encourage legislative and policy reform and also improve the quality of legislative drafting. More specifically, this activity will continue to support expert technical assistance and training to ensure that gender and HIV/AIDS issues are sufficiently addressed in Rwanda's policy and legislation, both specifically and as a routine consideration and ensure that project outcomes from 2007 and 2008 are maintained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12786

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12786	8181.08	U.S. Agency for International Development	Associates in Rural Development	6299	4713.08	Land	\$200,000
8181	8181.07	U.S. Agency for International Development	Associates in Rural Development	4713	4713.07	Land	\$200,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

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

Estimated amount of funding that is planned for Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 170.09	Mechanism: HIV/AIDS Performance Based Financing
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 19482.20714.09	Planned Funds: \$0
Activity System ID: 20714	
Activity Narrative: Technical assistance position previously anticipated to be funded through PHI.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 19482	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19482	19482.08	U.S. Agency for International Development	Management Sciences for Health	6315	170.08	HIV/AIDS Performance Based Financing	\$300,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7584.09

Mechanism: SPS

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 16883.20705.09

Planned Funds: \$500,000

Activity System ID: 20705

Activity Narrative: ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS:

In FY 2008, PEPFAR continues scaling up its technical and management support to the MOH and the Pharmacy Task Force (PTF), a committee of stakeholders based within the MOH. Strengthening Pharmaceutical Systems (SPS), receiving a five-year award with a mandate to build pharmaceutical capacity in developing countries.

During FY 2009, SPS will be building institutional and individual capacity on RDU and pharmacovigilance as well as policy level support to MOH. Institutional capacity building will be directed towards transferring technical capacity to the institutions that impact the pharmaceutical system in planning, development and implementing processes (Pharmacy Task Force, PTF, TRACPLUS-Center for Infectious Disease Control (CICD), University of Rwanda, Rwandan Association of Pharmacies, ARPHA). ARPHA is in accord with this mission. In FY 2008, SPS focused its technical assistance on pharmacovigilance and rational use of medicines at both the national and peripheral levels. In the area of rational drug use, SPS in collaboration with PTF, has undertaken activities to improve dispensing practices at public and private pharmacies. In FY 2009, these activities will be continued and scaled-up to an additional ten districts. SPS will also support ten private pharmacies in pharmacy care and counseling. Other SPS institutional capacity building RDU activities will include: producing targeted materials and job aids for the dispensers in hospitals and health centers; training and mentorship for one district pharmacist in each district; implementation of developed tools in selected private pharmacies; messages to raise public awareness about RDU; establish Drug Therapeutic Committees to an additional 12 hospitals, strengthen ability for management of HIV drugs including rational use of first and second line therapies.

Individual capacity building will be directed towards those with chronic conditions, mainly HIV infected and TB infected patients. The TA will focus on: managing appointments; identification of side effects/toxicity; referral to clinical services as needed; counseling on taking medications properly; motivating patients to adhere to treatment regimens; counseling patients going to the pharmacy without first having seen a clinician; providing accurate dosages of drugs to children, including ART; identifying the most important drug and food interactions, as well as contraindications for the 25 - 35 most commonly used medications used for treatment of OIs. SPS will also promote hygienic practices with medications. Given the GOR's priority and focus on decentralization and community involvement, SPS will provide training on good dispensing practices and RDU for community health workers (CHWs) who will assist with case management by visiting and encouraging patients to keep appointments, fill prescriptions, and take medicines as prescribed.

Policy and procedure development support is directed towards the MOH. In FY 2008, SPS is creating a process for national quality assurance (QA) in drug testing, inspection, and monitoring. SPS is also providing support for developing policies and procedures for drug regulation. PEPFAR built capacity of pharmacists by providing materials, training pharmacists, and supporting the University of Butare's School of Pharmacy to integrate HIV/AIDS pharmaceutical management into its curriculum. Additionally, SPS is developing a fee structure for commercial registration of drugs, including pricing policy and plans for financial audits.

In FY 2009, SPS support will continue in the areas of drug registration, testing QA, inspection and monitoring, and policy development for drug regulation. SPS will also continue to provide support in developing pricing policies and procedures for health providers. While waiting for National Drug Authority (NDA) approval and implementation, SPS will assist the PTF of the MOH to develop an implementation plan that clearly defines roles and responsibilities, in addition to supporting a strategic plan to include a drug registration system.

In FY 2008, SPS is providing district level support. More specifically, SPS is providing managerial and technical assistance to the PTF and ensuring that PTF meets requirements to decentralize pharmaceutical management at the district level, and providing TA to establish and make the national drug registration system operational. SPS will continue these activities in FY 2009, and assist PTF in the development and implementation of the National Pharmaceutical Pricing Policy. To ensure effective decentralization and integration of pharmaceutical functions and activities, PEPFAR will continue to support the strengthening of PTF systems and institutional capacity in FY 2009.

Under FY 2008, PEPFAR continues developing systems and building capacity at the PTF / ARPHA to enhance implementation of the national pharmaceutical policy, in part through private sector RDU forums. SPS is providing capacity development of RAMA in pharmaceutical management, rational drug use and implementation of national pharmaceutical policy. Through working with the National University of Rwanda, SPS will facilitate integration of pharmaceutical management modules in the academic curriculum and assist NUR in operational RDU research. These activities will continue in FY09. In FY 2009, SPS will provide full time TA to the PTF to assist with the implementation of National Medicines Committee activities as well as with the establishment of DTCs as part of hospital structures. SPS will develop and implement a plan to monitor the compliance of the Standard STD Treatment Guidelines.

These activities are in keeping with PEPFAR's five-year strategy and supports the GOR's national human resources and organizational capacity building strategy.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16883	16883.08	U.S. Agency for International Development	Management Sciences for Health	7584	7584.08	SPS	\$500,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$200,000

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7799.09	Mechanism: GBV-Police
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 18805.20949.09	Planned Funds: ██████████
Activity System ID: 20949	

Activity Narrative: ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS:

Although Rwanda is free of large scale violence that erupted during the 1994 genocide, rape and 'defilement' are prevalent in Rwanda today. Few victims of sexual crimes go to health care facilities for care, and when they do, it is generally too late to administer Post Exposure Prophylaxis (PEP) and certify the evidence of the crime. There are several types of services required for treating the victim, and potentially prosecuting the perpetrator of the sexual crime. Currently, these activities are often not happening or are not linked, including timely PEP, police response and reporting, psychosocial counseling and support, legal assistance, and access to the judicial system. This activity will build on PEPFAR supported activities that target sexual gender-based violence (SGBV). More specifically, Rwanda is one of three countries participating in the OGAC Gender Technical Working Group SGBV program that seeks to increase access to PEP.

This initiative will also establish and strengthen connections between health, law enforcement, legal, and community services for delivery of a coordinated response to sexual violence survivors, as well as maintaining the emphasis on provision of PEP. The initiative will attempt to strengthen the capacity of local partners and institutions to deliver quality health care services to survivors of sexual violence.

Activities in FY 2009 will include the scale up of services to new geographic areas, building upon tools, methods and lessons learned under the SGBV Initiative and FY 2007 and 08 wraparound activities. The activity will have the following components:

- (1) providing decentralized health services for victims of SGBV(including PEP) from the district hospital to the health center level; exploring the feasibility of provision of ART, PEP, and forensic/rape certification by nurses;
- (2) working within existing administrative structures at the district and sector levels with the police, local government officials, judicial system, and local NGOs and Civil Society Organizations to provide training on GBV to all of these groups;
- (3) strengthening the linkages/partnership between the police, community and health care providers and other service providers (such as providers of legal assistance), particularly as they relate to HIV/AIDS and GBV services and specifically to sensitize the police regarding the need to appropriately administer PEP;
- (4) providing training (and TOT) for targeted police personnel to deliver community sensitization and awareness-raising on gender sensitivity, victims rights, and GBV issues; and
- (5) foster South-South exchange of programmatic experience, protocols, and tools through linkages with a network of partners implementing similar service delivery models in Zambia, Kenya, and South Africa and smaller sexual violence projects in Zimbabwe, Malawi, and Ethiopia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18805

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18805	18805.08	U.S. Agency for International Development	To Be Determined	7799	7799.08	GBV-Police	

Emphasis Areas

Gender

- * Increasing women's legal rights

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

Estimated amount of funding that is planned for Education



Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 131.09

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 16981.21075.09

Activity System ID: 21075

Mechanism: DOD Rwanda Office

USG Agency: Department of Defense

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$135,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under the Rwanda Defense Force (RDF), there are a total of three military hospitals and five brigade clinics throughout the country. DoD and the Directorate of Military Services (DMS) works together to promote HIV prevention, care and treatment among members of the Rwanda Defense Forces (RDF). While many soldiers practice sexual abstinence and fidelity, their living situation, mobility and age increase their vulnerability to contracting HIV. The estimated HIV prevalence in the RDF is 4.5% (from where) and, consequently, the PEPFAR five-year strategy highlights the military as a high-risk group.

In FY 2009, DoD will continue to strengthen the capacity of the RDF through periodic TA visits from the Department of HIV/AIDS Prevention Program (DHAPP) and through collaboration with clinical partners and the RDF (Rwanda Defense Forces). The first component of this activity involves providing four to five short-term TA visits from DHAPP headquarters prevention specialists to support the RDF health providers with prevention, clinical management, diagnosis and treatment of HIV/AIDS. More specifically, DoD will reinforce referral mechanisms between military voluntary counseling and testing (VCT) sites and prevention, care and treatment services. DoD will also improve the integration and linkages between facility based and community based services. Through periodic TA, DoD will provide technical and institutional expertise to Drew University and to the RDF to strengthen their capacity to manage and improve clinical activities in Prevention of Mother-To-Child Transmission (PMTCT), TB/HIV, Basic care and Support, testing and counseling (TC), and Anti-Retroviral Therapy (ART). In addition, TA will enable the RDF and Drew University to improve their performance and promotion of professional medical staff providing HIV/AIDS care and treatment.

Drew University is working to ensure that Rwandan Defense Forces (RDF), their family members and communities surrounding the military installations have equitable access to a high quality, sustainable continuum of care through HIV and AIDS services. Specifically in FY 2009, this TA will help military health providers improve treatment of OIs, STI and TB among HIV infected military personnel and civilians receiving care at military facilities. In addition, this targeted TA will strive to increase treatment adherence. To address mental health issues related to HIV infection this TA will also improve the quality of psychosocial support services and build capacity treatment of mental ill-health in PLHIV receiving treatment and care at military health sites.

This activity contributes to the USG Five-Year Strategy and the GOR care and treatment plan for scaling-up prevention and treatment services, building on existing services and ensuring quality and equitable access to HIV treatment in an expanded number of sites/districts.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16981

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16981	16981.08	Department of Defense	US Department of Defense	6331	131.08	DOD Rwanda Office	\$259,756

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$35,000

Water**Table 3.3.18: Activities by Funding Mechanism****Mechanism ID:** 1527.09**Prime Partner:** US Centers for Disease Control and Prevention**Funding Source:** GHCS (State)**Budget Code:** OHSS**Activity ID:** 16764.21070.09**Activity System ID:** 21070**Mechanism:** CDC Country Office GHAI/TA**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Health Systems Strengthening**Program Budget Code:** 18**Planned Funds:** \$243,576

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2007, the need for a Systems Strengthening Advisor was identified to facilitate and advocate policy changes needed to better implement PEPFAR. In FY 2008, this position, which is identified in staffing for results, will: provide technical advice to the MOH and other GOR institutions on integrated and cost-effective health policies related to health finance, human capacity development and training; assist the GOR in coordinating/ consolidation of training activities, refresher courses and evaluation of training quality to support HIV and other health programs; serve as a liaison between (and technical expert to) the private sector and the donor community to ensure optimal use of resources and program activities/ strategies are complementary. The advisor will work in close collaboration with various units of the MOH involved in the provision of services for HIV affected or infected adults and children to identify, develop, update, finalize and/or disseminate necessary HIV program policies and guidelines, training materials and job aids. For example, finalization of the policies to allow whole blood draw by finger prick to be carried out by health providers, to grant permission for minor children to be HIV tested without adult guardian present and for Provider Initiated Testing and Care to be integrated into all health facilities. The advisor will continue to be involved in policy agenda setting and following up on policy development in FY 2009 on behalf of USG.

Working in close collaboration with the USG and GOR colleagues, the advisor will support and coordinate HIV-related training activities developed to facilitate program implementation at provincial, district and facility level. Support to the Field Epidemiology and Laboratory Training Program (FELTP) will be a particular focus in FY 2009. Additionally, working with the GOR, the advisor will develop a plan for re-fresher training for all HIV program areas, develop criteria for selection of cadres of health care providers to be targeted for each training activity. The advisor will work in close co-operation with the Ministry of Education (MINEDUC) to ensure the MOH goal to include in-service training in the curriculum whenever possible is realized. Developing a program to evaluate quality of training activities in collaboration with MOH will also be conducted under this TA.

In close collaboration with both MOH and the USG Team, the advisor will, -through field visits, participation in TWGs, discussions with partners and attendance at conferences and meetings- identify areas where support is required within the healthcare sector to complement and expand HIV related activities in all levels of the health sector in order to ensure a comprehensive approach to HIV services delivery. The advisor will also function as a liaison between PEPFAR and the donor community in Rwanda to ensure complementary of activities supported to maximize resource utilization and provide a comprehensive package of services at central, district, facility and community levels. Finally, working closely with USG, GOR and implementing partners in Rwanda the advisor will assist in the development of strategies to address program gaps. Funds will allow the advisor to travel outside Rwanda be exposed to best practices and understand lessons learned in other developing country's health systems. Equally dissemination of best practices in Rwanda to countries in the region will be possible.

This position reflects program needs in line with "staffing for results".

In FY 2009, short term TA will also be required to support the systems strengthening program. In particular, additional support for the SGBV orientation with police officers activity, integration of HealthQual into the Health Sector and alignment of in-service training with pre-service curricula is anticipated.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16764

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16764	16764.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$300,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1527.09

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 16875.21071.09

Activity System ID: 21071

Mechanism: CDC Country Office GHAI/TA

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$145,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As Rwanda implements a dramatic scale-up in program activities related to PEPFAR, there is a compelling need for district level health personnel to increase the competencies in management and leadership. To address that need PEPFAR Rwanda, in partnership with the Rwanda Ministry of Health (MOH), decided in 2007 to establish a management and leadership capacity building program in Rwanda. The objectives of the program are to strengthen the district health system and to develop the institutional capacity in Rwanda to deliver a public health leadership and management development program for district health personnel that results in specific and measurable improvements in the efficiency and effectiveness of HIV/AIDS programs and services and overall strengthens the public health system.

The Sustainable Management Development Program (SMDP) began program planning, development, and implementation for a Rwanda-based program in 2008. During the planning process, key Government of Rwanda (GOR) stakeholders, including the MOH and the National AIDS Control Commission (CNLS), reiterated the need to tailor the program to meet the training needs associated with the GOR's policy of decentralization. Specifically, the Rwanda SMDP will seek to bolster the managerial and leadership skills of the district health teams that supervise and help coordinate activities carried out at the district, health facility, and community levels.

Working closely with the National University of Rwanda School of Public Health (NUR/SPH) and Tulane University, in FY 2009 the Rwanda SMDP will begin in-service training for 30 district health managers from 10 district health teams. Over the next 3 years, Rwanda SMDP will train district health teams among all 30 districts in Rwanda. During program development, the MOH identified the Rwanda SMDP as a vehicle for institutionalizing and harmonizing management training skills for the GOR's district health teams along with complementary online training programs such as the Virtual Leadership Development Program implemented by MSH. Additionally, the GOR envisions the practical application of the Rwanda SMDP to address priority issues, including: quality improvement for HIV, malaria, and TB service delivery; supervision for data quality improvement; and solar energy management training.

For FY 2009, the in-country training will be conducted by three Rwandan trainers (consisting of two NUR/SPH faculty members and one MOH official) who participated in SMDP's foundational five-week training-of-trainers course in Atlanta, called Management for International Public Health (MIPH). During MIPH and upon returning to Rwanda, these trainers will develop a curriculum that supports the GOR priorities listed above. In FY 2010, three additional Rwandan trainers will attend MIPH and by year three of the program, a cadre of 9 Rwanda-based trainers will be available to meet the future training needs for Rwanda's district health personnel. The Rwanda SMDP will be a certificate-granting program under the NUR/SPH and, in FY 2010, SMDP will initiate the development and integration of its curriculum for pre-service training, supporting both GOR and PEPFAR strategies for sustainability.

The SMDP program objective is entirely consistent with the PEPFAR goal of strengthening human capacity in a sustainable way. The program is also consistent with the GOR's Health Sector Strategic Plan.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16875	16875.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$145,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$145,000

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: 1527.09

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 16877.21072.09

Activity System ID: 21072

Mechanism: CDC Country Office GHAI/TA

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HIV/AIDS, tuberculosis (TB), avian influenza, and malaria are diseases of concern in Rwanda. In large areas of the country, malaria is endemic predominantly due to *P. falciparum*, which exists throughout the entire country during the whole year. Rwanda has several other diseases of epidemic potential including cholera, dysentery, and meningitis. Cholera is almost endemic in areas around Lake Kivu. There is an increasing threat of emerging infectious diseases due to Rwanda's proximity other countries where viral hemorrhagic fevers are common.

There is currently only one trained epidemiologist and no field epidemiologists in the Rwandan public health sector. As a result, Rwanda cannot afford to send away its key public health professionals for additional long term training. The Rwanda FELTP will allow participants to serve the government at the national, provincial, district and local levels while undergoing training. In addition, there is no training plan for public health laboratory managers or veterinary field epidemiologists. This program will provide human capacity development within the public health workforce to strengthen the capacity of Rwanda in applied epidemiology, laboratory, and management across public health institutions. The absence of trained field epidemiologists has led to a weak surveillance system with delayed identification and understanding of outbreaks because it relies primarily on information from front line health providers (nurses and medical officers). This program will assist in strengthening the public health surveillance system, as well as laboratory-based surveillance for infectious diseases.

The RFELTP is based on the model developed by the US CDC's 50-year history with Epidemic Intelligence Service (EIS). This model was exported to other countries in the 1980's. There are currently several programs in Africa—Ghana, Uganda, Tanzania, Kenya, Southern Sudan, Zimbabwe, and South Africa. The South African and Tanzanian programs are supported by PEPFAR, as are the newly developing programs in Ethiopia and Nigeria. The FELTP is ideally suited for building human capacity in Rwanda. As FELTP trainees will remain in Rwanda during their training and afterwards they will continue to serve the Ministry of Health at the national, provincial, district and local levels during their participation in the program. On completion of training, the participants will function in positions that enable them to contribute to the public health system both as leaders and trainers, thereby sustaining health program infrastructure in Rwanda.

The FELTP will use a multi-phased approach to address these gaps by: 1) conducting situational analysis to identify management skills and performance gaps and to create an action plan for faculty and curriculum development and institution-building; 2) training of a large pool of nationals in epidemiology, laboratory and sound public health practice; 3) technical assistance by providing support to FELTP graduates in such areas as conducting needs assessments, conducting in-country investigations and supervising applied learning projects; and 4) ensuring sustainability by addressing such issues as local funding, and integrating FELTP with other programs and program evaluation.

TRAC Plus – CIDC, along with the National Reference Laboratory (NRL) have been identified as “prime partners” for the implementation of the RFELTP. These institutions are moving towards developing a comprehensive national public health institution that is based upon the CDC model and consists of a national reference laboratory, and epidemiologic support services for provincial and district level health activities. In addition, the RFELTP will partner with the National University of Rwanda, School of Public Health (NUR/SPH) to offer a masters level degree, with specializations in applied epidemiology, public health laboratory management, or veterinary epidemiology to participants that successfully complete the requirements of the program.

Since the RFELTP uses a multi-phased approach to development, planning and implementation activities will occur over several years. As stated before, the first phase will concentrate on conducting situational analysis to identify management skills and performance gaps and to create an action plan for faculty and curriculum development and institution-building. The following activities will occur in FY09 in support of this first phase.

1. Conduct a program development workshop designed to create the foundation for the program; serve as guidelines for faculty, trainees, and program activities, while also ensuring that learning activities encourage the acquisition of competencies
2. Providing short courses in field epidemiology and public health laboratory management for at least 30 participants per year from the district level and below. These courses will concentrate on enabling public health professionals to gain skills in the latest laboratory techniques and technology, laboratory information systems, and management practices to build laboratory capacity within Rwanda;
3. CDC will select Resident Advisors to guide this project and provide technical expertise. The Resident Advisors will be located in Rwanda to provide support in developing and implementing training, advertising, screening, interviewing, and selecting candidates for the RA position.
4. CDC and the Resident Advisors will provide technical assistance to the National Reference Laboratory and TRAC Plus CIDC to enhance public health and laboratory systems and strengthening infectious diseases surveillance, prevention, research, and control in Rwanda
5. RFELTP will identify field site locations throughout the various regions of Rwanda, especially the problematic areas, to provide placements for the residents of the program. This will be accompanied by a field supervisor workshop that will orient these persons so that they can be prepared to mentor and guide the residents.
6. The RFELTP will recruit and select 5 field epidemiologists; 3 public health laboratory managers, 2 veterinary field epidemiologists and 1 veterinary laboratory manager, at Masters level. The first intake is planned for January 2010, using a the Field Epidemiology and Laboratory Training Program method that is based on the US CDC's EIS and has been implemented in over 30 other countries around the world. In other PEPFAR countries, such as South Africa, Tanzania, Nigeria, Zimbabwe and Ethiopia, FELTP programs have initially been financed by USG. In Zimbabwe, the program was started with USG and Rockefeller funding, but has since be predominantly supported by the Government of Zimbabwe even during the challenging economic times in that country. There are many other instances internationally such as in Thailand and the Philippines, where this program was initially fully supported by USG, but later became fully integrated into the public health system in terms of financial and human resources. The FELTP model is designed to provide funding and technical resources for the first 5-10 years of the project,

Activity Narrative: while the program is being established. During this time, the program is becoming embedded within the Ministry of Health on the organization chart, budget, and career path for human resources in the country. More specifically the program will allow for:

- improved program monitoring and evaluation to achieve comprehensive evidence-based HIV disease management services;
- improved quality data and data analysis (specific to person, place and time);
- functional laboratory services and information systems;
- improved laboratory QA and QC and training in support of VCT and HIV rapid testing methodologies; and
- improved monitoring for HIV related opportunistic infections and ART drug resistance.
- improved ability to address opportunistic diseases among Rwandans living with HIV/AIDS
- improved ability to address strategic information needs for HIV/AIDS, tuberculosis and malaria programs.
- strengthening local or local partner organizations, particularly in management, leadership and policy development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16877

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16877	16877.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

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: 8699.09	Mechanism: Health Qual
Prime Partner: New York AIDS Institute	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 24549.09	Planned Funds: \$220,000
Activity System ID: 24549	

Activity Narrative: Rwanda has scaled up HIV treatment services in recent years with the support of PEPFAR, the Global Fund, World Bank MAP project and other partners. The quality of HIV services has become a priority during this period of growth. Concurrently, MOH and TRACPlus-Center for Infectious Disease Control (CIDC) have strived towards integration of previously vertical programmes, such as HIV/AIDS, into general health service provision. MOH has established desks for Quality and monitoring & evaluation (M&E). In an effort to include Quality Improvement (QI) in this process, TRACPlus-CIDC and CDC Rwanda invited HIVQual International to Rwanda to conduct an initial assessment in December 2007 to recommend how this framework can provide benefits to the overall health system, including HIV/AIDS care and services.

During the past year, Quality Improvement stakeholders representing the MOH, TRACPLUS-CIDC, Management Sciences for Health, Performance-Based Financing (MSH/PBF), UNICEF, the National AIDS Control Program (CNLS), clinical implementing partners and the USG, have engaged in discussions on the implementation of a national quality improvement program in line with the National Quality Improvement Policy and Strategy and HSSP II.

In line with the MOH focus, stakeholders recommended that an integrated health sector wide Quality Improvement approach (HealthQual) should be implemented.

The HealthQual Model is based on the concept that quality management programs should reflect a balance between quality improvement and performance measurement. The model should also be built upon a foundation of programmatic support and management infrastructure. This organizational approach to quality management emphasizes the development of systems and processes to support quality improvement activities involving clinic staff and consumers with support from program leadership.

More specifically, the HealthQual Model builds capacity in data collection and analysis at the clinic level, linking these activities to building systems that improve processes and outcomes of care. Through this process, HealthQual facilitates the strengthening of systems for documentation, permitting monitoring of appropriateness of care, and development of capability for self-assessment.

The model will be integrated into the existing programs of the MOH so that it is part of the national guidelines and other national quality improvement activities. Staff from the Ministry of Health will lead the project with guidance and support provided by the HealthQual Team in-country and the CDC-Rwanda office. Introduction of HealthQual into the Rwandan Health System provides the unique opportunity of integrating this QI approach with the Performance Based Financing strategy the Rwandan Government has scaled up nationally.

A list of quality indicators that correlate with the infectious/communicable diseases has been drafted by TRACPlus-CIDC with support from PEPFAR. HealthQual is included in the National policy on Quality of Care. As policy and framework evolve adaptations will be made to ensure harmonization and synchronization of work. HealthQual will be using infectious diseases as a starting point, eventually broadening its scope to health sector wide QI performance measurements. With the involvement of both the MOH and MSH/PBF, HealthQual Phase I will be ready for implementation in FY09.

HealthQual Rwanda will build capacity in data collection and analysis at the clinic level, linking these activities to building systems that improve processes and outcomes of care. Through this process, HealthQual will facilitate the strengthening of systems for documentation, which will permit monitoring of appropriateness of care and development of capacity for self-assessment.

Performance Measurement

The primary benefit of the HealthQual approach is to produce data that are immediately available to providers to use for improvement. Existing database systems such as those used for PBF, TRAC-Net, and Global Fund reporting will be used for this process. Feasibility of this harmonization will depend on whether the current methods permit calculation of rates of appropriateness of care, specifically, sorting out the various denominators for whether appropriate care has occurred.

A data manager at the district hospital and health clinic level will facilitate report generation and the interpretation of results for self-assessment. Each participating clinic should identify a point person, who is responsible for managing quality improvement in the clinic and communicating with the country lead.

For Phase 1, a representative mix of clinics will be selected across the country. Selection of a diverse group will reinforce the national nature of this initiative and facilitate scale up after the first phase of program implementation.

Quality Improvement and Management

Improving care is the ultimate goal of the HealthQual project. Quality improvement methods and tools must therefore be adapted and implemented in each hospital and health center.

HIVQual International will organize a training of trainers (TOT), together with local partners, which will ensure that all district supervisors have a working knowledge of basic QI concepts and tools. QI activities will then be implemented at the health clinic level, in partnership with the community. HealthQual will be responsible for initiating QI trainings at the community level, and engaging PAQs in quality management.

Furthermore, HealthQual Rwanda will coordinate the work of all PEPFAR-funded partners and other organizations, especially Twubakane, MSH, and UNICEF. Currently, numerous QI trainings have been conducted by these different groups. HealthQual will ensure that a systematic approach to training will be implemented across the country.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10538.09	Mechanism: PBF II
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 24720.09	Planned Funds: ██████████
Activity System ID: 24720	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Performance-based financing (PBF) has been an innovative approach to financing health services based on output that aims to enhance quality of services and lead to greater efficiency and sustainability. Output financing involves the purchase of a certain quantity of high-quality health services with a performance incentive for the production of more than agreed upon quantities of services. The quality of these health services is ensured through the use of a score obtained using the standardized national Quality Supervision tool. This score determines whether payment for HIV/AIDS indicators is full (high quality services) or proportionally reduced (quality needs to be improved). Financial incentives provided by PBF motivate health facilities to improve both the quantity and the quality of their performance through investments in training, equipment, personnel and payment systems that better link individual pay to individual performance. PBF is directly applied to HIV/AIDS indicators at the facility level. As a result of successful pilots implemented by the Dutch Development Organization (CordAID), the German Society for Technical Cooperation (GTZ) and the Belgian Technical Cooperation (BTC), the MOH has endorsed national scale-up of PBF for all health services. PEPFAR in partnership with the World Bank, BTC and other donors, is supporting national implementation of PBF for health services.

In FY 2009, the MSH PBF mechanism is coming to an end. However, performance-based financing has been successful in Rwanda and a priority of the GOR as it is linked to both improved quantity and quality of HIV and other health services. Consequently, PEPFAR is in the process of designing a new mechanism that would continue to support the successful implementation of PBF at the health center and district hospital levels and also support the expansion of PBF to the community and tertiary hospital levels. In FY 2008, MSH PBF supported one technical assistance position under OHSS. In FY 2009, there will be additional need to support the GOR with technical assistance as the PBF system is further refined and expanded into the community and tertiary hospital settings with the goal of increasing the quantity and quality of care at all levels of the health system. The support for this technical position will be continued through the follow-on mechanism for MSH PBF.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10514.09	Mechanism: ROADS II LWA
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 24625.09	Planned Funds: \$400,000
Activity System ID: 24625	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity addresses HIV prevention, care and treatment activities focused on some of the most vulnerable populations located and moving along the transport corridors of East Africa. The recently closed Regional Outreach Addressing AIDS through Development Projects (ROADS) project was a 5 year regional project with a goal to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable populations along major East African transport corridors. The project targeted high-risk populations --drivers and their assistants, sex workers, members of the uniformed services and stop-over site communities --with regionally coordinated SafeTStop information and services. SafeTStop provides products, information and support for the prevention, care and treatment of HIV/AIDS in these communities. This includes ABC messages, access to condoms, counseling and support for HIV/AIDS, TC services and ARV information, referral and support. The LifeWorks Partnership, is an innovative strategy of the ROADS project, designed to provide small business services to local community associations and cooperatives. LifeWorks works with the private sector, to create and provide opportunity for small community groups to have access to income generating activities and markets for their products. LifeWorks is an important component of ROADS activities.

A new leader with associate award project, ROADS II (Road to a Healthy Future) was recently awarded to FHI, with the goal of improving African capacity to respond to key HIV/AIDS and health issues and increase the number of people served and improving the health outcomes of the population served. PEPFAR Rwanda will issue an associate award under this new mechanism in FY 2009. Activities addressed under this new award will include addressing key risk groups in hotspots along the transport corridors, where mobility, poverty and inadequate and insufficient health services exacerbate the risk for HIV infection. Healthy behaviors that will be promoted include promoting abstinence among youth; provision of condoms to MARPS; counseling and testing; reduced alcohol consumption; improved HIV outcomes through referrals and support in care and treatment settings; improved access to economic, social and food security through IGA's and other community interventions and support; family planning information and referrals; malaria prevention and treatment referrals. ROADS II will make use of community clusters and association members (associations of low income women, youth, truckers, fishermen etc) to implement integrated health services as well as address some of the underlying factors that exacerbate risk- alcohol consumption and violence against women as examples.

Community initiatives include; Supporting and training community health workers in Information, Education and Communication IEC, and behavior change communication (BCC) around abstinence, fidelity and condom use; capacity building in rural communities by developing comprehensive HIV/AIDS prevention strategies through Peace Corps and ;training peer educators/ members of AIDS support groups in the military, youth centers, CSW etc

In FY 2009, ROADS II activities will continue to provide technical support to a variety of cluster models (low income women, fishermen, truckers, youth), building their capacity to institute and manage HIV prevention and care activities in their communities. This includes capacity development administration of sub-agreements and community mobilization and advocacy. ROADS is instrumental in providing technical guidance around HIV in the transport sector, and has worked with TRACPlus-CIDC and other GOR institutions to incorporate alcohol and gender-based violence (GBV) issues into the national testing and counseling (TC) policy. ROADS worked with community leaders to strengthen their role in the communities, as well as provided technical support to community-based organizations (CBOs) and faith-based organizations (FBOs) to improve their reporting and monitoring and evaluation (M&E) systems.

Activities are currently implemented in 5 sites- Kigali city; Gatuna (Uganda border); Rusizi (DRC border); Rusomo (Tanzania border) and Bugarama (intersection of DRC, Rwanda and Burundi). FY 09 activities will expand to Gisenyi (DRC/Goma border), pending an improvement of the security situation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$100,000

Water**Table 3.3.18: Activities by Funding Mechanism****Mechanism ID:** 7556.09**Mechanism:** CSP II**Prime Partner:** To Be Determined**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Health Systems Strengthening**Budget Code:** OHSS**Program Budget Code:** 18**Activity ID:** 16961.24541.09**Planned Funds:** ██████████**Activity System ID:** 24541

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the Community HIV/AIDS Mobilization Program (CHAMP) will come to an end and be replaced by TBD follow-on mechanism(s). The follow-on will be designed later this year and will seek to build on CHAMP's activities and ensure a smooth transition of services for PLHIV, OVC, their caretakers and communities. The CHAMP follow-on mechanism will continue to build the institutional capacity of Rwandan partner organizations (RPOs) working to ensure access to high quality, sustainable HIV and AIDS care services. This new mechanism will also work collaboratively with clinical partners to ensure the provision of community services in USG-supported districts, especially around PEPFAR-supported health facilities. PEPFAR is committed to sustainability and strengthening the overall health system by integrating services and by standardizing processes related to both individual and organizational capacity development. Consequently, the follow-on mechanism will include measurable activities and tools designed to strengthen the ability of RPOs to become prime partners.

In FY 2008, CHAMP continues to provide financial and technical support to 12 RPOs to reach over 39,000 OVC and 22,000 PLHIV with various support services. In addition, these RPOs are delivering prevention messages to 13,000 individuals and are training over 2,000 volunteers in the promotion of abstinence, fidelity, condom use, TC, PMTCT, and a menu of services for OVC and PLHIV. Of these organizations, three are considered "umbrella" organizations that collectively support over 1,000 community associations representing women, PLHIV and the religious community.

CHAMP works with these local organizations to build their capacity to manage programs, finances, and human resources with the goal of directly receiving donor funding in the future. As part of its efforts to strengthen civil society organizations, CHAMP initially conducts a brief assessment of each organization's management capacities, including financial, human resources, strategic planning, M&E, QA, and fundraising, and then develops individual capacity building plans to address issues not already covered in the required trainings. It then tailors support to each organization depending on its identified needs. CHAMP provides specific training to RPO staff in the following: human resource procedures; monitoring and evaluation, business development; project financial and grant management; organizational and good governance; program management and ethics; and community mobilization and participation. CHAMP also builds the organizations technical capacity by training RPO staff in a number of technical topics related to HIV prevention, care and treatment including child rights and protection against abuse; BCC; adolescent reproductive health; psycho-social support in OVC programs; and mainstreaming gender. In addition to organizational capacity building and training RPO staff on technical topics, CHAMP provides TA to these sub-grantees and their members to provide comprehensive quality services by supporting the training of community health workers in data collection; prevention on AB and methods beyond AB; and spiritual and psychosocial counseling skills. Finally, CHAMP continues to provide technical assistance on an as needed basis to the National AIDS Control Commission (CNLS), MOH, the Ministry of Gender and Family Promotion (MIGEPROF), the Ministry of Local Government and Social Affairs (MINILOC) and other GOR stakeholders in HIV related policy development and has updated training modules and tools.

While the CHAMP follow-on has not yet been designed, the type of capacity building that CHAMP currently provides to these faith and community-based organizations (F/CBOs) has been identified as a priority by the GOR and is closely linked to the Rwanda program's strategy for sustainability during the next five years of the PEPFAR program. The follow on mechanism will likely continue these activities after assessing CHAMP's work and best practices. The follow on mechanism may also explore other innovative strategies to address organizational capacity of F/CBOs in FY 2009 with an emphasis on using measurable outcomes and tools.

In addition, the MOH recently rolled out a new community health policy and will develop a cadre of approximately 27,000 community health workers (CHW) who require training in a number of health topics. These CHWs will serve as the entry point into the health system. The CHAMP follow-on mechanism(s) will continue to train and support, whenever possible, these CHW volunteers with a standardized set of curricula and tools developed by the GOR. The follow-on mechanism will also focus on improving the quality of care at the community level and will ensure linkages with efforts to promote quality such as the forthcoming community PBF model.

In the transition period from CHAMP to the follow on mechanism, CHAMP will work closely with current partners and the follow-on project to ensure a smooth transition of support for these activities. The follow-on mechanism will learn from CHAMP's documentation of best practices and lessons and consult with all key stakeholders in the development of the new program. Based on these consultations, the follow-on mechanism may include other activities designed to strengthen the ability of RPOs to become prime partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16961

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16961	16961.08	U.S. Agency for International Development	To Be Determined	7556	7556.08	CSP II	

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

Estimated amount of funding that is planned for Education [REDACTED]

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10545.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 24752.09

Activity System ID: 24752

Mechanism: Capacity II

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: [REDACTED]

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In support of the 2005-2009 HRH National Strategic Plan, PEPFAR provided human resource expertise to the MOH through IHI/Capacity to strengthen the management of the national health workforce. This support emphasized staff retention, performance, and promotion of professional expertise among medical and nursing staff providing HIV/AIDS care. In FY 2007, IHI/Capacity also addressed broader barriers to improving the quality of skills and services within the health workforce through innovative research on gender discrimination at health facilities.

In FY 2008, IHI/Capacity continued its support to the MOH to develop clearly defined job descriptions for all employee categories and expand the personnel management system to help create effective supervision, feedback and goal setting in accordance with the then existing civil service procedures.

IHI/Capacity also supported a team of three Rwandan HR specialists (HR advisor, IT database administrator, personnel specialist) to provide workforce planning and personnel management TA, and capacity building to the MOH. The seconded IHI/CAPACITY HR advisors were instrumental in the implementation of the 2005-2009 HRH Strategic Plan. Additionally, the HR Advisors investigated challenges to employee retention, participated in donor HRH studies, and conducted focus group research to document retention issues, particularly within rural health centers where staff retention has posed a major challenge .

IHI/Capacity provided TA in long-term workforce forecasting and planning for the MOH. These activities were coordinated through the Health Sector Cluster Group (HSCG) and the Human Resources TWG led by the Permanent Secretary of the MOH. While other donors in the HSCG contributed to a basket fund to address HR issues, PEPFAR provided targeted support through IHI/Capacity and performance-based financing (PBF) strategies to augment low salaries of health workers based on performance standards and outputs.

The direct outputs of this activity were to build both the organizational capacity and the human resource capacity of the MOH. Currently, 30 individuals are being supported through human capacity development.

IHI/Capacity is coming to an end in FY 2009. To further build on the human resource capacity and the technical assistance provided to MOH, PEPFAR will design a follow on mechanism to IHI/Capacity that will address workforce issues and support to health institutions. The design of the follow on mechanism will be developed in the first quarter of 2009. While current activities will be reviewed and evaluated in the design process of the follow on mechanism, the GOR has prioritized the development of human resource capacity as part of its broader strategy of achieving sustainability of its health programs. The follow mechanism will continue to provide MOH with support to ensure adequate human resource capacity and training for current MOH staff and the broader workforce.

The follow-on will also prioritize support to MOH to plan and address long term staffing needs both at the central and decentralized levels. The follow on mechanism will also support planning for the health workforce at the community level as consistent with MOH policy.

Given the continuing need to build MOH's capacity to plan and better address workforce issues, the follow on mechanism will build on the lessons learned and best practices of IHI/Capacity. These activities reflect the ideas presented in the PEPFAR five-year strategy and support the GOR national strategy of human resources and organizational capacity building.

New/Continuing Activity: New Activity

Continuing Activity:

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 3.3.18: Activities by Funding Mechanism

Mechanism ID: 12244.09	Mechanism: N/A
Prime Partner: Ministry of Health, Rwanda	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: 29831.09	Planned Funds: \$100,000
Activity System ID: 29831	
Activity Narrative: Partnership Framework Planning	

1. Support for HIV financial situation assessment through the provision of in-country capacity building (MOH), \$100,000

PEPFAR Rwanda is developing a Partnership Framework for the next five years. Technical assistance is required to facilitate the process.

Background

Rwandan Health Sector has recently undertaken a strategic planning exercise as the national health sector strategic Plan (HSSP I) period came to an end. The follow on Strategic Plan for the Health Sector (HSSP II) was developed with extensive stakeholder contribution, particularly PEPFAR Rwanda and its implementing partners. Contribution focused on the identification and justification of strategic interventions, indicator development and target setting. Simultaneously sub-strategic plans were developed. Support was provided through the USG PEPFAR team for development of the HIV, TB, and M&E and HMIS sub- strategic plans. On finalization of the various plans a costing exercise began. This process involved the use of the Joint Annual Work Plan, a database of costed activities at National and District level for all health sector partners. This process contributed to the gap analysis required for the Global Fund National Strategy Application.

Objective

The Ministry of Health currently has two health economists; one recently promoted to the position of director of planning and development. These funds will provide capacity building to the Ministry of Health to ensure adequate Government of Rwanda support for working closely with the PEPFAR financial assessment and implementing partners to allow a review of the JAWP database and make suggestions for changes to the database. In addition, these funds will assist the planning and implementation of long-term financial management and institutional strengthening as part of the development of the Rwanda Partnership Framework.

Outcomes

- Report on gap, costing, and other financial analyses
- Identification of funding gap
- Completed table (showing stakeholders/USG contributions over 3 years) as per guidance
- Ability of MOH counterpart to present financial assessment and analysis coherently

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 12236.09	Mechanism: N/A
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29803.09	Planned Funds: ██████████

Activity System ID: 29803

Activity Narrative: Partnership Framework Planning

1. Support an HIV financial situation assessment through Technical Assistance (USAID) \$200,000 Partnership Framework Planning

PEPFAR Rwanda is developing a Partnership Framework for the next five years. Technical assistance is required to facilitate the process.

Background

Rwandan Health Sector has recently undertaken a strategic planning exercise as the national health sector strategic plan (HSSP I) period came to an end. The follow on Strategic Plan for the Health Sector (HSSP II) was developed with extensive stakeholder contribution, particularly PEPFAR Rwanda and its implementing partners. Contribution focused on the identification and justification of strategic interventions, indicator development and target setting. Simultaneously sub strategic plans were developed. Support was provided through the USG PEPFAR team for development of the HIV, TB and M&E and HMIS sub strategic plans. On finalization of the various plans a costing exercise began. This process involved the use of the Joint Annual Work Plan (JAWP), a database of costed activities at National and District level for all health sector partners. This process contributed to the Gap analysis required for the Global Fund National Strategy Application.

Objective

This technical assistance, in collaboration with and as a member of the HSSP II costing team and MOH TA, will continue the costing/gap analysis and other financial assessment. The data collected in the JAWP will be reviewed, strategy for analysis determined and feedback provided to the Partnership Framework team and the MOH on funding gaps. The contribution of each stakeholder (MOH/other donors/USG) in the three year strategy will be determined during this process. In addition, working closely with the MOH counterpart and PEPFAR implementing partners, this TA will allow a review of the JAWP database and make suggestions for changes to the database. Finally this TA will provide advice to the USG and its NGO partners on submission of financial information to the JAWP. The end result of the consultancy will be the completed and submitted template identifying the contribution of all stakeholders for USG/ MOH review and incorporation of their comments.

Outcomes

- Report on gap, costing, and other financial analysis
- Identification of funding gap
- Completed table (showing stakeholders/USG contributions over 3 years) as per guidance

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$7,355,453

Program Area Narrative:

PEPFAR in Rwanda, under the leadership of the Ambassador, works through an integrated interagency team. Regular consultations include weekly standing PEPFAR meetings to discuss issues and resolve problems of implementation, monthly standing meetings with GOR and other stakeholders in the PEPFAR Steering Committee, and frequent ad hoc meetings on technical issues as they arise.

The PEPFAR team works as a cohesive unit among the five agencies represented in this mission and in collaboration with the GOR. The team operates under the principle of “co-management,” responding to both GOR and PEPFAR requirements. Staffing includes four continuing cross-agency positions: a Strategic Information (SI) liaison, a monitoring & evaluation (M&E) Coordinator, a Health Management Information System (HMIS) coordinator, and a PEPFAR coordinator. Local operations also benefit from several positions that are not funded by PEPFAR, most notably the Ambassador, Deputy Chief of Mission and Public Affairs Officer.

All USG agencies in Rwanda, with the exception of the Peace Corps, moved to the New Embassy Compound (NEC) in January of 2008. Co-location has facilitated the PEPFAR team’s consultative process for planning and implementing the program, although space limitations in the NEC restrict the ability to add staff. The Peace Corps arrived in June 2008 and is not co-located.

Staffing for PEPFAR Rwanda has been significantly restructured to meet programmatic needs. The Staffing for Results exercises for FY 2009 resulted in a proposal to add five new positions across the Rwanda PEPFAR team. CDC is proposing to co-locate two new staff at the Ministry of Health and add one position to work in the embassy. USAID proposes two new positions. The Peace Corps now has twelve staff positions on-board for its first year since its return to Rwanda. These new positions will address the persistent understaffing of PEPFAR program in Rwanda. However, it is important to note that several position approved in FY 2008 remain unfilled. The program has redesigned the terms of reference for several of these position to better fit the current requirements.

Recruitment and retention of highly qualified local and international staff continues to be a challenge. Moreover, the human capacity deficiency in Rwanda is widely recognized, and the local pool of appropriately-trained Rwandans is very limited. Recruitment of international staff remains difficult for a variety of reasons, including continuing misperceptions of post-genocidal instability in Rwanda. A large percentage of the US staff will be completing their tours in Rwanda during FY 2009, with the strong probability that staff turnover will be higher than usual. With the new staff, identified for FY 2009, the program will be able to continue to meet GOR and OGAC expectations of high performance.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 12235.09	Mechanism: N/A
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: 29802.09	Planned Funds: \$50,000
Activity System ID: 29802	

Activity Narrative: Partnership Framework Planning

1. TA to facilitate the framework negotiation and completion of the partnership framework documents (USAID) \$50,000

PEPFAR Rwanda is developing a Partnership Framework for the next five years. Technical assistance is required to facilitate the process.

Background

Rwandan Health Sector has recently undertaken a strategic planning exercise as the national health sector strategic plan (HSSP I) period came to an end. The follow on Strategic Plan for the Health Sector (HSSP II) was developed with extensive stakeholder contribution, particularly PEPFAR Rwanda and its implementing partners. Contribution focused on the identification and justification of strategic interventions, indicator development and target setting. Simultaneously sub- strategic plans were developed. Support was provided through the USG PEPFAR team for development of the HIV, TB, and M&E and HMIS sub strategic plans. On finalization of the various plans a costing exercise began. This process involved the use of the Joint Annual Work Plan, a database of costed activities at National and District level for all health sector partners. This process contributed to the Gap analysis required for the Global Fund National Strategy Application.

Objective

This technical assistance will facilitate the PEPFAR Rwanda team in the negotiation, writing, development, and coordination of the Rwanda Partnership Framework.

Outcomes

- Compilation of financial assessment and other analyses; coordination of the PEPFAR and GOR Partnership Framework planning process; and assistance in the preparation of the Rwanda Partnership Framework documents.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1527.09

Mechanism: CDC Country Office GHAI/TA

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: 2844.21073.09

Planned Funds: \$1,382,601

Activity System ID: 21073

Activity Narrative: Based on the second PEPFAR 'Staffing for Results' exercise conducted in collaboration with USG PEPFAR team for FY 2009, CDC is proposing to increase staff within technical and administrative areas by adding three new positions. In addition, the terms of reference for two vacant positions have been redesigned to better fit current needs. Specifically, the office is proposing to recruit a Pediatric HIV/AIDS Treatment Specialist (2381), a Socio-Behavioral Specialist (2380), a Senior Statistician (2379), a Laboratory Operations Coordinator (2378), and a Grants Manager (2382), to better support the implementation of PEPFAR activities. The CDC will also fill the existing Senior Program Management Officer, Monitoring and Evaluation Specialist, Basic Care Specialist positions. In addition to personnel costs, which include Association of Schools of Public Health (ASPH) fellows and Comforce contractors, this activity includes equipment and services to support general office operating expenses. In line with CDC's consolidation of IT services, the program will purchase services from the new Information Technology Support Office (ITSO) Infrastructure Services Support (ISS) package in order to improve operational effectiveness and efficiency.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12911	2844.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6330	1527.08	CDC Country Office GHAI/TA	\$791,601
7260	2844.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4358	1527.07	CDC Country Office GAP/TA	\$815,000
2844	2844.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2598	1527.06	CDC Country Office GAP/TA	\$604,141

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 131.09 **Mechanism:** DOD Rwanda Office
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: 2802.21076.09 **Planned Funds:** \$160,000
Activity System ID: 21076
Activity Narrative: With PEPFAR funding, the DOD Coordinator position began in FY 2006 and continued in FY 2009. Responsibilities for the DOD Coordinator are broad and include management, coordination, and support of all DOD EP activities in Rwanda. In addition, this funding supports technical TA to DOD partners with development, M&E of new and existing programs. Additionally, these funds support travel, training, workshops and equipment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12913

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12913	2802.08	Department of Defense	US Department of Defense	6331	131.08	DOD Rwanda Office	\$100,000
7267	2802.07	Department of Defense	US Department of Defense	4359	131.07	DOD Rwanda Office	\$100,000
2802	2802.06	Department of Defense	US Department of Defense	2573	131.06	DOD Program Mgt	\$30,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7667.09 **Mechanism:** CDC CSCS
Prime Partner: US Department of State **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: 17142.20722.09 **Planned Funds:** \$509,000
Activity System ID: 20722

Activity Narrative: The Bureau of Overseas Buildings Operations (OBO) directs the worldwide buildings program for the USG international posts. In concert with other State Department bureaus, foreign affairs agencies, and Congress, OBO sets worldwide priorities for the design, construction, acquisition, maintenance, use, and sale of real properties and the use of sales proceeds.

Each agency with staff overseas contributes annually towards construction of the new facilities based on the number of positions and the type of space occupied. In 2005, a cost sharing agreement was reached with the State Department's Overseas Building Office by all USG agencies operating in Rwanda.

Capital Security Cost Sharing is also a major component of the President's Management Agenda initiative on Rightsizing. Along with securing facilities, this Administration has focused on assuring that overseas staff are deployed where they are needed to effectively serve USG interests. As agencies assess the real cost of maintaining staff overseas, they will adjust their overseas staffing levels and new embassies will be built to suit appropriate staffing levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17142	17142.08	HHS/Centers for Disease Control & Prevention	US Department of State	7667	7667.08	CDC CSCS	\$400,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7904.09

Mechanism: DOD 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: 17963.20723.09

Planned Funds: \$0

Activity System ID: 20723

Activity Narrative: The International Cooperative Administrative Support Services (ICASS) system is the principal means by which the USG provides for and shares the cost of common administrative support at overseas posts. In the spirit of the Government Performance and Results Act, the ICASS system seeks to provide quality services at the lowest cost, while attempting to ensure that each agency bears the cost of its overseas presence.

All USG agencies in Rwanda pay into the service system to cover the following: 1) all administrative personnel costs, 2) Community Liaison Office, 3) building operating expenses, 4) non-residential local guard costs, and 5) post diplomatic pouch and mail.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17963

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17963	17963.08	Department of Defense	US Department of State	7904	7904.08	DOD ICASS	\$60,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7538.09

Mechanism: CDC ICASS

Prime Partner: US Department of State

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: 16769.20724.09

Planned Funds: \$900,000

Activity System ID: 20724

Activity Narrative: The International Cooperative Administrative Support Services (ICASS) system is the principal means by which the USG provides for and shares the cost of common administrative support at overseas posts. In the spirit of the Government Performance and Results Act, the ICASS system seeks to provide quality services at the lowest cost, while attempting to ensure that each agency bears the cost of its overseas presence.

All USG agencies in Rwanda pay into the service system to cover the following: 1) all administrative personnel costs, 2) Community Liaison Office, 3) building operating expenses, 4) non-residential local guard costs, and 5) post diplomatic pouch and mail.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16769

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16769	16769.08	HHS/Centers for Disease Control & Prevention	US Department of State	7538	7538.08	CDC ICASS	\$600,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7536.09

Mechanism: USAID ICASS

Prime Partner: US Department of State

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: 16760.20725.09

Planned Funds: \$600,000

Activity System ID: 20725

Activity Narrative: Estimated EP ICASS charges for USAID/Rwanda.

The International Cooperative Administration Support Services (ICASS) operations for Administrative and General Services for Rwanda were consolidated in October 2008.

The U.S. Embassy Kigali moved to its New Embassy Compound (NEC) in January 2008, with all agencies co-located. Co-location resulted in consolidation of services including Warehouse Management, Administrative Procurement, Shipping and Customs, Housing and Leasing, motor pool, travel, mail residential maintenance and HR Recruitment of LE staff.

With the move to NEC, the cost of utilities has increased, resulting in a higher estimate for ICASS for FY 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16760	16760.08	U.S. Agency for International Development	US Department of State	7536	7536.08	USAID ICASS	\$100,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7539.09 **Mechanism:** GHFP
Prime Partner: Public Health Institute **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: 16772.21030.09 **Planned Funds:** \$0
Activity System ID: 21030
Activity Narrative: Noted April 24, 2008: Budget cut to fund required M&S adjustment, and to partially fund position to be filled through another mechanism.
 USAID/Rwanda has three continuing staff hired through the Global Health Fellows Program, and will a fourth position will be added in FY 2008. Funding for these positions is distributed in HVAB, HVOP, HTXD, OHPS and HVMS. The funding for each of these positions is spread across no more than three technical areas. Continuing Fellows are an HIV/AIDS Prevention Advisor, a Logistics Advisor and a Senior Technical Advisor in the Program Office. In FY 2008, EP proposes to add a GFATM/Donor Coordination Advisor to be located in the GFATM office.
New/Continuing Activity: Continuing Activity
Continuing Activity: 16772

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16772	16772.08	U.S. Agency for International Development	Public Health Institute	7539	7539.08	GHFP	\$50,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 114.09 **Mechanism:** USAID Rwanda Mission
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: 2785.21060.09 **Planned Funds:** \$2,458,852
Activity System ID: 21060

Activity Narrative: HVMS: Management and Staffing

USAID Rwanda has direct responsibility for a broad range of activities, and coordinates with HHS, CDC, DOD and State on PEPFAR activities in Rwanda.

Consistent with the Staffing for Results (SFR) exercise, USAID proposes to add two new positions, a Community Health Advisor, and a PMTCT Treatment Advisor position in FY 2009. The inter-agency Strategic Information (SI) position has already been filled.

This activity also includes partial funding for a Development and Outreach Communications Specialist that is shared within USAID and across PEPFAR agencies in Rwanda. Continuing PEPFAR positions, expatriate and LES are funded in 12 program areas. Currently Commodity and Logistics Advisor position is being funded through USAID's 'Global Health Fellows Program, which is a separate activity. This activity includes personnel costs, equipment and services to support PEPFAR management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12901

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12901	2785.08	U.S. Agency for International Development	US Agency for International Development	6328	114.08	USAID Rwanda Mission	\$1,779,021
7252	2785.07	U.S. Agency for International Development	US Agency for International Development	4356	114.07	USAID Rwanda Mission	\$3,258,000
2785	2785.06	U.S. Agency for International Development	US Agency for International Development	2563	114.06	USAID Rwanda Mission	\$2,195,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 122.09

Mechanism: CDC Country Office GAP/TA

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: 2791.21061.09

Planned Funds: \$1,135,000

Activity System ID: 21061

Activity Narrative: Based on the updated PEPFAR 'Staffing for Results' exercises conducted with the USG PEPFAR team for FY 2009, CDC is proposing to increase staff within technical areas by adding six new positions. Specifically, the office is proposing to recruit a Grants Management Specialist, a Laboratory Operations Coordinator, a Socio-behavioral Scientist, a PMTCT Specialist, a driver and a Senior Statistician, to better support the implementation of PEPFAR activities. The CDC will also fill the existing M&E Specialist, Basic Care Specialist, Deputy Director for Program, and the Administrative Assistant for Program positions. In addition to personnel costs, this activity includes equipment and services to support general office operating expenses. In line with CDC's consolidation of Information Technology (IT) services, the program will purchase services from the new Information Technology Services Office (ITSO) Infrastructure Services Support package in order to improve operational effectiveness and efficiency.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12902

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12902	2791.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6329	122.08	CDC Country Office GAP/TA	\$1,135,000
7259	2791.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4357	122.07	CDC Country Office GAP/TA	\$1,135,000
2791	2791.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2567	122.06	CDC Country Office GAP/TA	\$1,135,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7537.09

Mechanism: USAID IRM

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: 16761.21048.09

Planned Funds: \$160,000

Activity System ID: 21048

Activity Narrative: Estimated PEPFAR IRM charges for USAID/Rwanda.

IRM tax covers costs for the Washington based IT System that is linked to the IT System at USAID Rwanda. PEPFAR contributes annually towards the IRM tax based on the number of positions that the program supports. In FY 2009 PEPFAR portion of the IRM tax will cover 24 positions, including two new proposed positions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16761

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16761	16761.08	U.S. Agency for International Development	US Agency for International Development	7537	7537.08	USAID IRM	\$125,755

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			1/31/2011
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
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?			
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			9/30/2010
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
COPRS CDC Org Chart 2008.doc	application/msword	11/6/2008	CDC Org Chart	Staffing Analysis	FrankD
COPRS USAID Org Chart 2008.doc	application/msword	11/6/2008	USAID Org Chart	Staffing Analysis	FrankD
USG PEPFAR staffing database 2008-2009 update Nov11.xls	application/vnd.ms-excel	11/11/2008	PEPFAR Rwanda Staffing Database	Staffing Analysis	FrankD
MOH Letter of Support for Compact Concept note September 30, 2008.doc	application/msword	11/13/2008	GOR/MoH Letter of support for the PEPFAR Compact Concept Note submitted to OGAC on September 30, 2008	Other	MMishra
Rwanda COP 2009 Global Fund Supplemental.doc	application/msword	11/13/2008	Rwanda FY 2009 Global Fund Supplemental	Global Fund Supplemental	KLantis
Gender Program Area Narrative Final Nov 13, 2009.doc	application/msword	11/13/2008	2009 Rwanda Gender Program Area Narrative	Gender Program Area Narrative*	MMishra
Public Private Partnerships Table-Final-08.xls	application/vnd.ms-excel	11/13/2008	Public Private Partnership supplement	PPP Supplement	MMishra
PEPFAR Concept Note Submitted to OGAC Sept30_2008 for distribution.doc	application/msword	11/13/2008	Final Concept Note submitted to OGAC on September 30, 2008.	Other	MMishra
FY 2009 CRS 8% justification.doc	application/msword	11/13/2008	CRS 8% funding justification waiver	Single Partner Funding	KLantis
2009 5 Yr Strategy Update Rwanda 14nov08.doc	application/msword	11/14/2008	5 Year Strategy Update	Other	PRaghunathan
HCD Program Area Narrative 14nov08.doc	application/msword	11/14/2008	Human Resources for Health Program Area Narrative	HRH Program Area Narrative*	PRaghunathan
RWANDA FY 2009 Ambassador Letter.pdf	application/pdf	11/14/2008	RWANDA FY 2009 Ambassador Letter	Ambassador Letter	KLantis
Rwanda COP FY 2009 Acronyms List.doc	application/msword	11/14/2008	Rwanda COP 09 Acronyms List	Other	MMishra
2009 Health Care Worker Salary Report FINAL Nov 14 2008.xls	application/vnd.ms-excel	11/14/2008	2009 Health Care Worker Salary Report	Health Care Worker Salary Report	MMishra
Management and Staffing Budget Table for Focus Countries-Rwanda.xls	application/vnd.ms-excel	11/14/2008	M&S Budget Table by Program Area Code	Staffing Analysis	FrankD
FY09 Budgetary Requirements Worksheet (updated for VCT policy change).xls	application/vnd.ms-excel	11/14/2008	Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	FrankD
RWANDA FY 2009 Executive Summary 25 Nov 2009.doc	application/msword	11/25/2008	FY 2009 Rwanda Executive Summary	Executive Summary	KLantis
COP09 Summary Targets and Explanations Final.xls	application/vnd.ms-excel	12/2/2008	Rwanda COP09 Summary Targets and Explanations Final	Summary Targets and Explanation of Target Calculations	jkoskinen