



# COP 2017 Approval Meeting Out-brief Rwanda

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May 4, 2017

The background features a dark blue world map with a subtle grid. A large, vibrant red ribbon graphic curves across the right side of the image, overlapping the map. The text is centered horizontally and vertically.

# Rwanda Country context

# HIV Epidemiological Landscape in Rwanda

- **HIV Prevalence**

- General Population = **3.0%**
- Men = **2.2%**
- Women = **3.6%**
- Pediatrics (0-14) = **0.2%**

- **Kigali City Prevalence**

- General Population = **6.3%**
- Men = **4.4%**
- Women = **8.0%**

- **HIV Incidence = 2.7/1,000**

- **MTCT = 1.8%**

- **Male Circumcision = 30%**



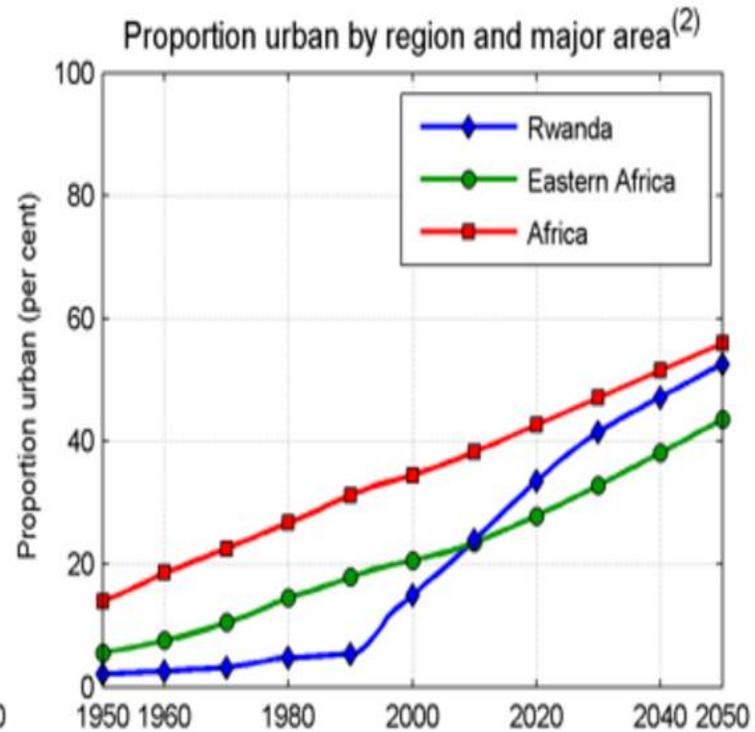
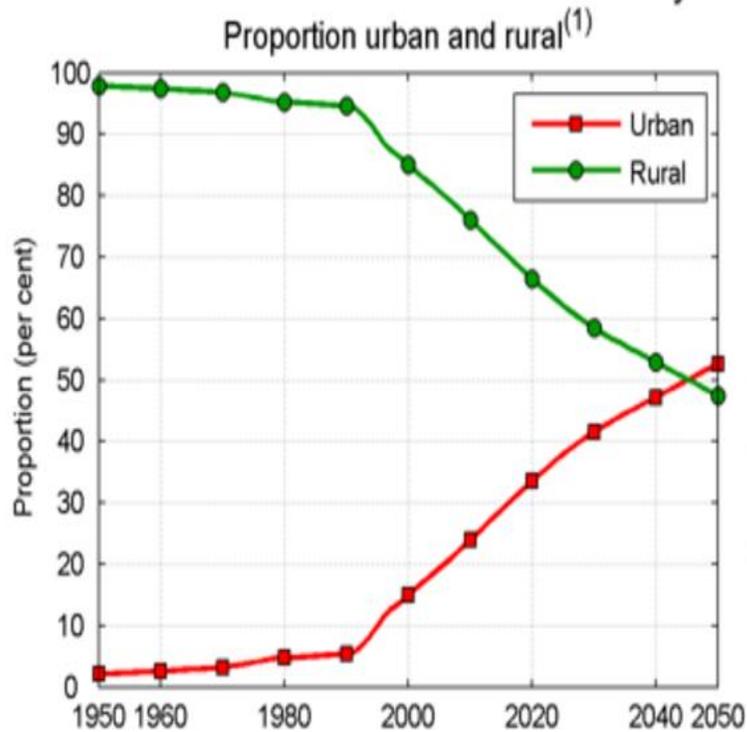
Source: 2015 Rwanda Demography Health Survey (DHS), 2013-14 RAIHIS, 2015 Behavior and Biological Surveillance Survey



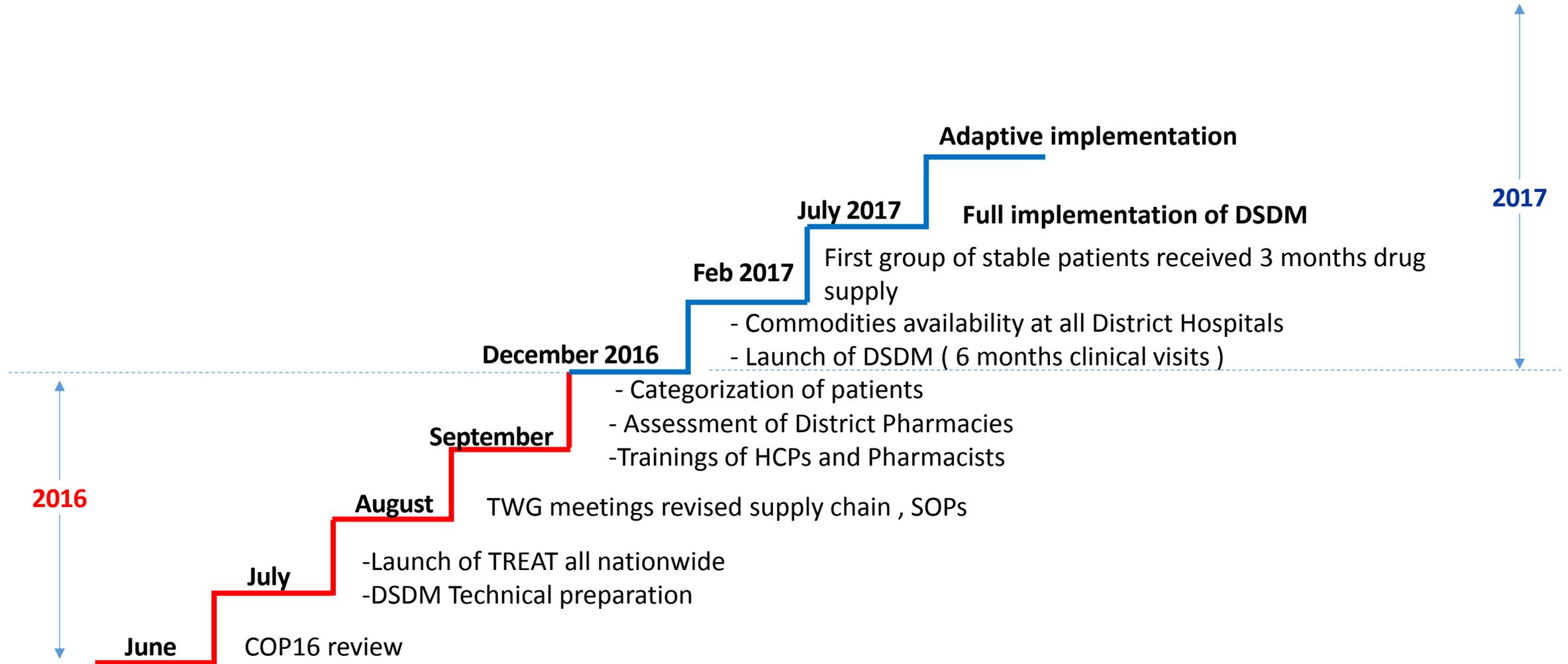
### Country Profiles

<< Rwanda >>

### Country Profile: Rwanda



# Implementation of DSDM/MMP in Rwanda



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# Stakeholder Review and Comments

## Stakeholders Engaged

- **Government of Rwanda**  
MOH, RBC
- **CSO:** RRP+, Rwanda NGO Forum on HIV/AIDS, RICH, UPHLS, ABASIRWA, PSF
- **Multilaterals:** UNAIDS, UNICEF, GF, WHO
- **PEPFAR Implementing Partners**

## Frequency of Engagement

- Quarterly through POART/results sharing meetings
- Management meetings with MoH Leadership (PEPFAR Steering Committee)
- Monthly engagement meetings with CSO umbrella organizations, UNAIDS, PEPFAR, GF
- February 3, 2017 – Pre DCMM Stakeholder Consultation Meeting (discussed direction for COP17)
- March 23, 2017 – Shared SDS draft for comment and review before consultation meeting.
- March 27, 2017 – Post DCMM Stakeholder Consultation Meeting (discussed DCMM and COP17 SDS)

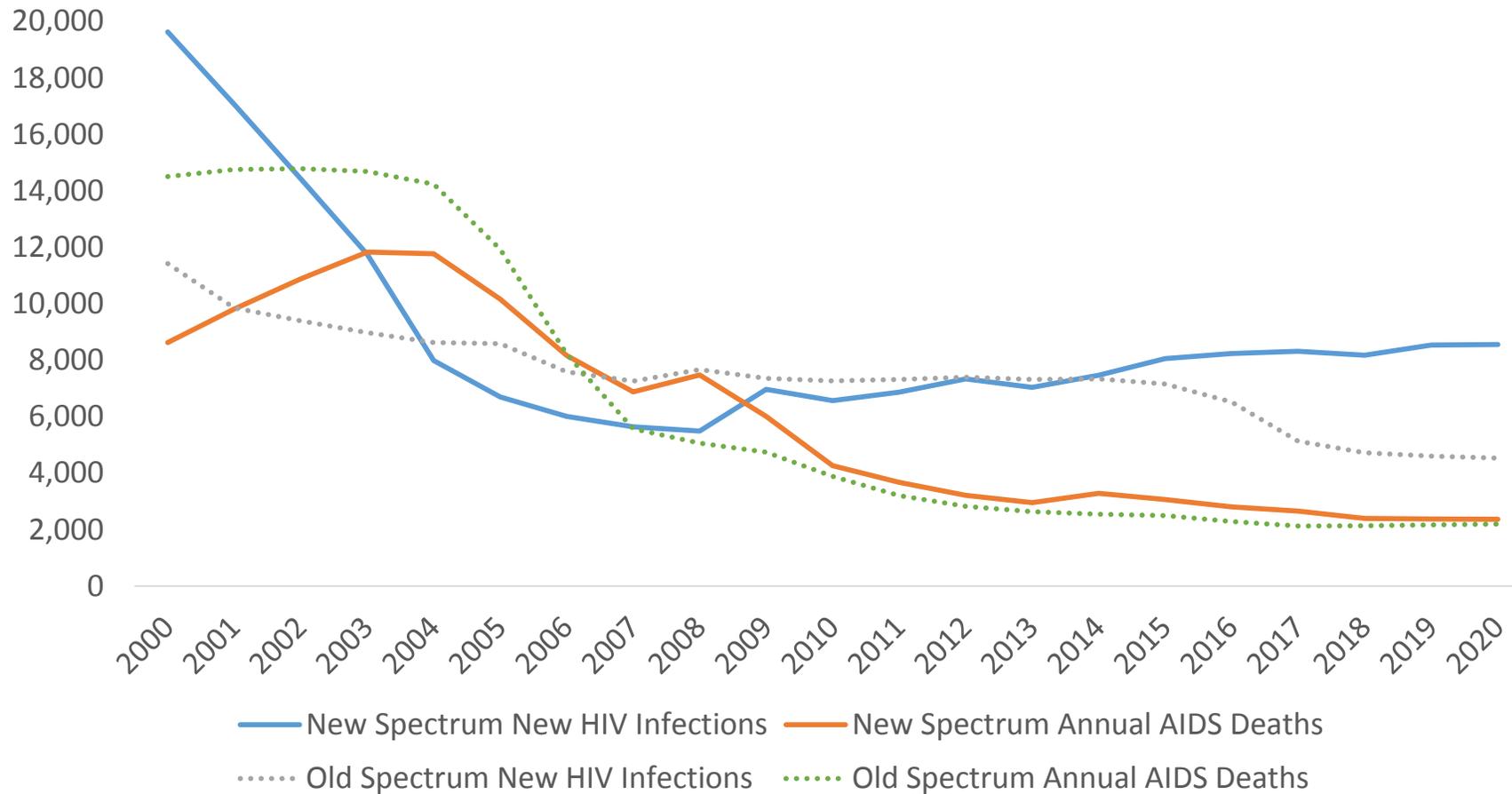
## Stakeholder Input into COP 17

- Concerns about stigma and discrimination
- Sharing platforms for reaching targeted populations and enhancing linkages to treatment
- Interest in involvement in Kigali-based COP review
- SDS input received from:
  - GOR
  - Umbrella Organization of Persons with Disabilities on HIV (UPHLS)

# Global Fund Concept Note Coordination

- December 15, 2016: GF allocation letter
  - \$154,462,907 (January 1, 2018 to December 31, 2020)
- January 10, 2017: Roadmap to CN and NSP extension development
- February 6-10, 2017: NSP extension and CN development
  - USG technical team, PEPFAR Agency Leads, PEPFAR Coordinator
- March 16, 2017: Presentation of Concept Note draft to CCM
- March 20, 2017: Concept Note submission
  - Cost breakdowns:
    - 43% Care + Treatment
    - 37% Health Systems
    - 14% Prevention
    - 3% Strategic Information
    - 3% Impact Mitigation
    - Requesting funding for PrEP

# New Infections and AIDS Deaths in Adults (15+) in Rwanda



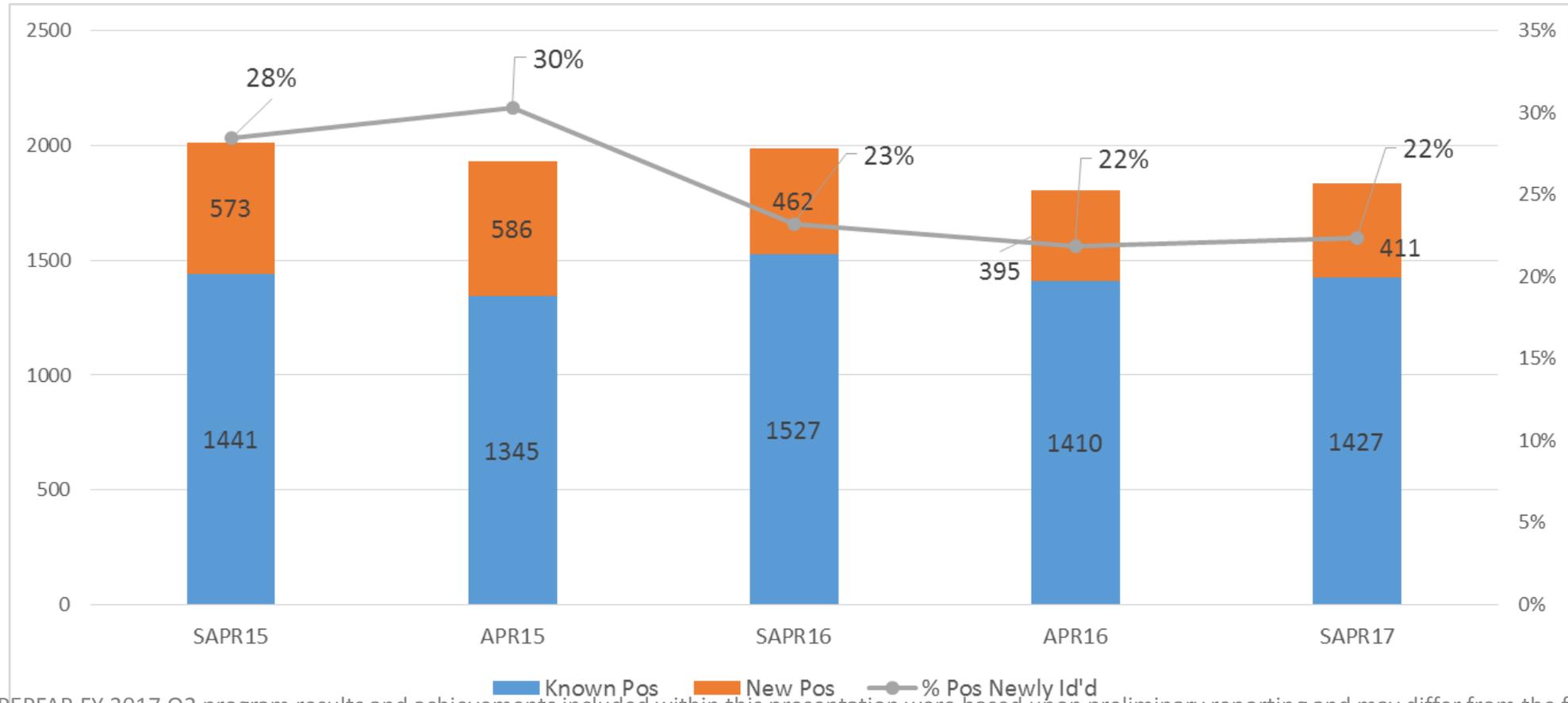
\*New Spectrum is based on Feb 2017 draft model while we await the final approved model with software fix

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# Uncertain Epidemiology of HIV in Rwanda, 2017\*

- Feb 2017 Draft Spectrum model suggest unchanged HIV prevalence, higher than expected incidence, but estimates may be elevated due to:
  - a) Programming error in Spectrum algorithm in Jan 2017, and
  - b) Use of EIA-based algorithm for lab testing from RAIHIS
- MOH with CDC evaluating the feasibility of re-testing specimens for incidence and possibly prevalence, anticipated finished by July 2017
- ‘Fixed’ Spectrum model will be re-run with final, confirmatory-tested findings from RAIHIS when lab results are available

# PMTCT\_STAT POS: Decline in Newly Identified Positives at ANC

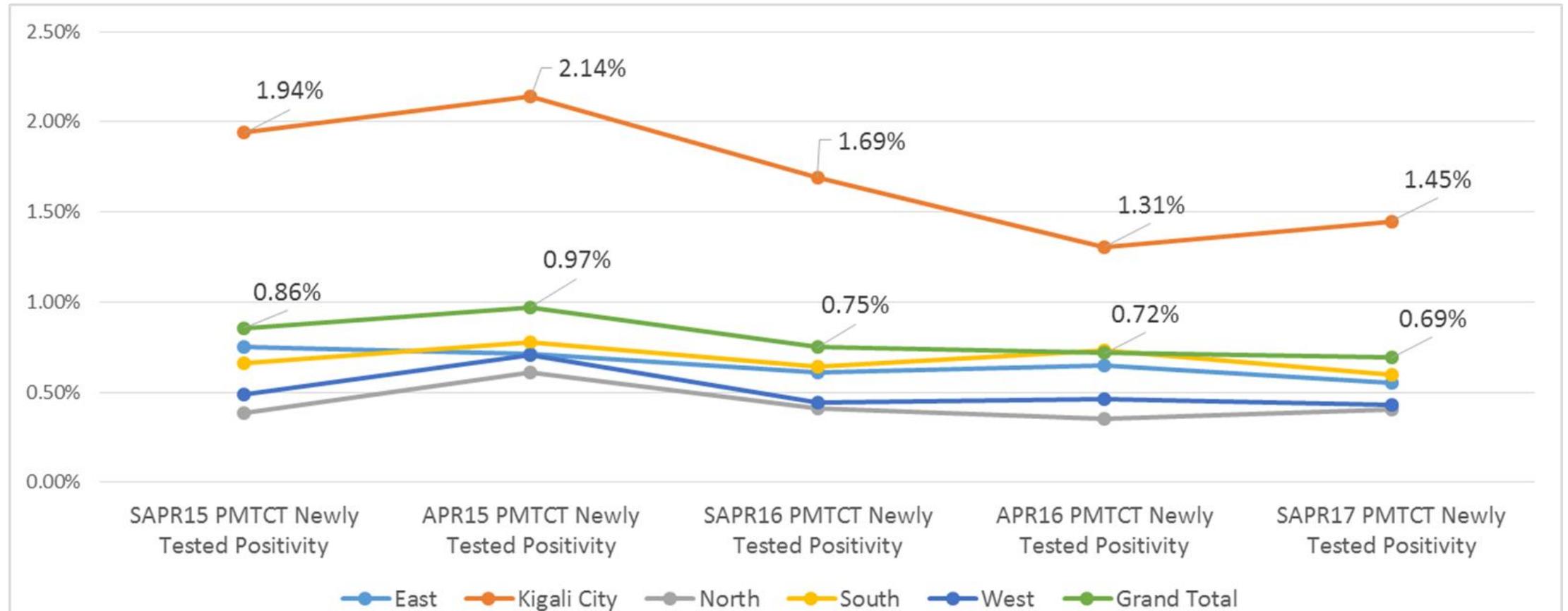


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# PMTCT STAT POS: Declining Testing Yield at ANC

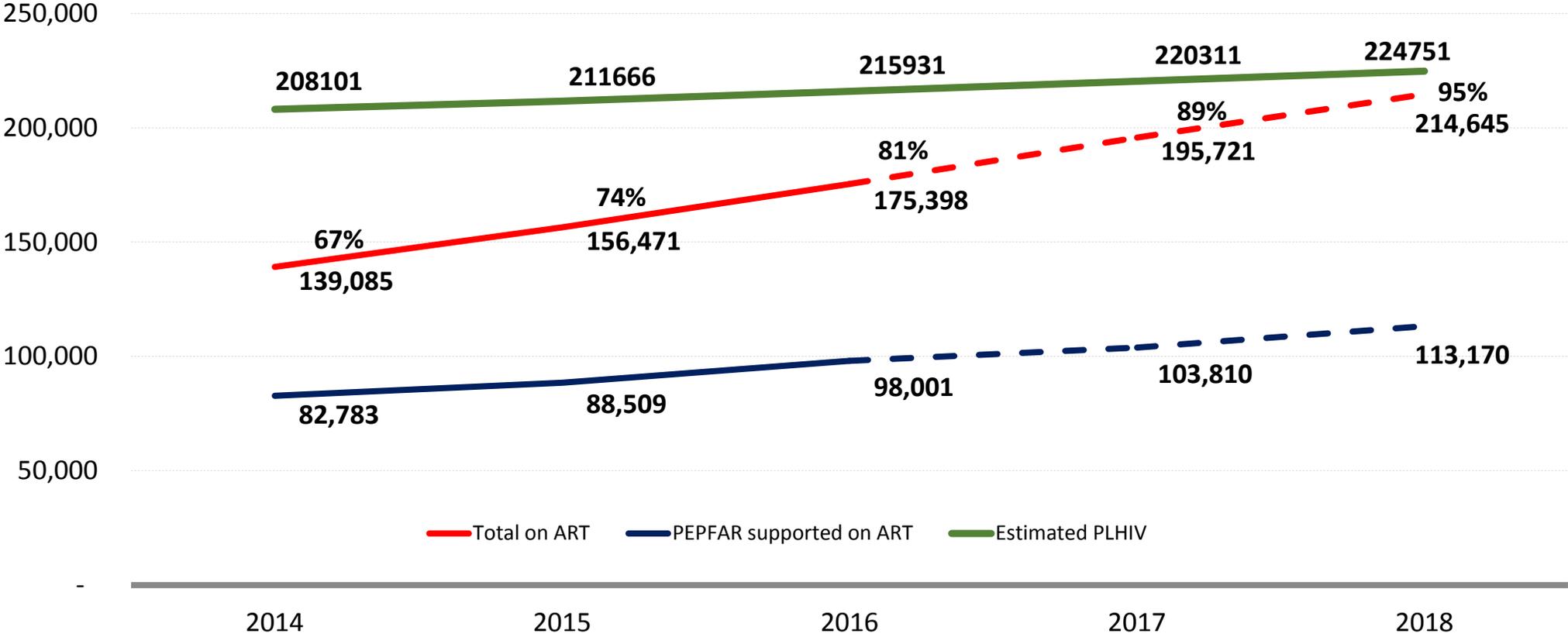
(Excludes Known Pos at entry)



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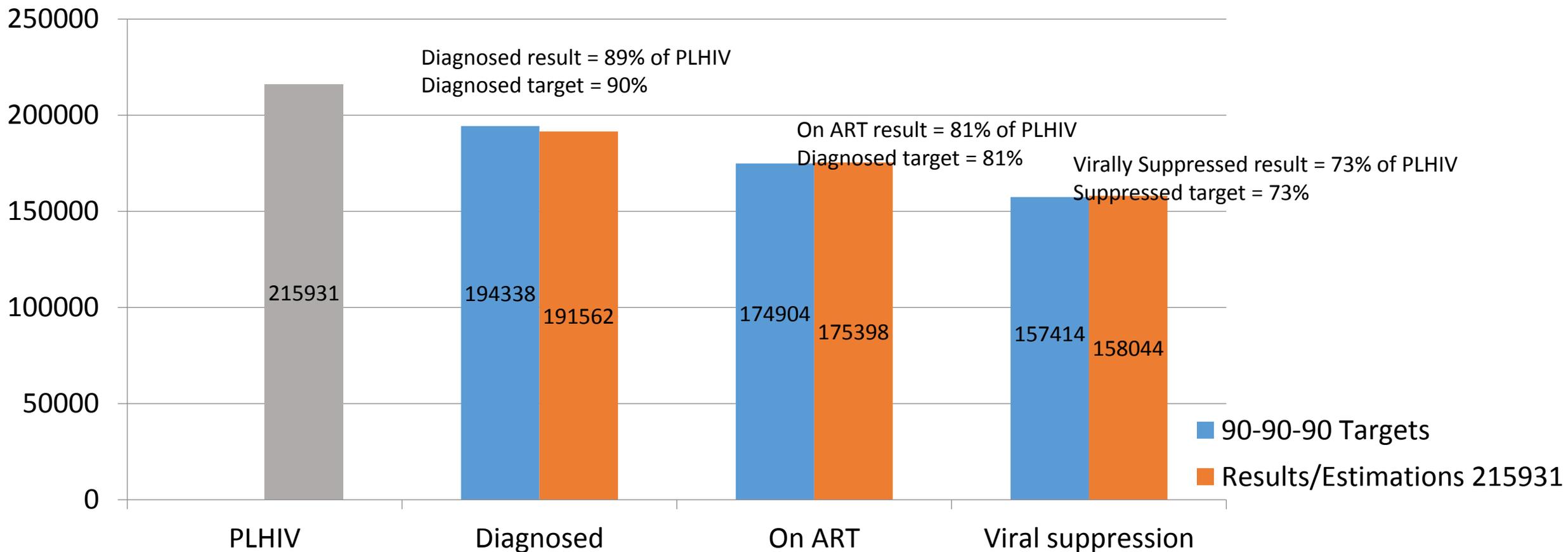
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# Number of People Living with HIV and National and PEPFAR Trend for Individuals Currently on Treatment



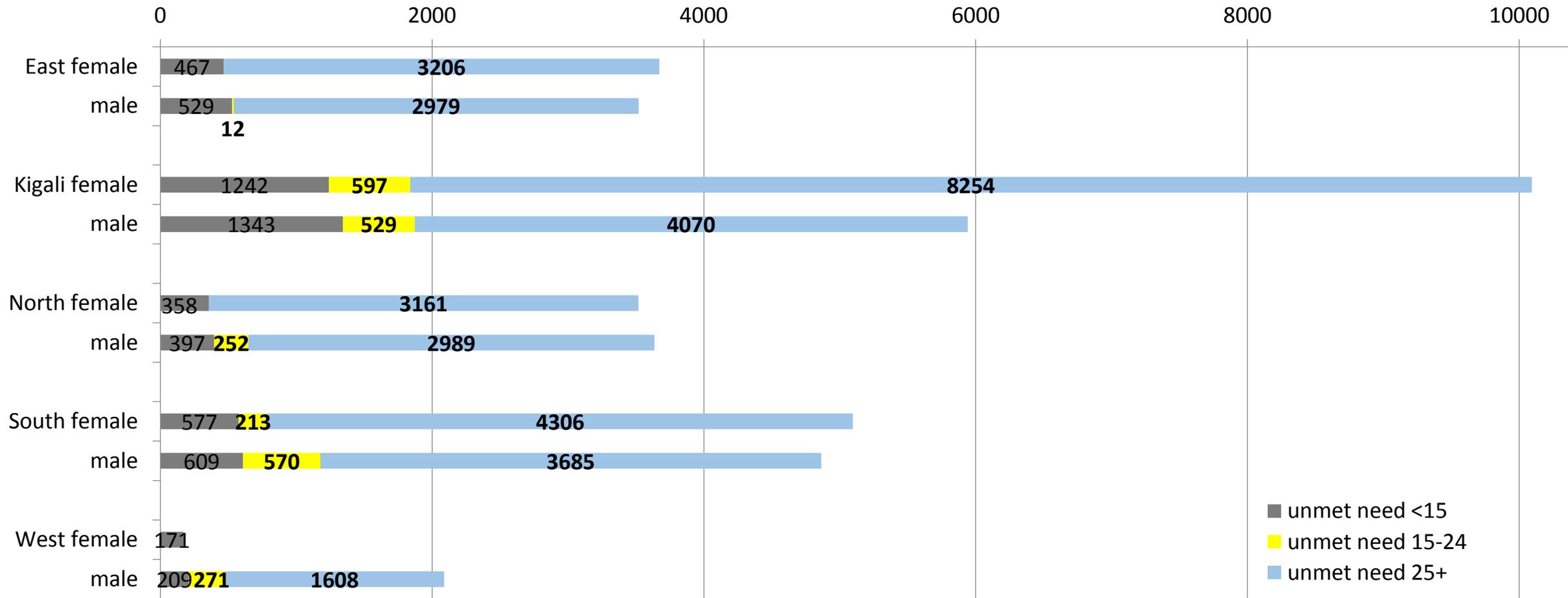
**Note:** In COP15 (FY16), PEPFAR transitioned 54 PEPFAR-supported sites to GF/GOR support, which accounts for the proportional reduction in PEPFAR supported PLHIV on ART in Rwanda between 2016 and 2017.

# FY16 Rwanda national treatment cascade versus 90-90-90 targets



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# Rwanda 2016 Unmet Need for ART by Province, Age, Sex to Reach 100% Coverage



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# Rwanda COP17 New Directions/Strategy

1. Shift to Index testing everywhere, plus testing in KP/PP sexual networks (Kigali Index in COP16)
2. Lead a national shift from aggregate reporting to line-listed (individual-level) reporting with focus on linkage of HTS\_POS → ART
3. Accelerated (same day) and facilitated initiation of ART
4. Kigali focus building on the UNAIDS/GOR Fast Track City Strategy
5. National TWG is reviewing data to support MOH policy change in tetanus immunization for VMMC
6. Leverage OVC platform to implement DREAMS-like activities



# FY16 + FY17 Results (Q1 + Q2): Identifying Gaps

# Summary of Q1 and Q2 FY17 results against FY17 targets

	FY17 Target	FY17 Q1 + Q2 Result	FY17 % Achievement
HTS_TST	965,642	497,984	52%
HTS_TST_POS	12,311	5,392	44%
HTS_TST positivity	1.3%	1.1%	
TX_NEW*	14,996	4,062	27%
TX_New DSD	14,996	3,612	
TX_New_TA**		450	
TX_CURR	104,054	94,265	
VMMC_CIRC+	95,936	44,877	47%

\* Three IMs identify positives who may link to Global Fund ART sites, meaning positives divided by TX\_New does not directly equate to linkage

\*\* TX\_New\_TA refers to outreach testing where high risk clients are identified through PEPFAR supported testing but linked to non-PEPFAR supported clinical facilities

+ Targets for FY16 were not achieved for VMMC due to vaccination policy change. Targets for FY16 and FY17 should be achieved in the combined FY16 plus FY17 results. FY16/FY17 target is 236,939, FY16/FY17 results are 100,675, which are 43% achievement.

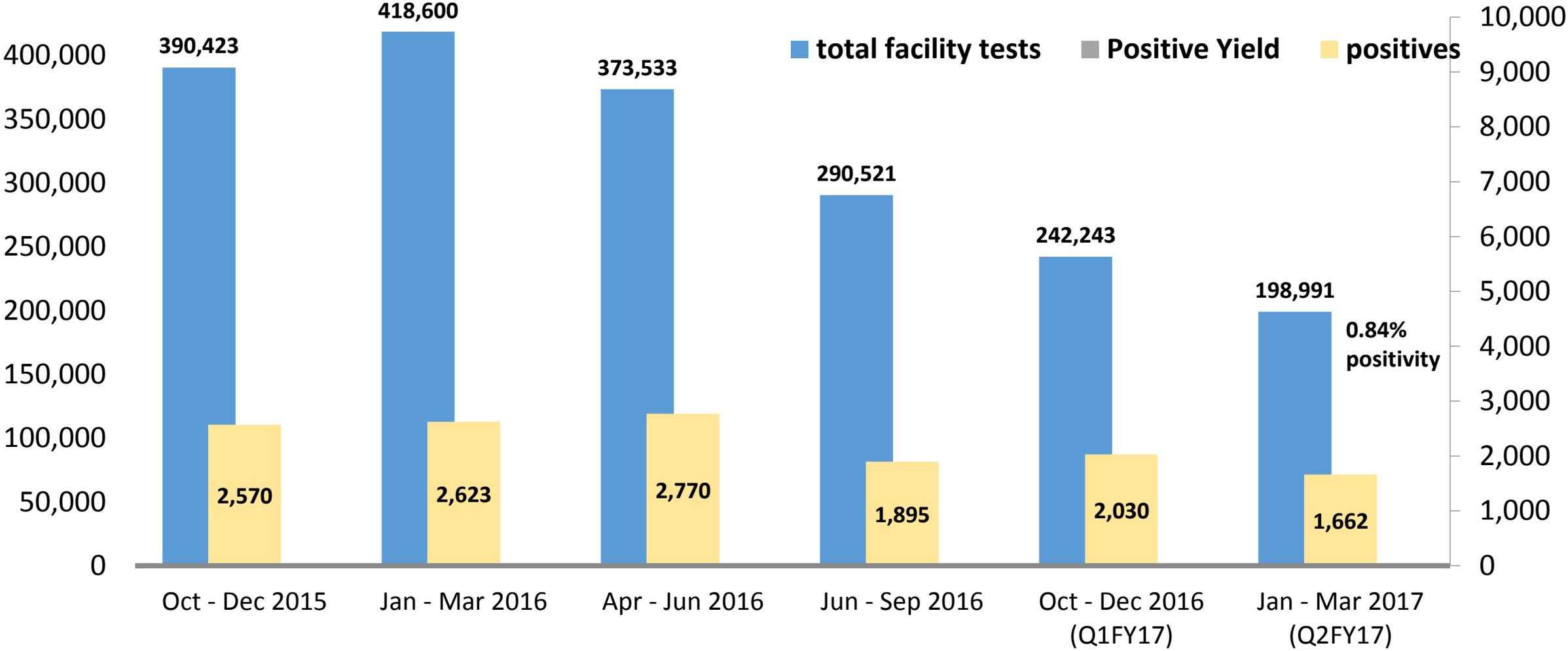
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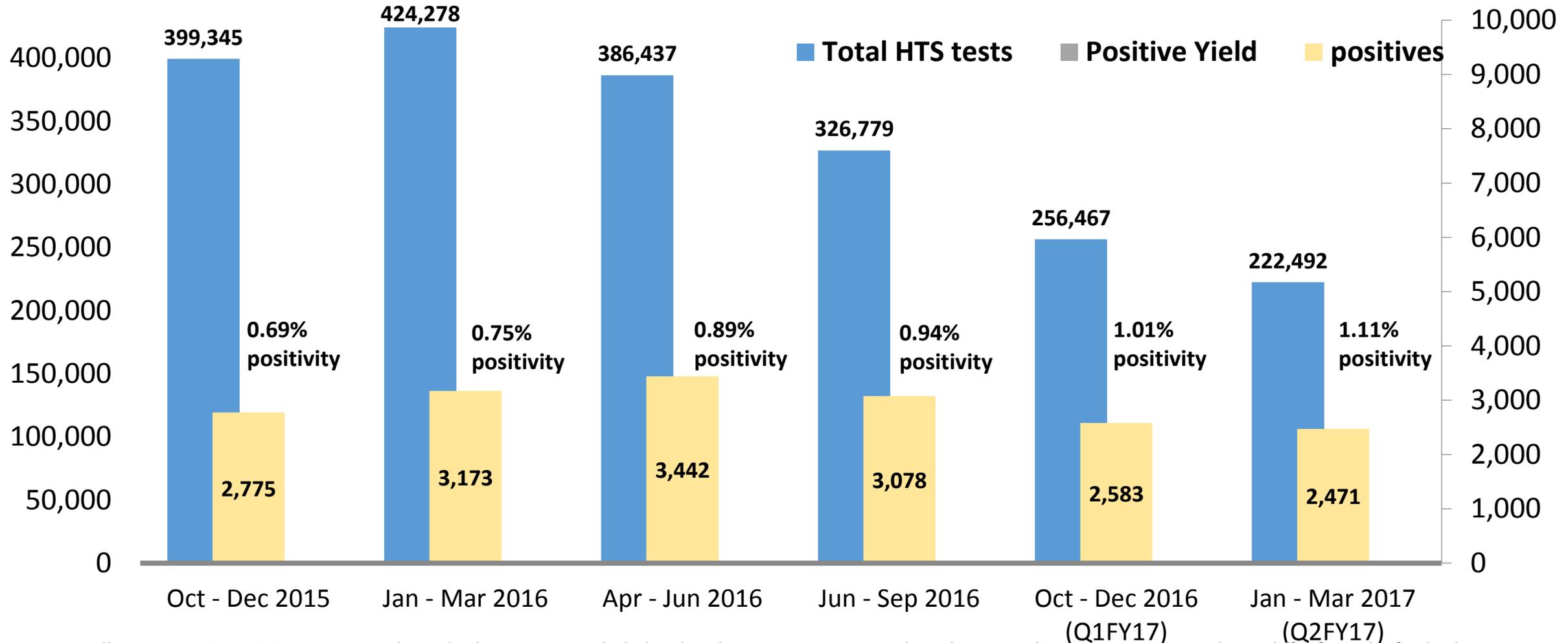
# First 90

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# Decreasing volume of tests at facility with preserved yield; FY16 – FY17 Q2



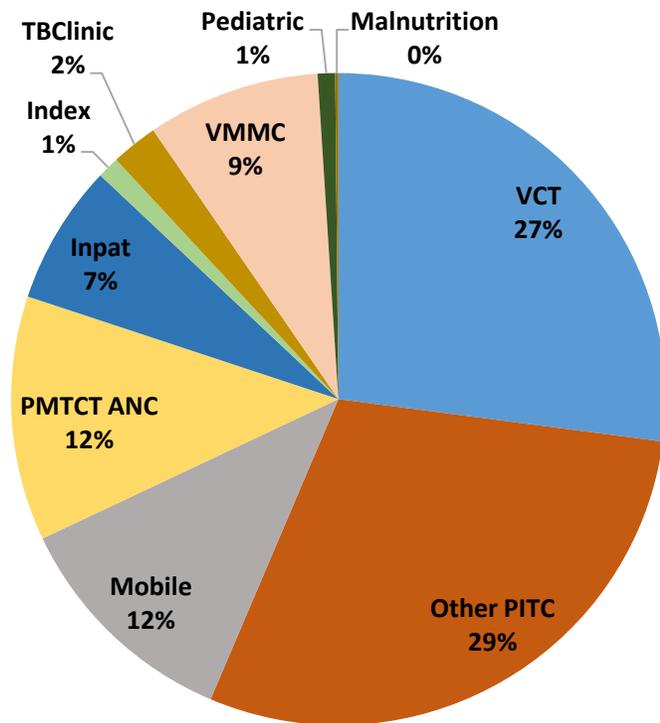
# Decreasing volume of total tests with preserved yield; FY16 – FY17 Q2



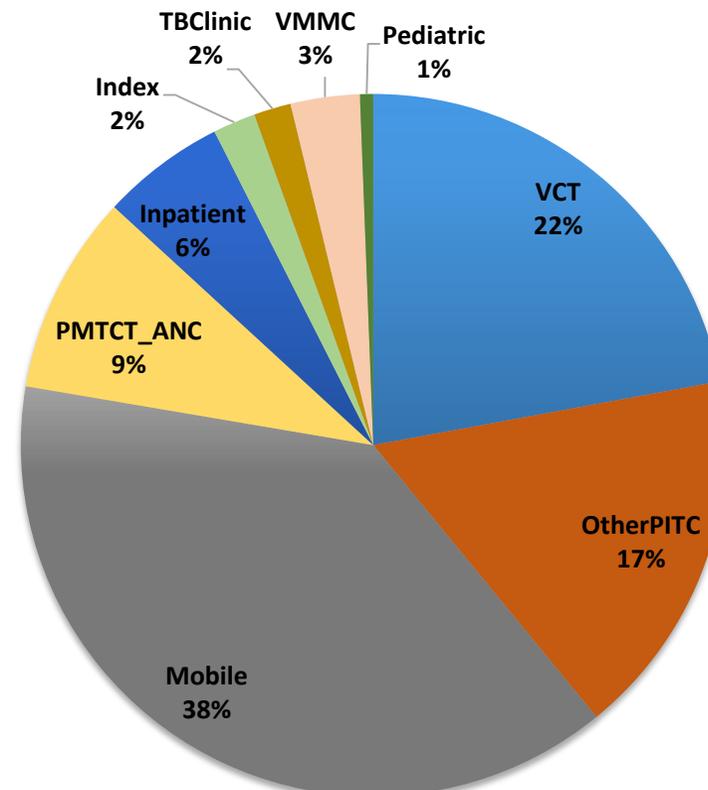
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# FY17 Q2: PEPFAR Increase in Mobile Testing; Index Case Testing Not Yet Implemented

FY17 Q2: HIV Tests by Modality



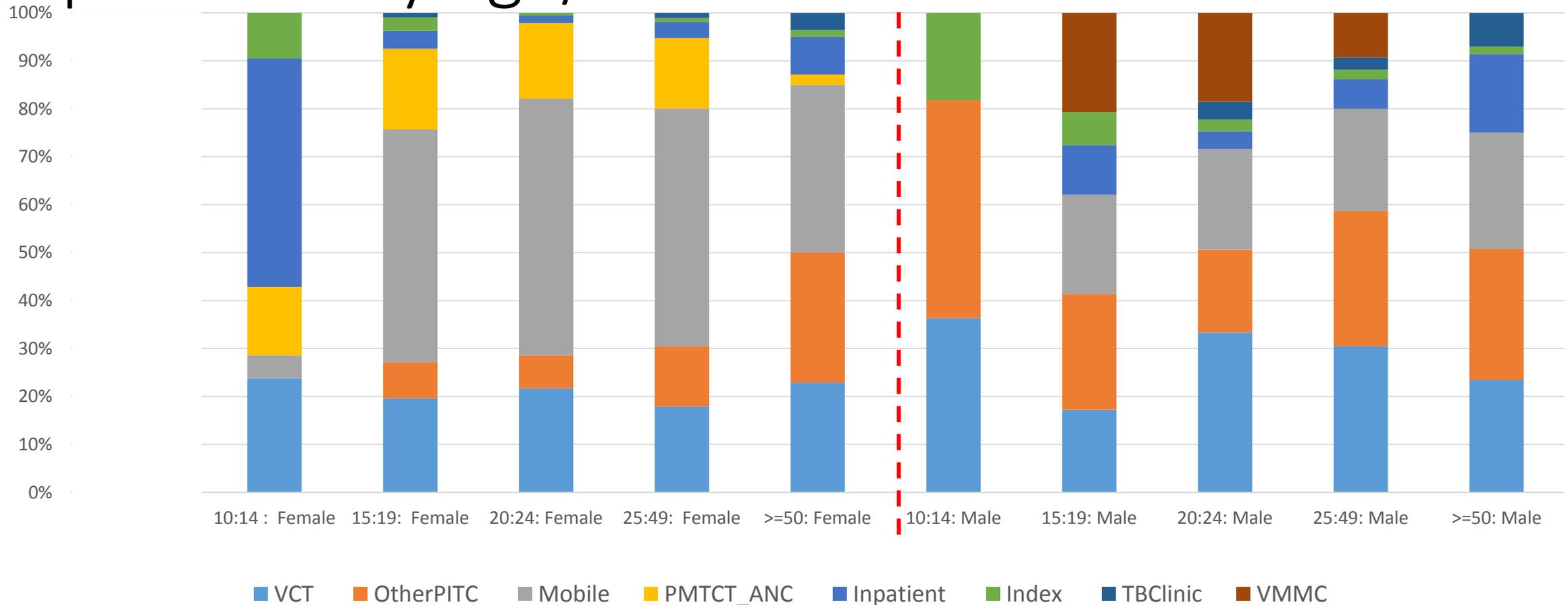
FY17 Q2: HIV Positives by Modality



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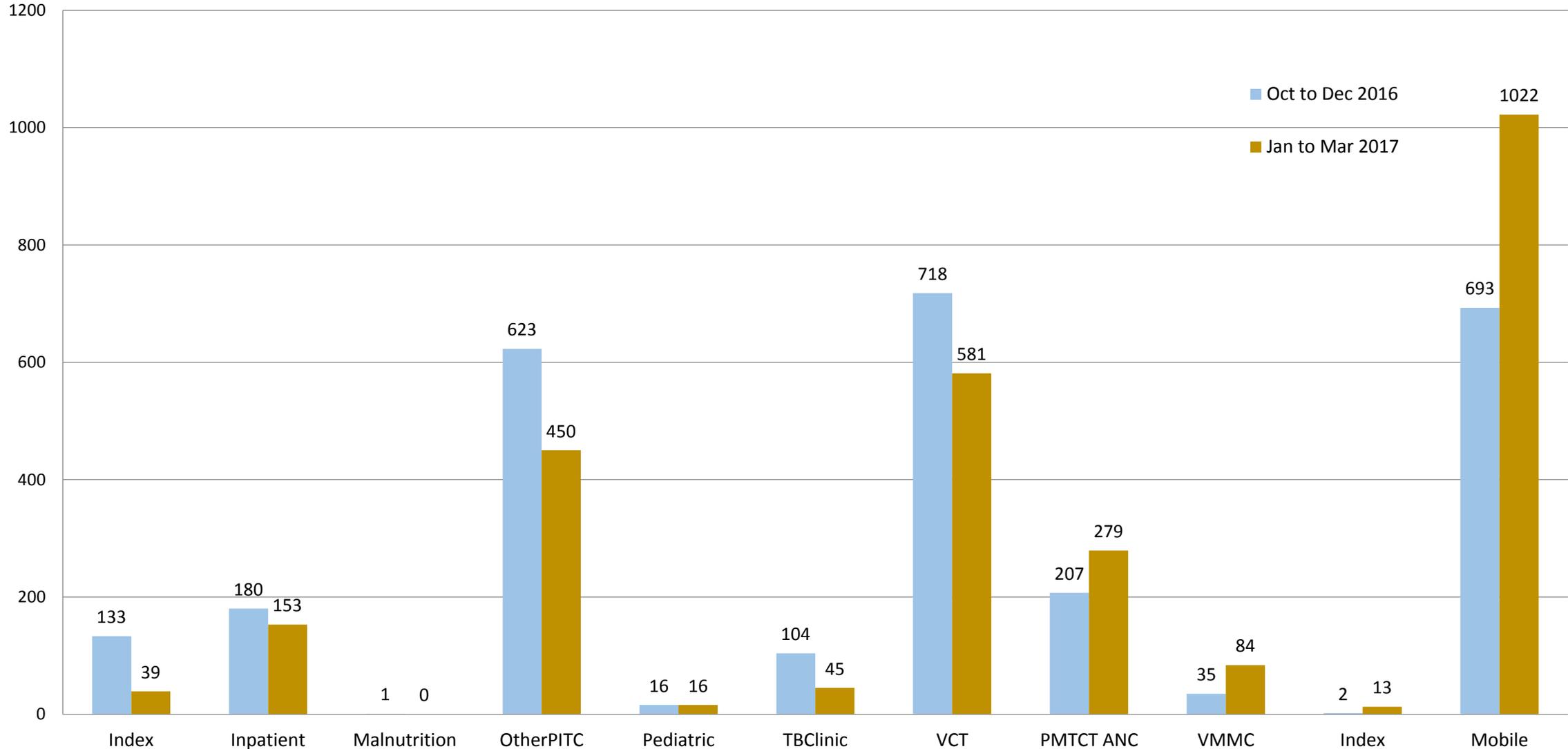
# FY17 Q2: Where are we identifying our positives by age/sex?



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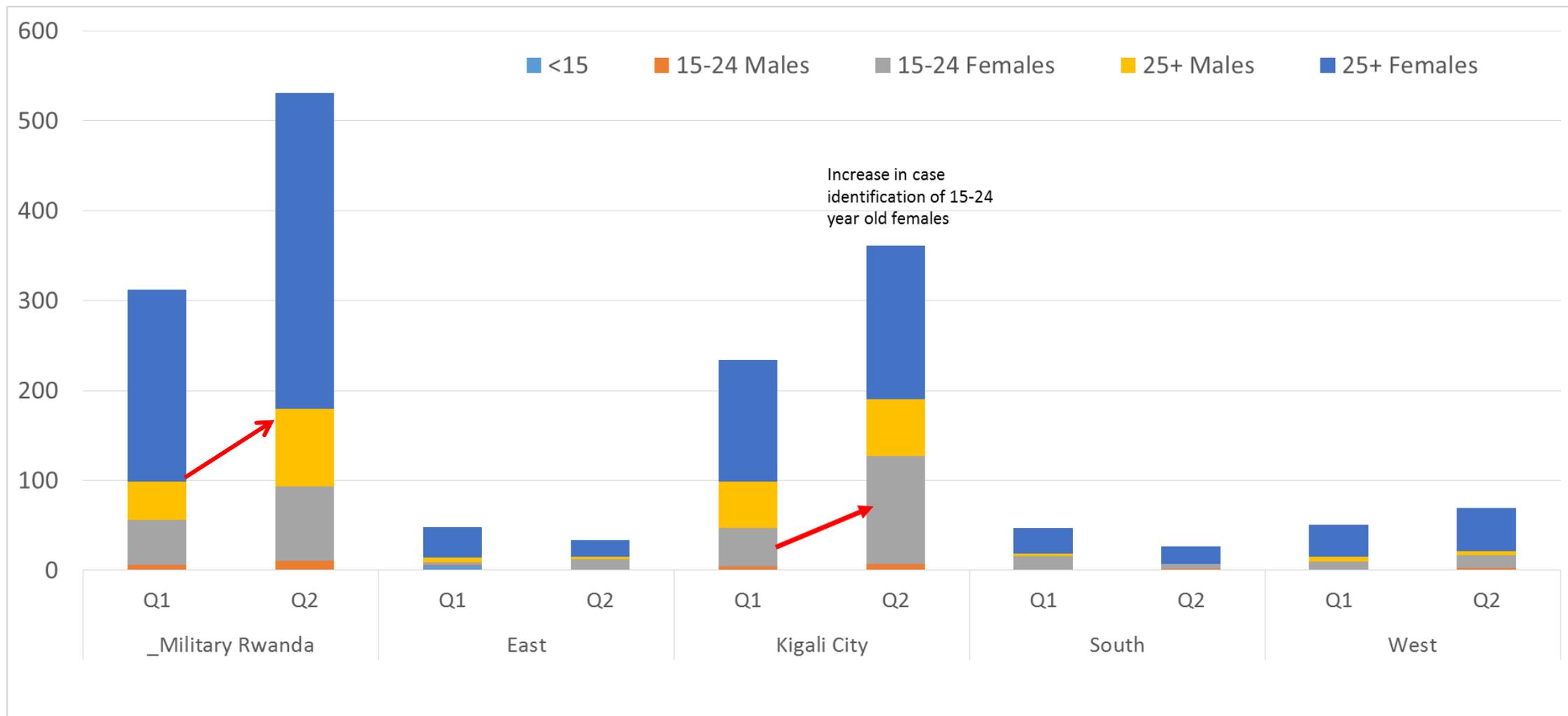
## FY17 Q1 and Q2 testing modality source of positives



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# FY17 Mobile HTC POS: Who are the positives?



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# SFH's "Moonlight Services" were scaled up after a steady increase in testing and positive results from FY16 Q4, to FY17 Q1-Q2

SFH began using and reporting on counter referral forms after signing MOUs with Health Facilities in FY17 Q1

## Society for Family Health (SFH) Quarterly HTS\_TST Achievement- USAID

	Total Tests	Testing Target	% Testing Achievement	Total Positive Results	Yield	FSWS: % of the Total Positive Results	MSM: % of the Total Positive Results	% completed counter referral
<b>FY17 Q1</b>	2,004	2,052	98%	135	7%	93%	1%	61%
<b>FY17 Q2</b>	3,558	2,736	130%	353	10%	90%	1%	Data collection ongoing

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SFH will increase testing through index and mobile testing in Q3-Q4 to reach identify new positives

### Society for Family Health (SFH) Quarterly HTS\_TST Achievement- DOD

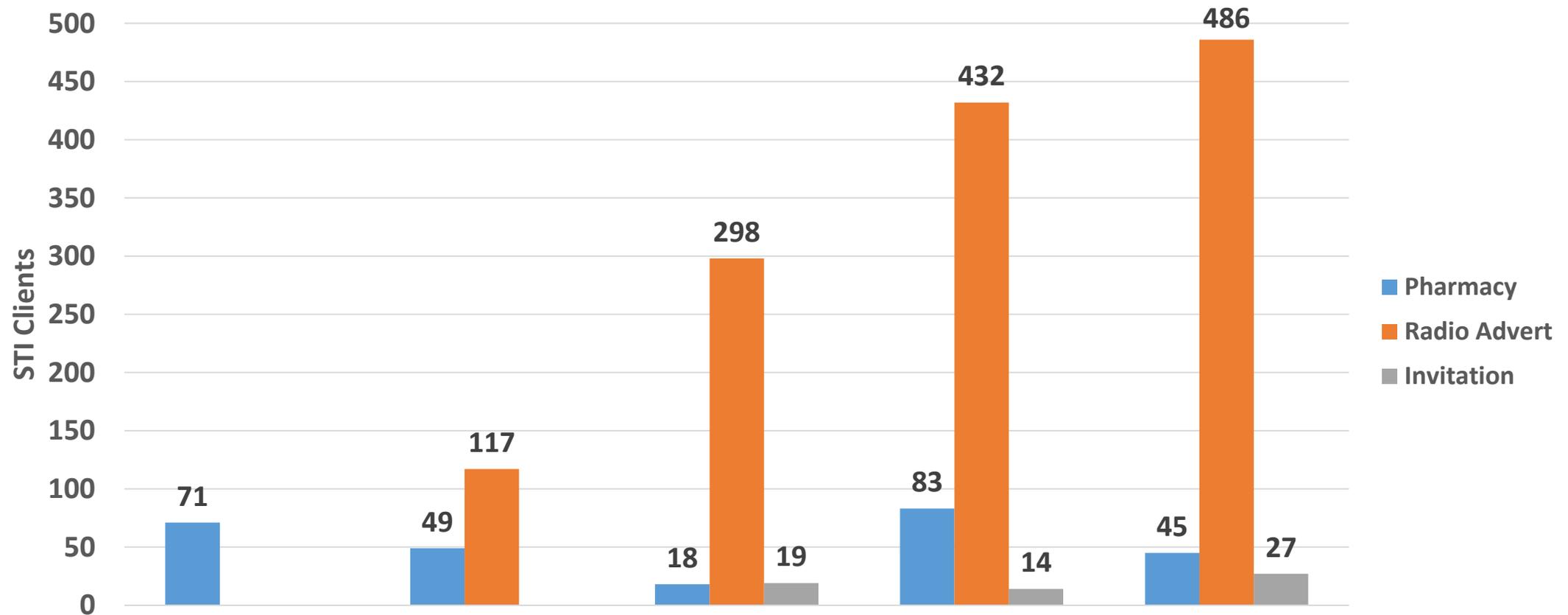
	Index Case Testing Yield			Mobile Testing			Total Positive Results	% completed counter referral
	Tests	Positive Results	Yield	Tests	Positive Results	Yield		
FY17 Q1	18	10	56%	7,292	313	4%	323	74.8%
FY17 Q2	29	13	45%	13,744	531	4%	531	92.8%

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# Recruitment for STI Clients through Radio vs Pharmacy

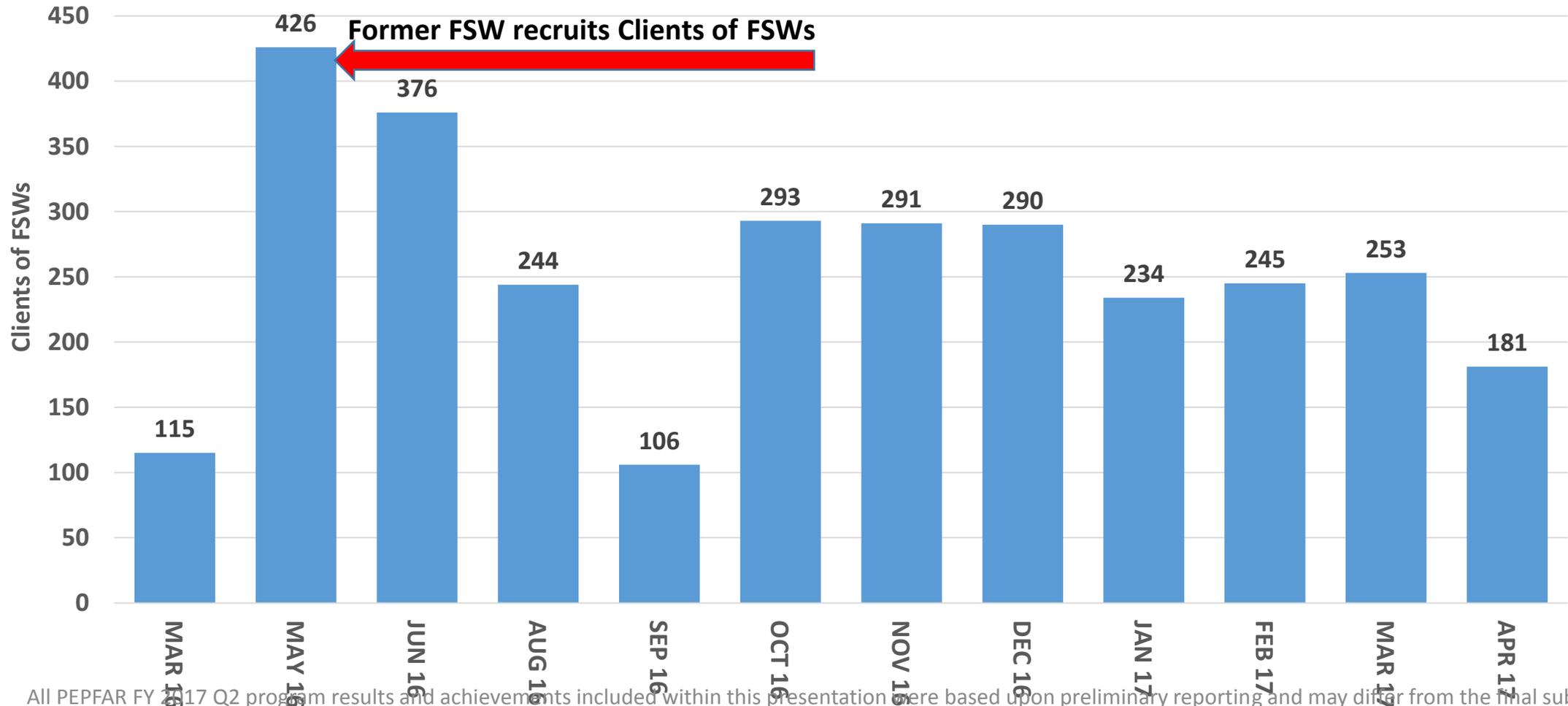
## PSF Data: FY 16 Q2 - Q4, FY 17 Q1,2



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# Recruitment of Clients of FSW by a Peer Educator (Emory: May 2016 – Apr 2017)

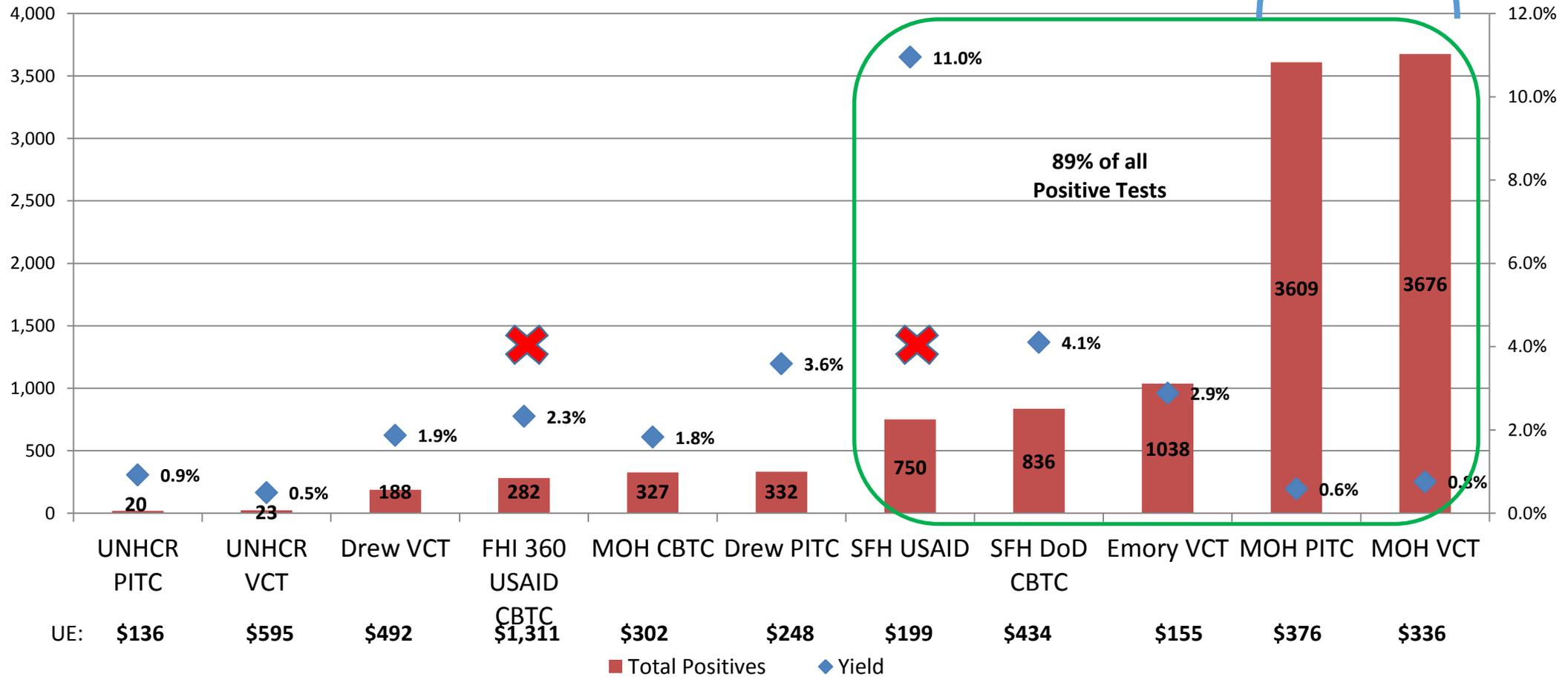


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# Managing Partner Performance: Testing Costs & Yield by IM

MOH FY18 PITC  
yield = 1.8%  
VCT = 1%



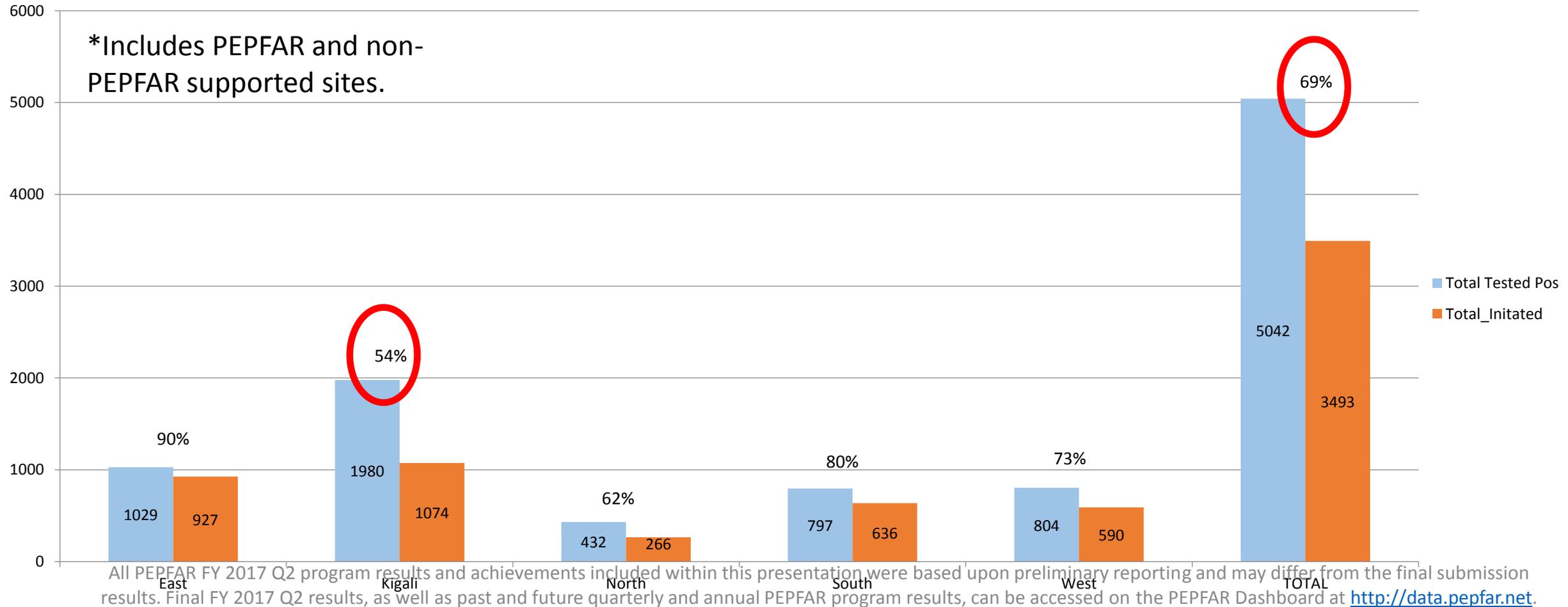
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# Second 90

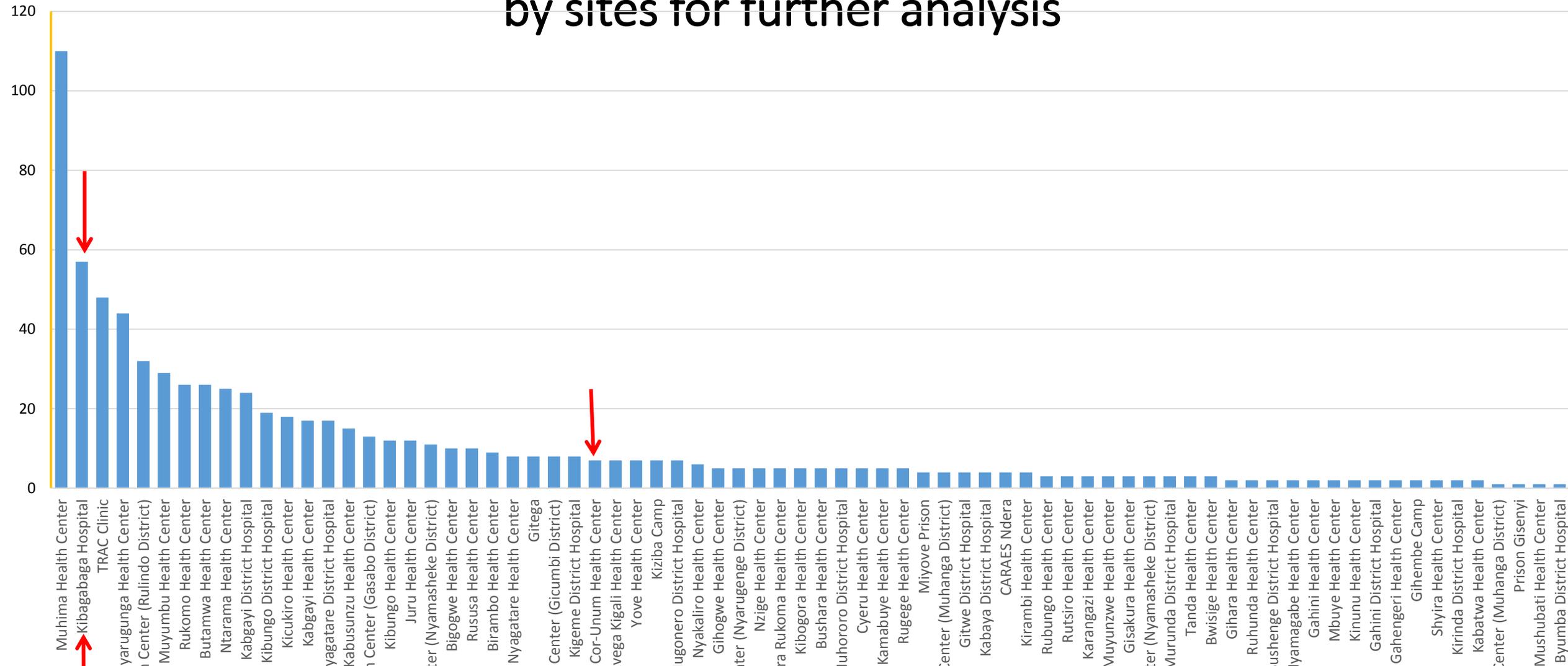
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# Poor national correlational between positives and enrolled on treatment



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# Difference between positive tests and newly enrolled on treatment by sites for further analysis



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# CorUnum HC: FY17,Q1-Q2 – Example of HTS Linkage to C&T in one Health Center with high ratio of TX\_NEW to HTS\_POS

ENTRY Point	Newly identified positive	Registered in HIV care system	$\frac{\text{On ART}}{\text{N}}$ (%)
VCT	42	42	40 (95%)
PITC	52	52	50 (96%)
Referral from Other sites	29	29	29 (100%)
<b>Total</b>	<b>123</b>	<b>123</b>	<b>119* (97%)</b>

\*NOTE: The remaining 4 New Positives were initiated on

ART already during April, so → 100% on ART

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# Kibagabaga Hospital: FY17,Q1-Q2 –HTS Linkage to C&T in one District Hosp. with Low Ratio of TX\_NEW to HTS\_POS

<b>ENTRY Point</b>	<b>Newly identified positive</b>	<b>Registered in HIV care system</b>	<b><u>On ART</u> N (%)</b>
PITC	89	35	34 (39%)
Referral to Other Sites	No retrievable documentation about where referred or whether linked		
Referral from Other sites	1	1	1 (100%)
<b>Total</b>	90	36	<b>35 (39%)</b>

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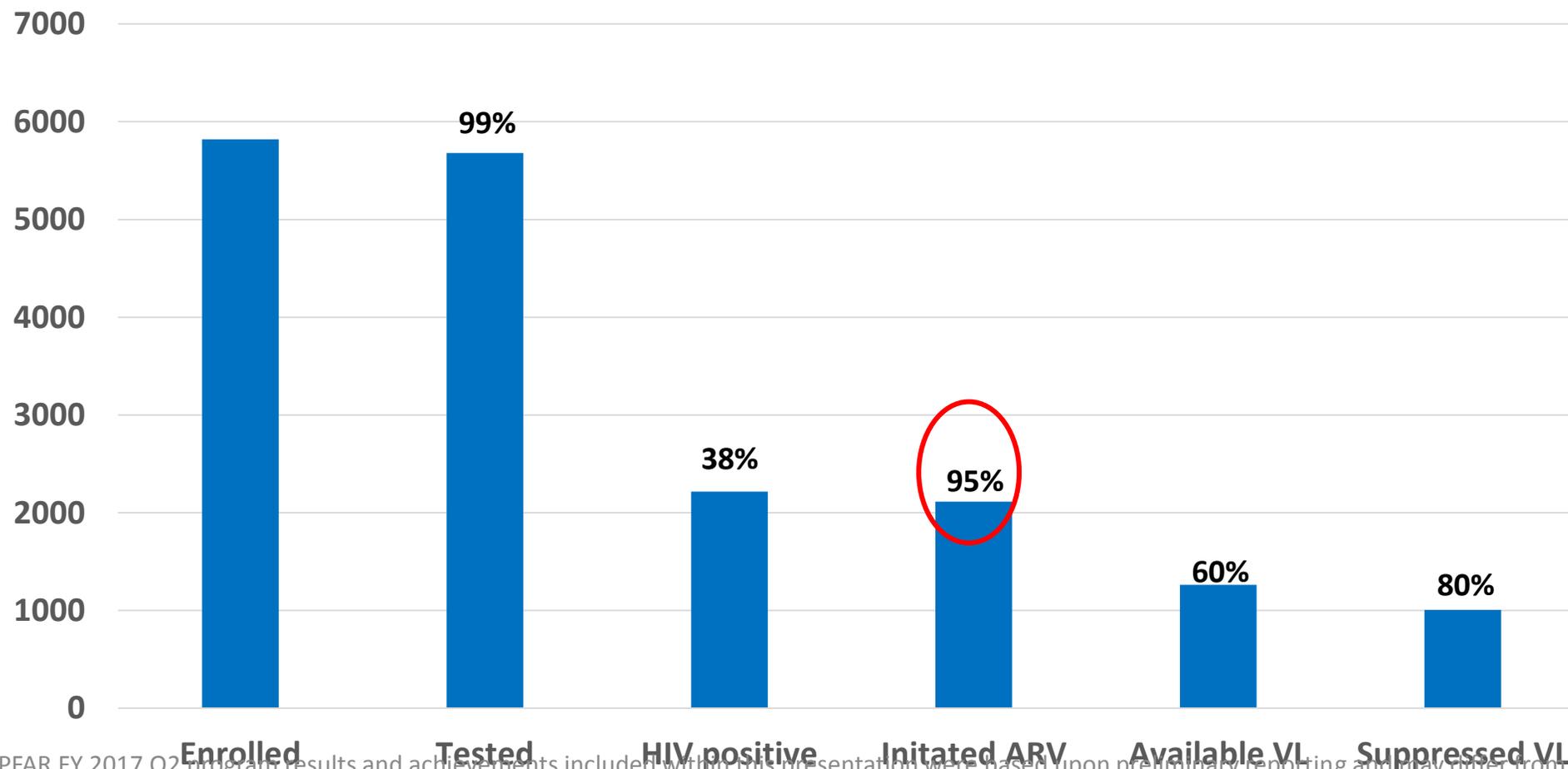
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# Emory/PSF: Key and priority population high linkage data

Date Initiated	Group	# Recruited	% Prior Tested	% Known HIV+	% Already On ART	% New HIV+	% ART Linkage
11/2015	MSM	1,063	78%	2.6%	86%	3.1%	79%
11/2015	FSW	5,770	98%	33%	96%	8.0 %	93%
01/2016	STI Clients	1,945	94%	6.1%	90%	5.0%	84%
03/2016	Clients of FSW	3,059	90%	5.8%	91%	3.0%	98%
03/2017	Partners of STI Clients	69	97%	3%	50%	3%	75%
03/2017	Partners of FSW Clients	Protocol					
03/2017	MSM CSW	Protocol					

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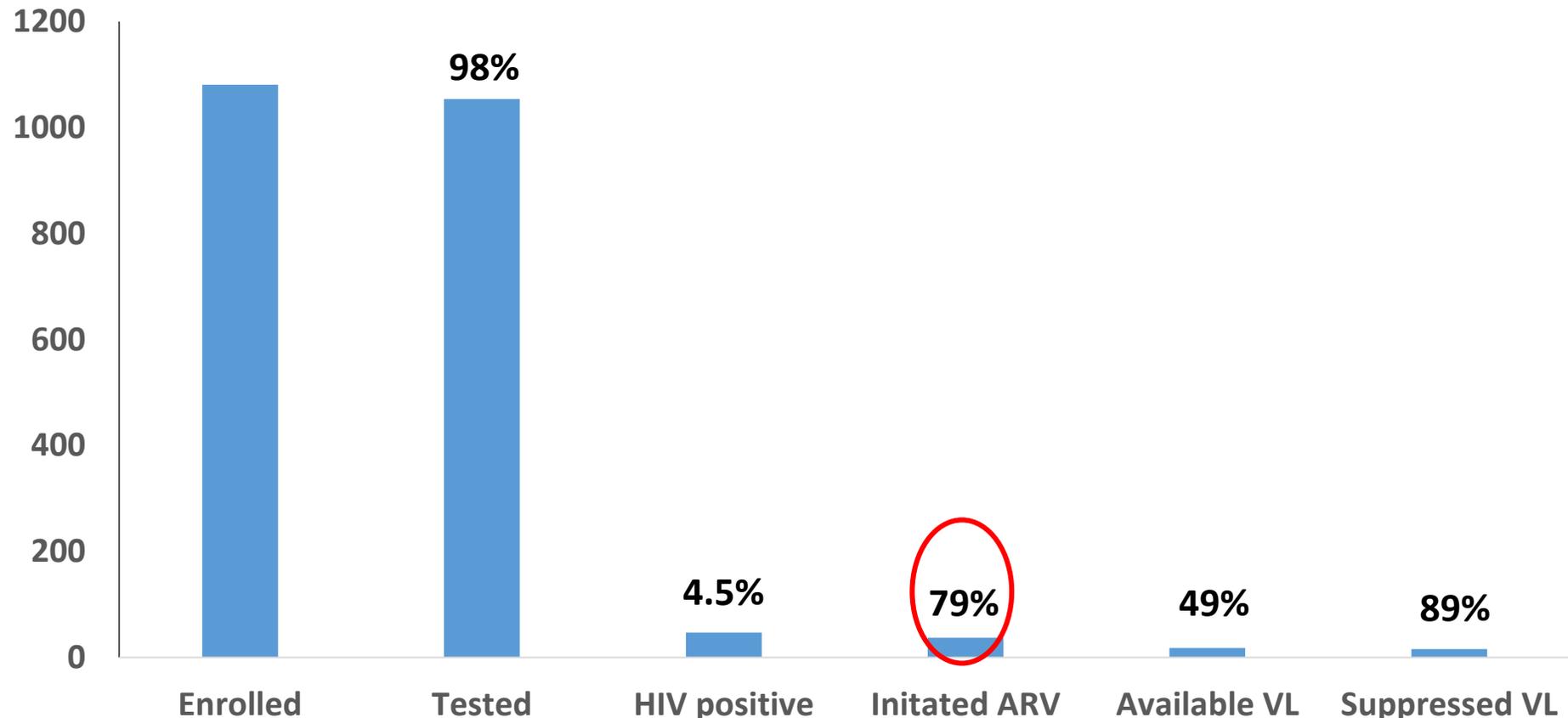
# PEPFAR Rwanda Emory FSW Cascade; 11/2015-04/2017



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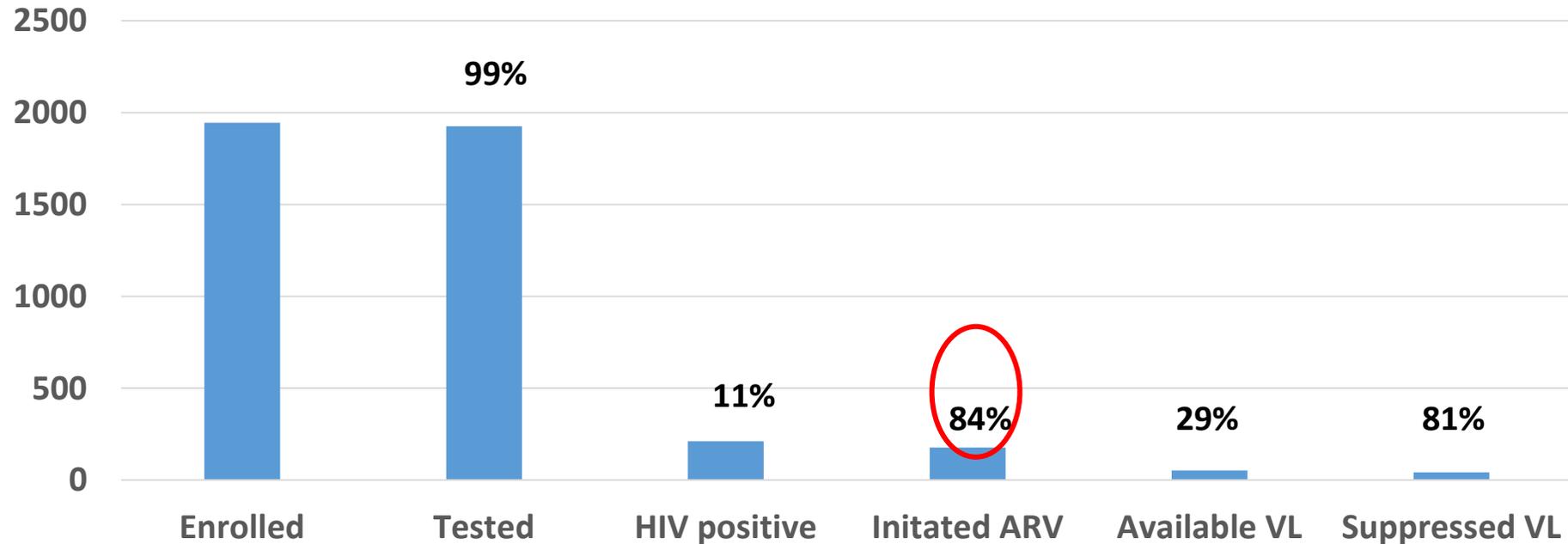
# PEPFAR Rwanda Emory Treatment Cascade for MSM, 03/2015-04/2017



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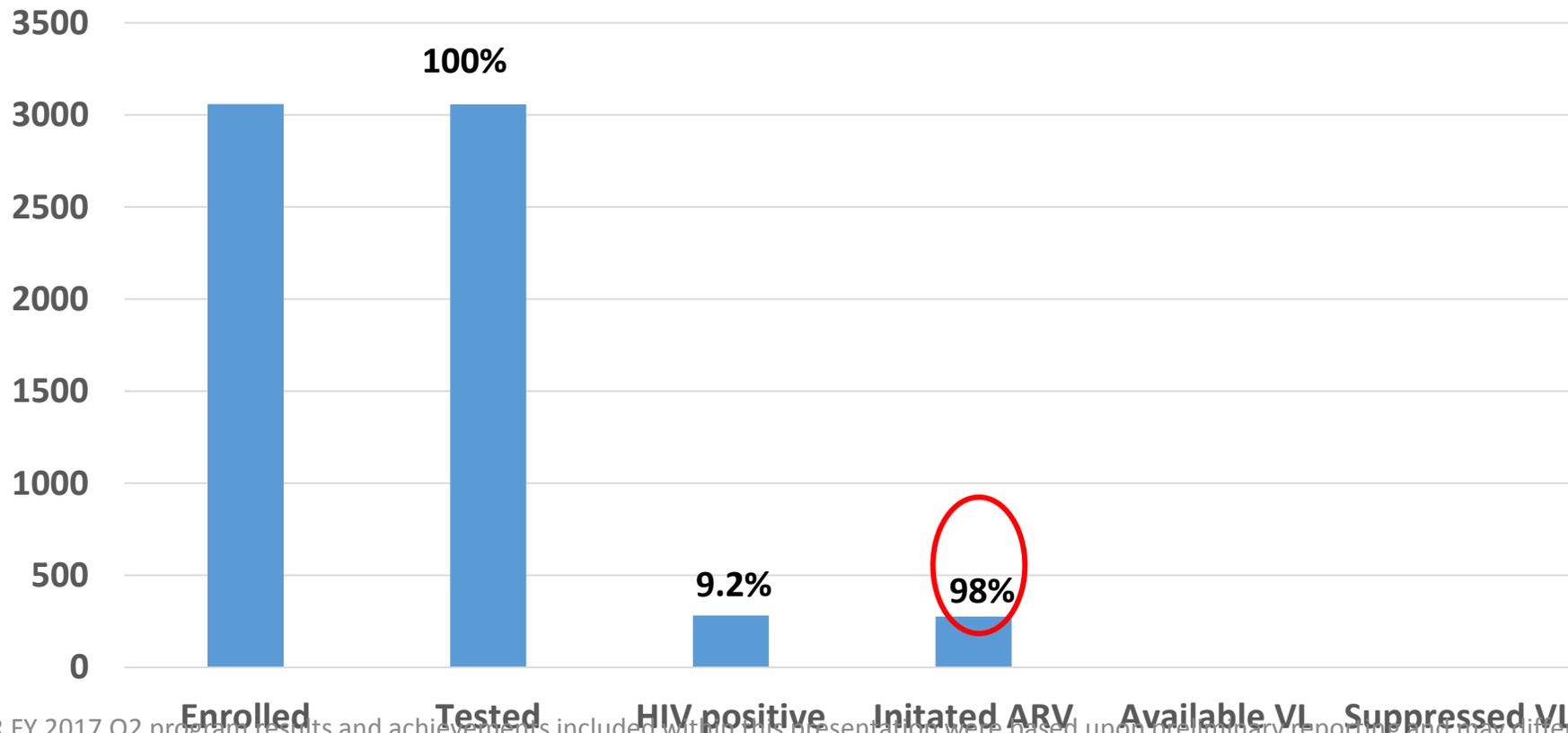
# PEPFAR Rwanda Emory Cascade for STI Symptomatic Clients, 01/2016-04/2017



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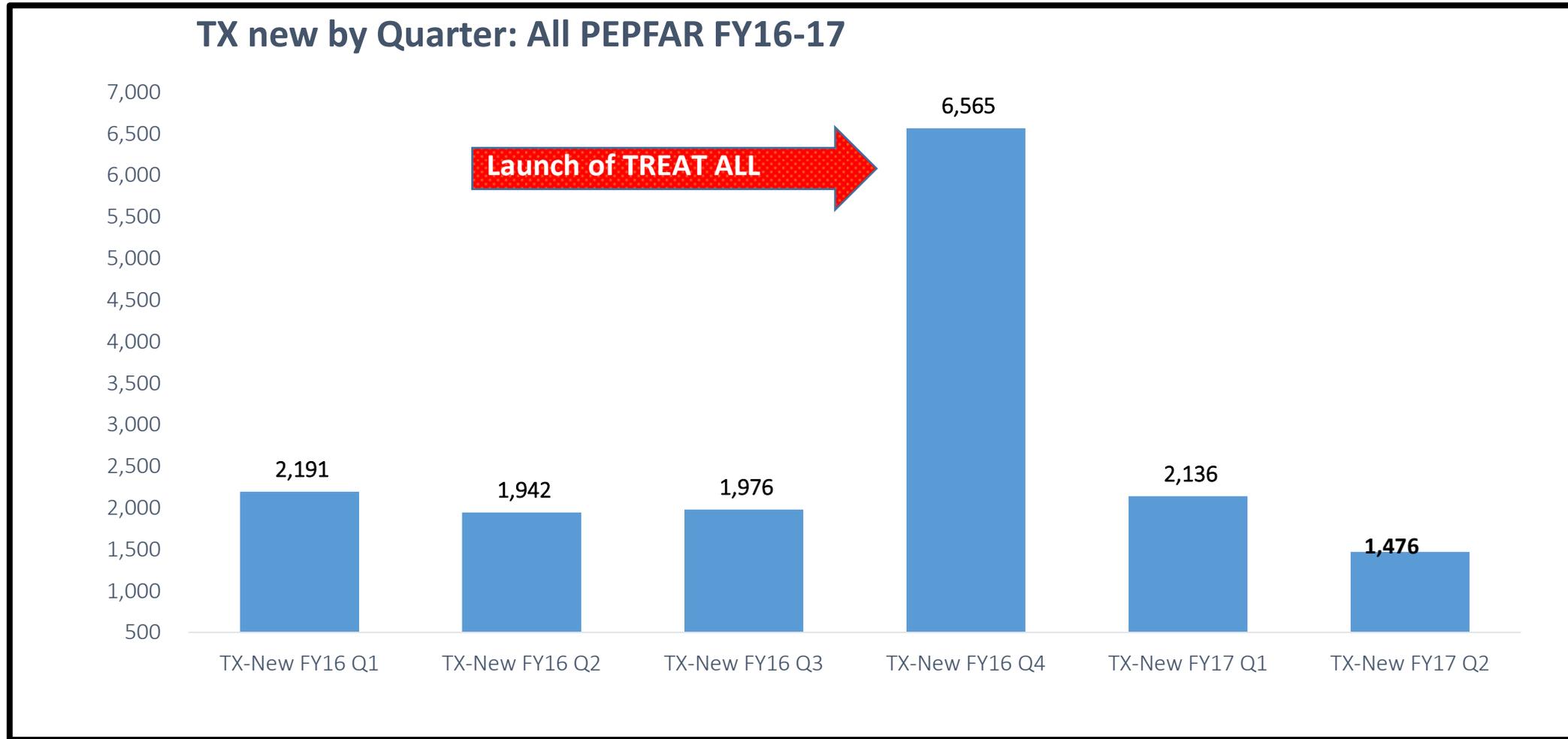
# PEPFAR Rwanda Emory Cascade for Clients of FSW, 03/2016-04/2017



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# TX\_NEW (FY16 – FY17 Q2)

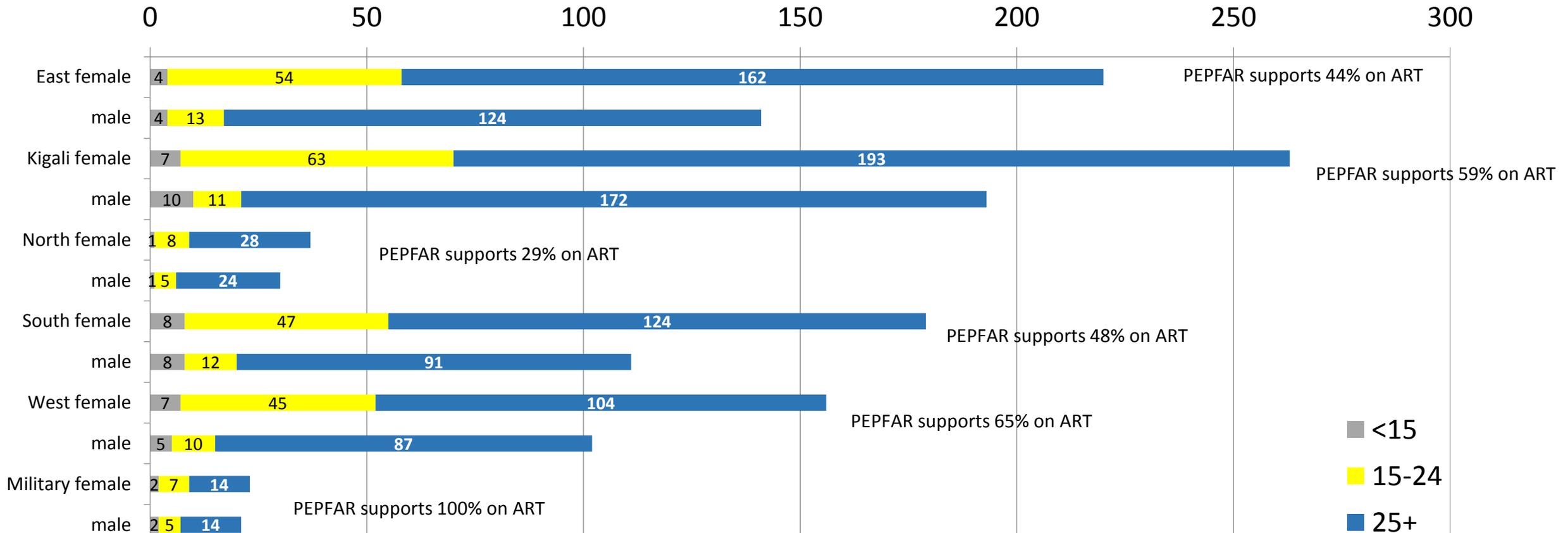


FY16 data includes the 54 transition sites, in Q4 these account for approximately 166 TX\_New and in Q3 these are 213. All PEPFAR FY 2017 Q1 program results and achievement included within this presentation were based on preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

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# PEPFAR Q2 TX\_New by age sex and province

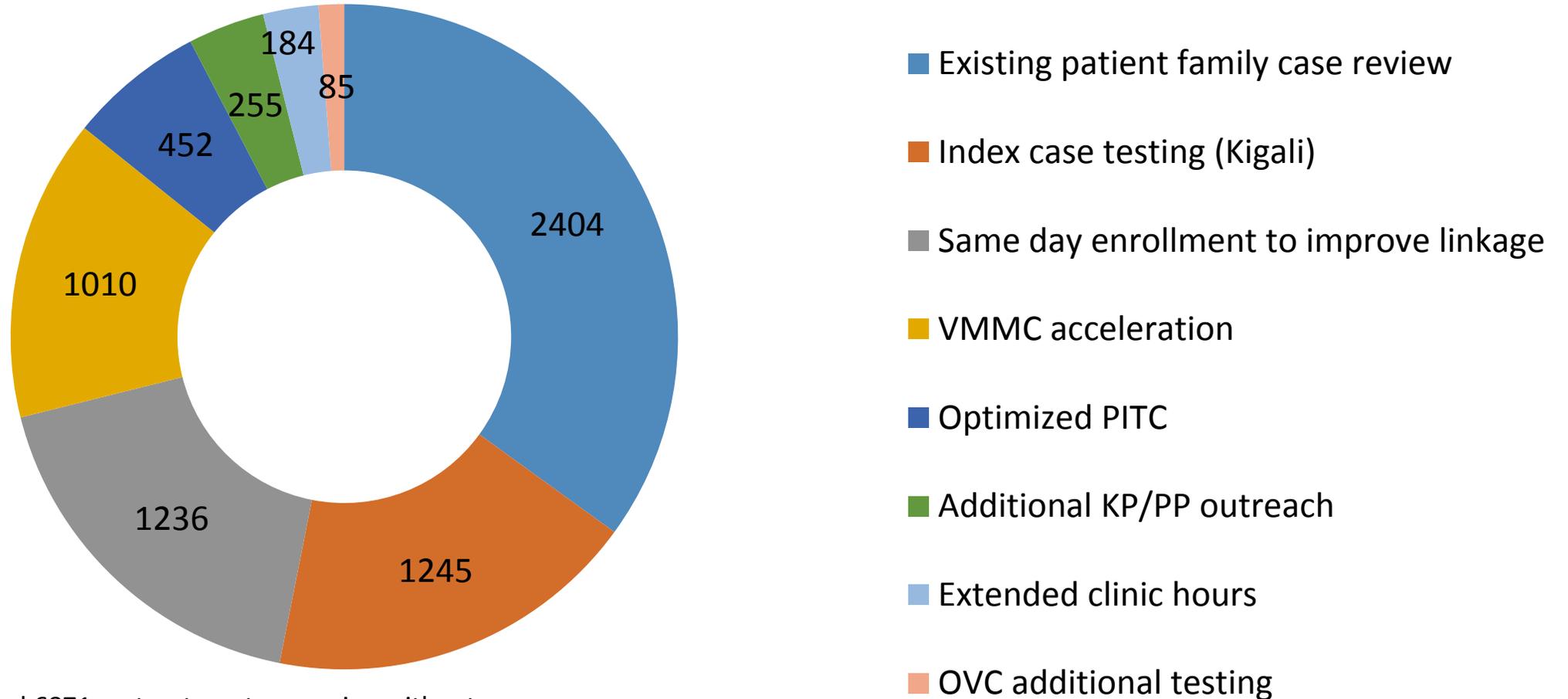
(non-PEPFAR supported TX\_New not shown)



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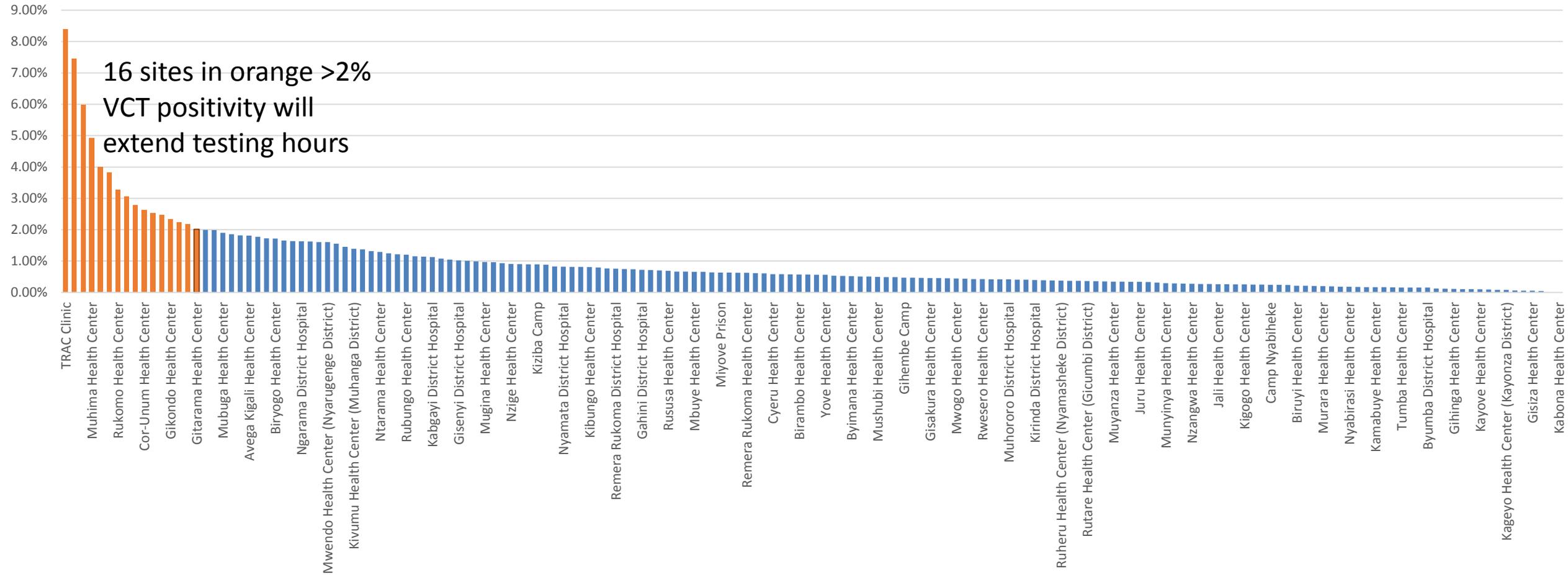
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# COP16 TX\_New and Linkage Strategy to reach COP16 targets



Strategy to put an additional 6871 on treatment, assuming without additional strategy Q3/Q4 (4,062) would be similar to Q1/Q2 (4,062)

# Plan to Extend Clinic Hours in Highest Yield VCT Sites, based on FY17 Q1/Q2

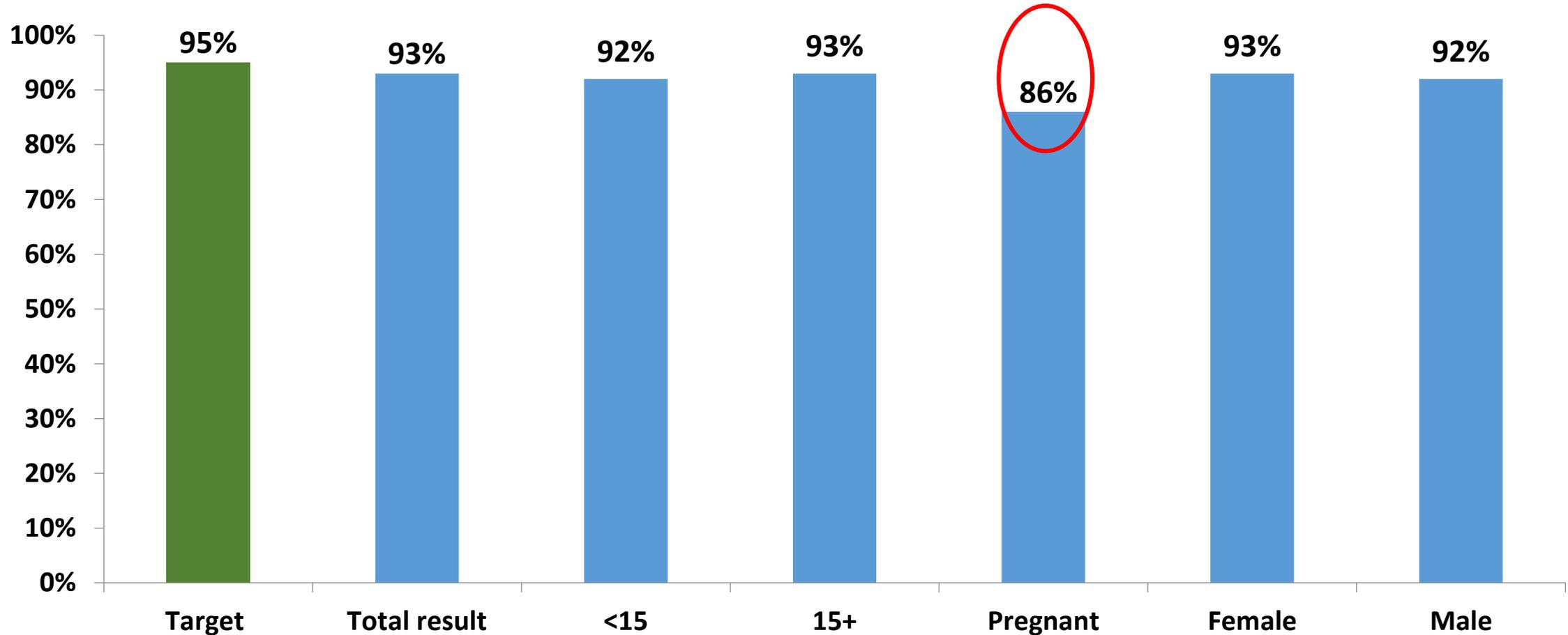




# Third 90

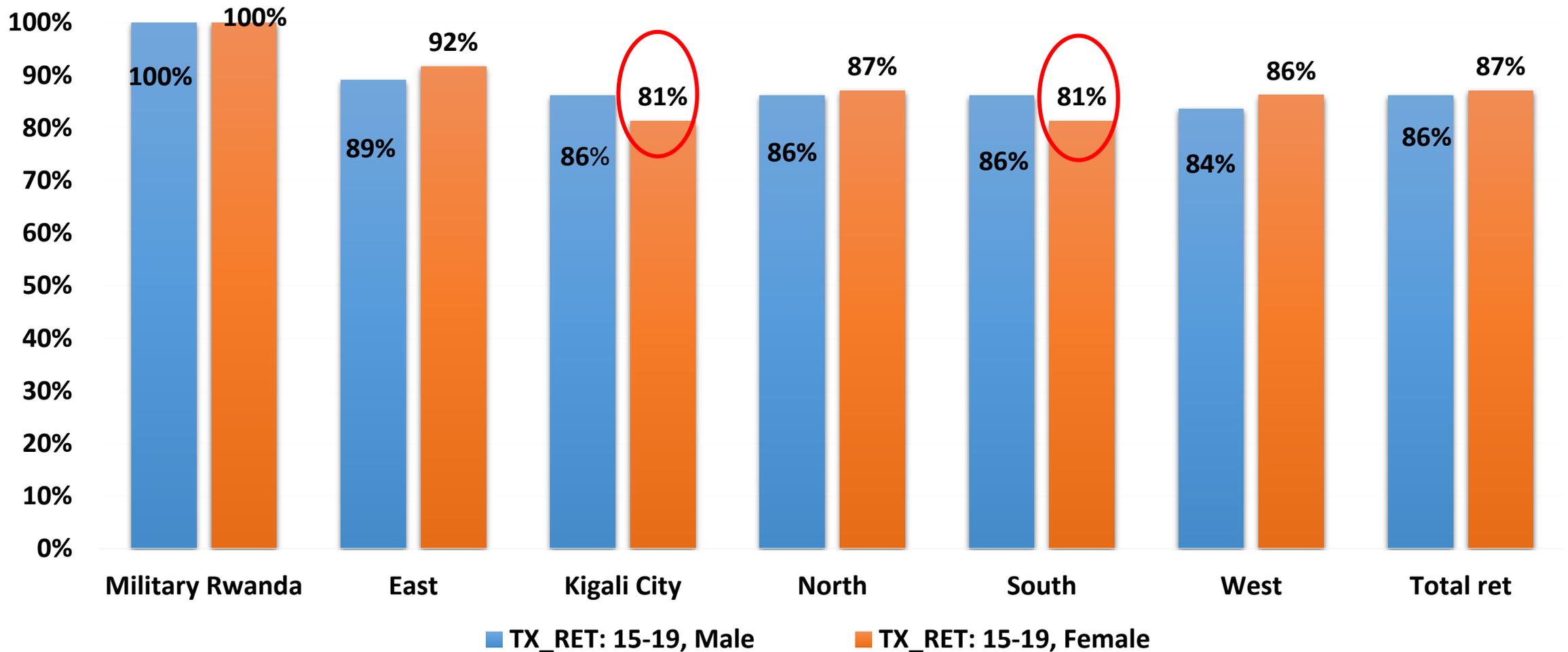
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# PEPFAR Rwanda on-ART Retention Rates 12 Mo. Post Initiation, APR 16

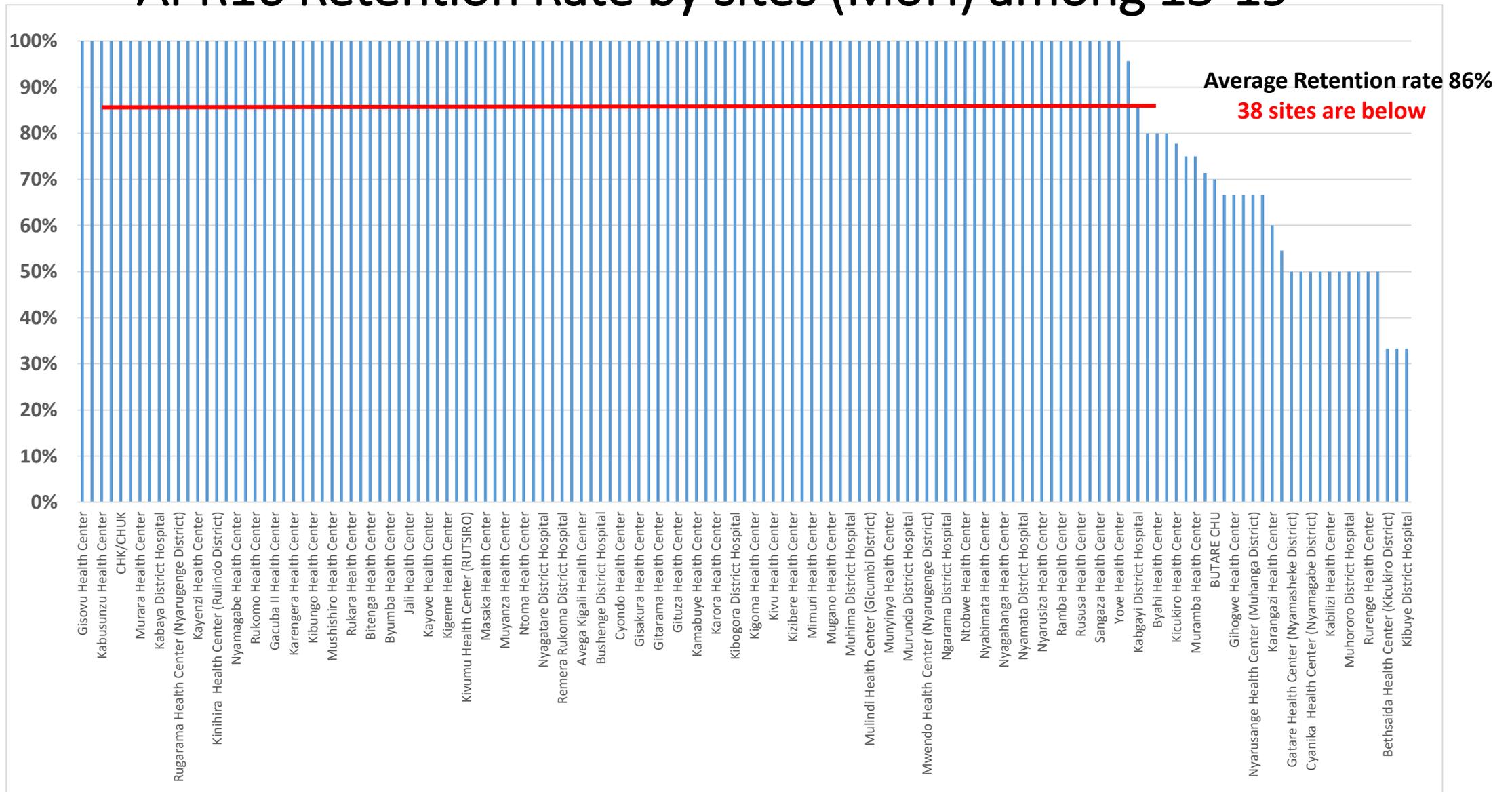


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# PEPFAR Rwanda FY16 Results: TX\_RET Adolescents by Province

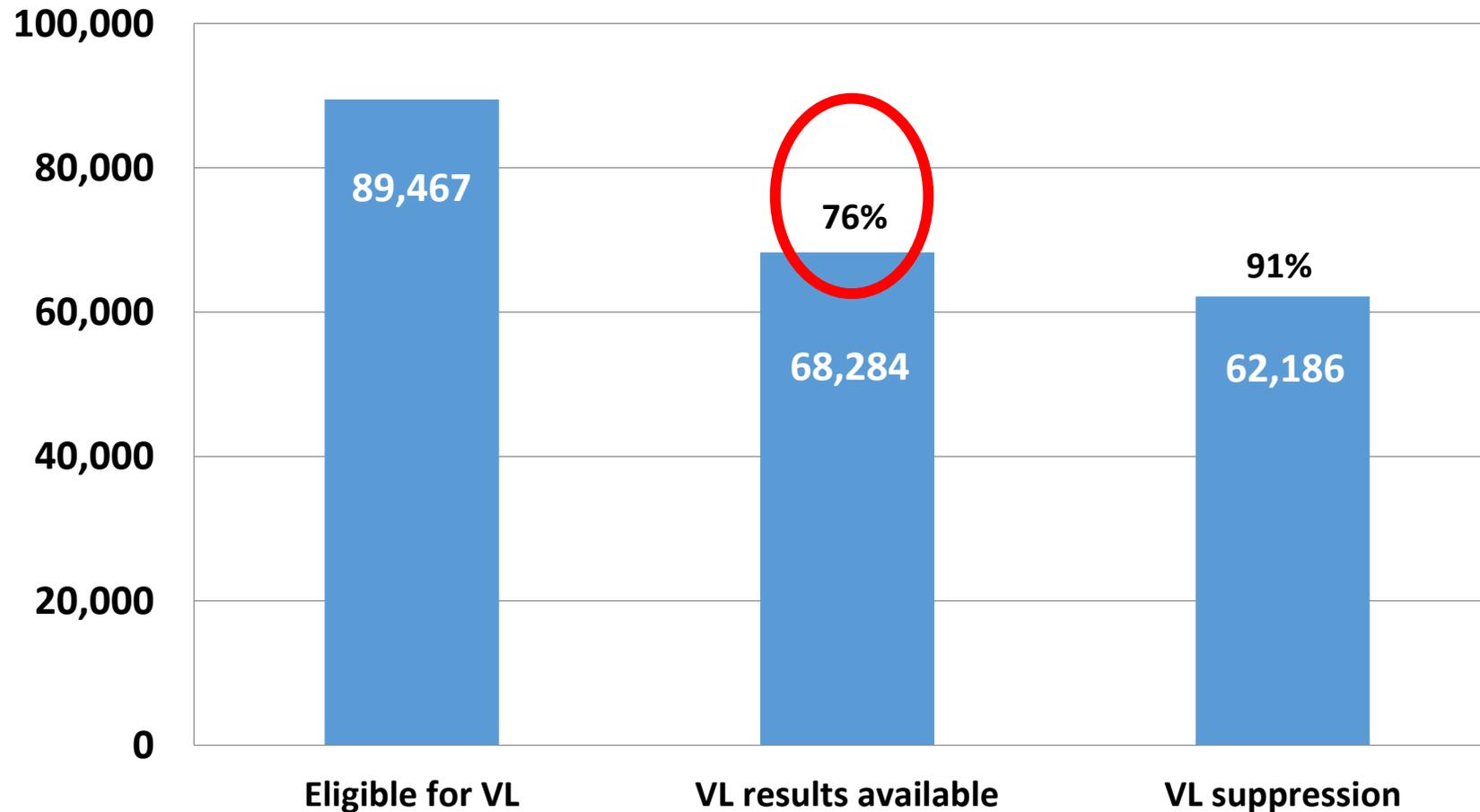


# APR16 Retention Rate by sites (MoH) among 15-19



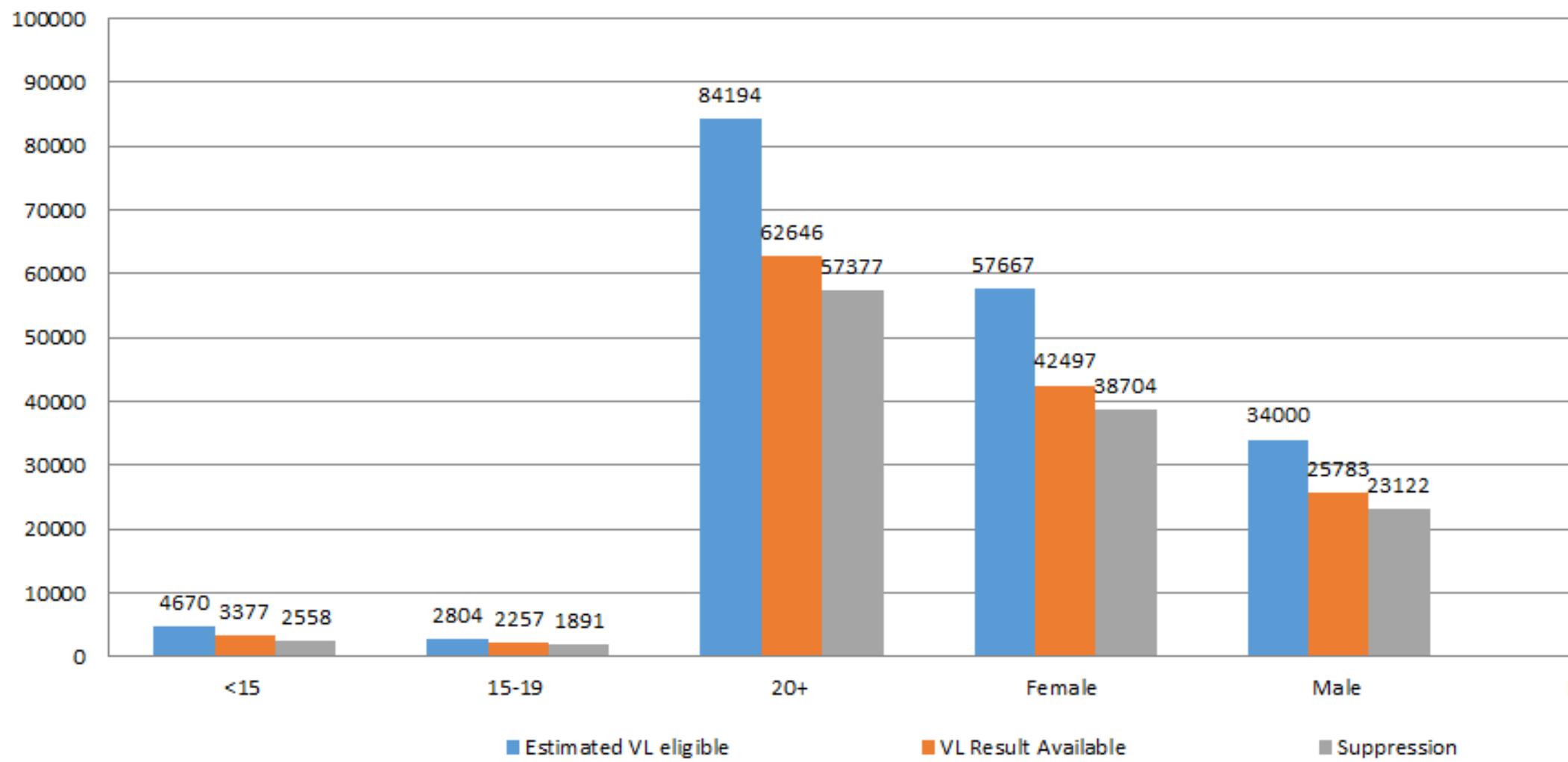
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# Poor availability of Viral Load Results (FY16)



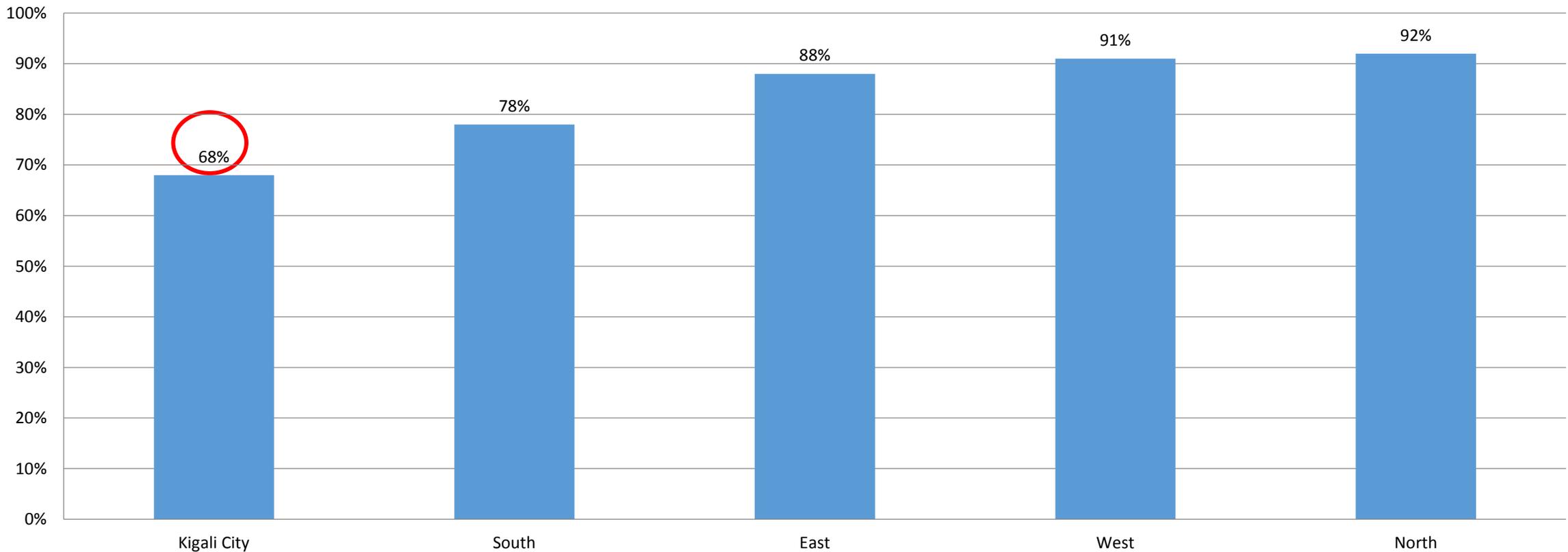
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# FY16 Total Viral Load Result Available and Suppression

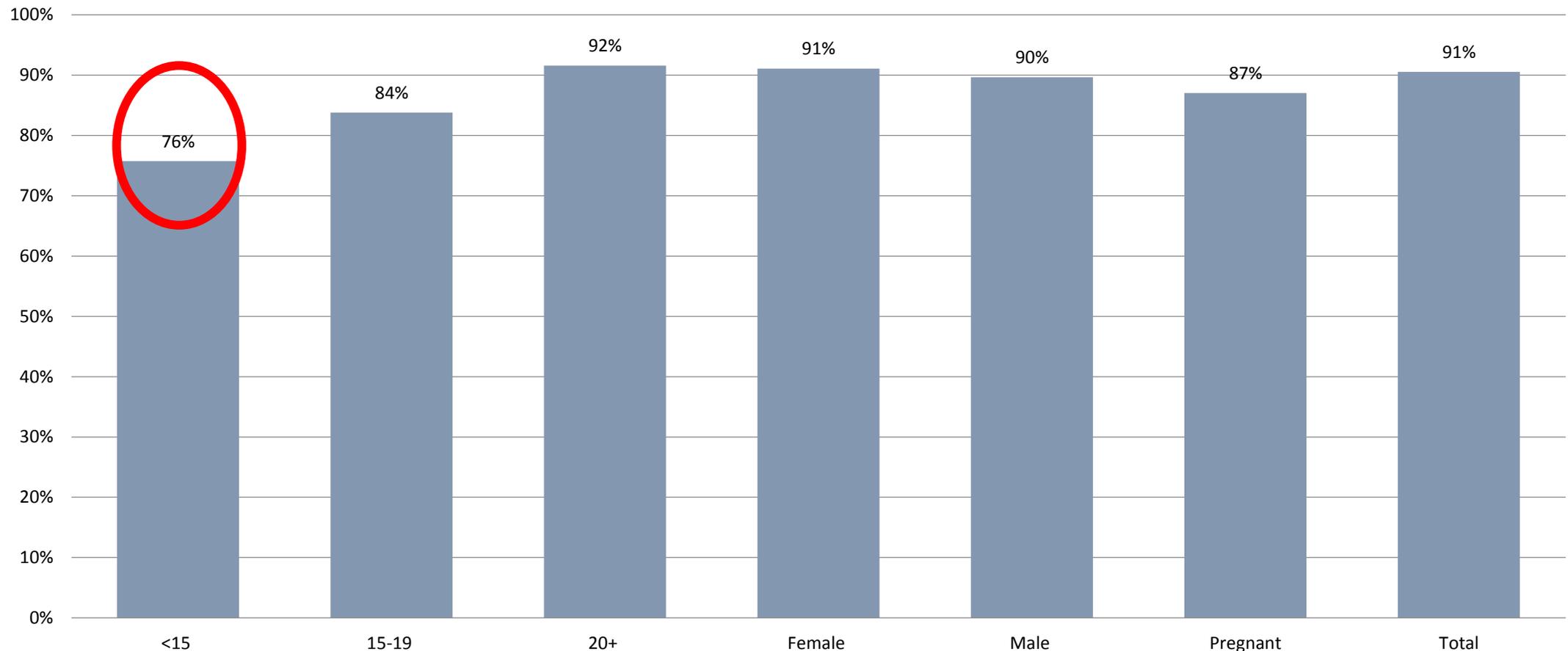


# Poor Viral Load Result Availability in Kigali City (FY16 PEPFAR data)

Proportion of eligible on treatment with a viral load result

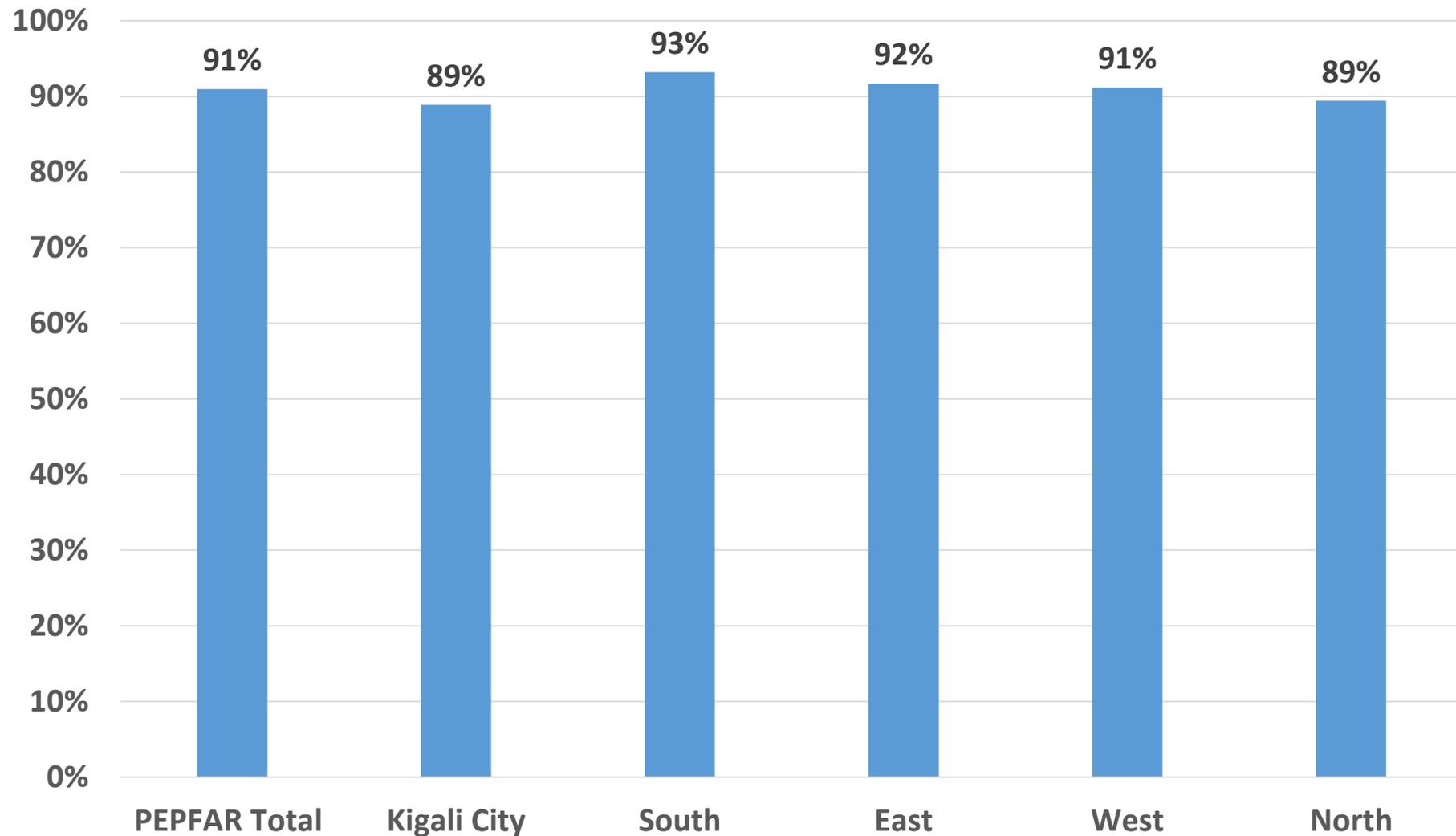


# Viral load suppression across age/sex categories (FY16 PEPFAR data)



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# High Viral Load Suppression Across Provinces (PEPFAR FY16)



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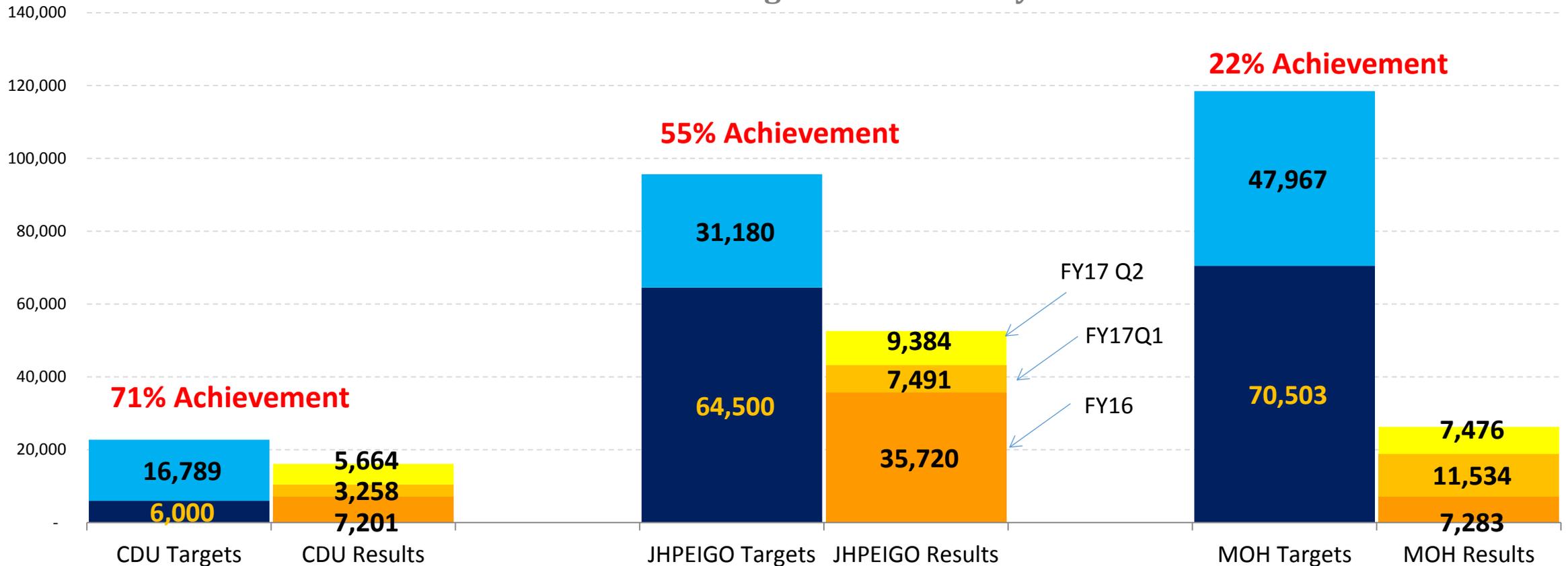


# VMMC

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# VMMC (FY16 – FY17 Q1+Q2)

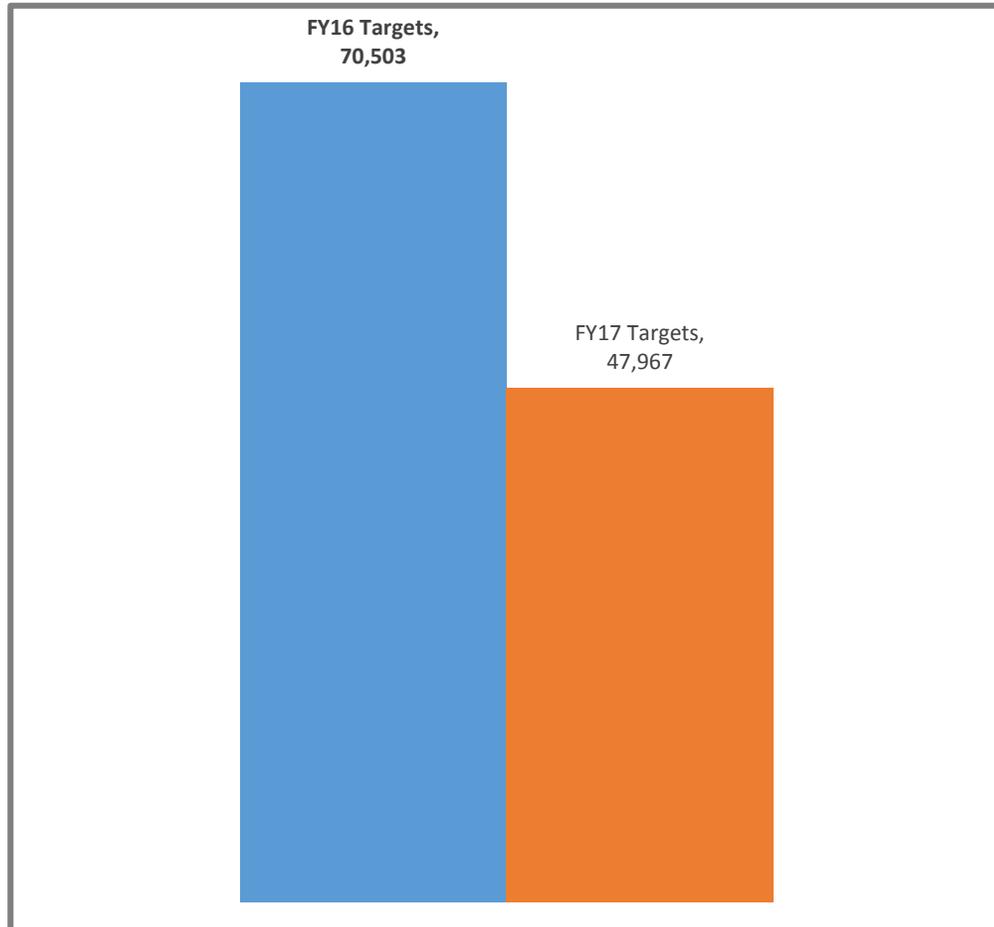
VMMC FY16 & FY17 Targets Vs. Results By Partner



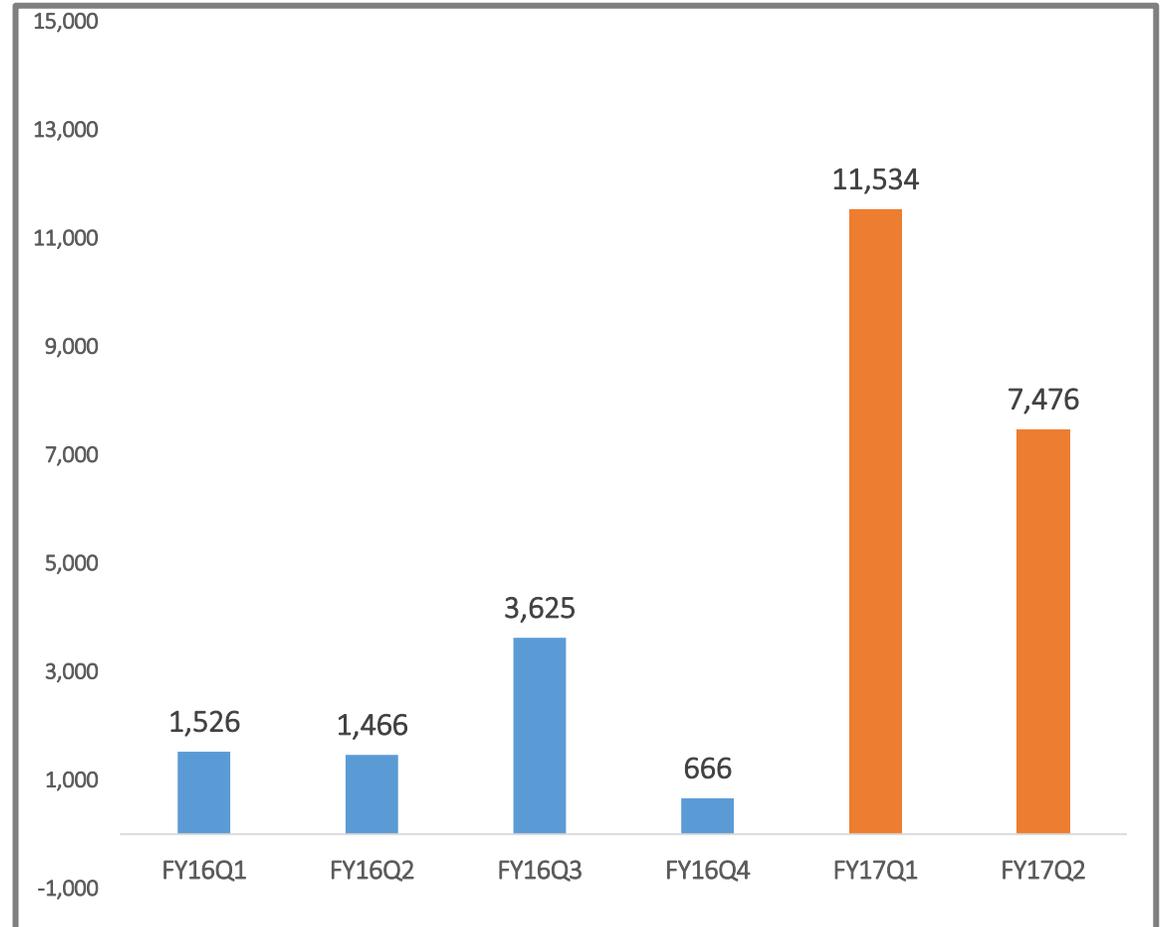
All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

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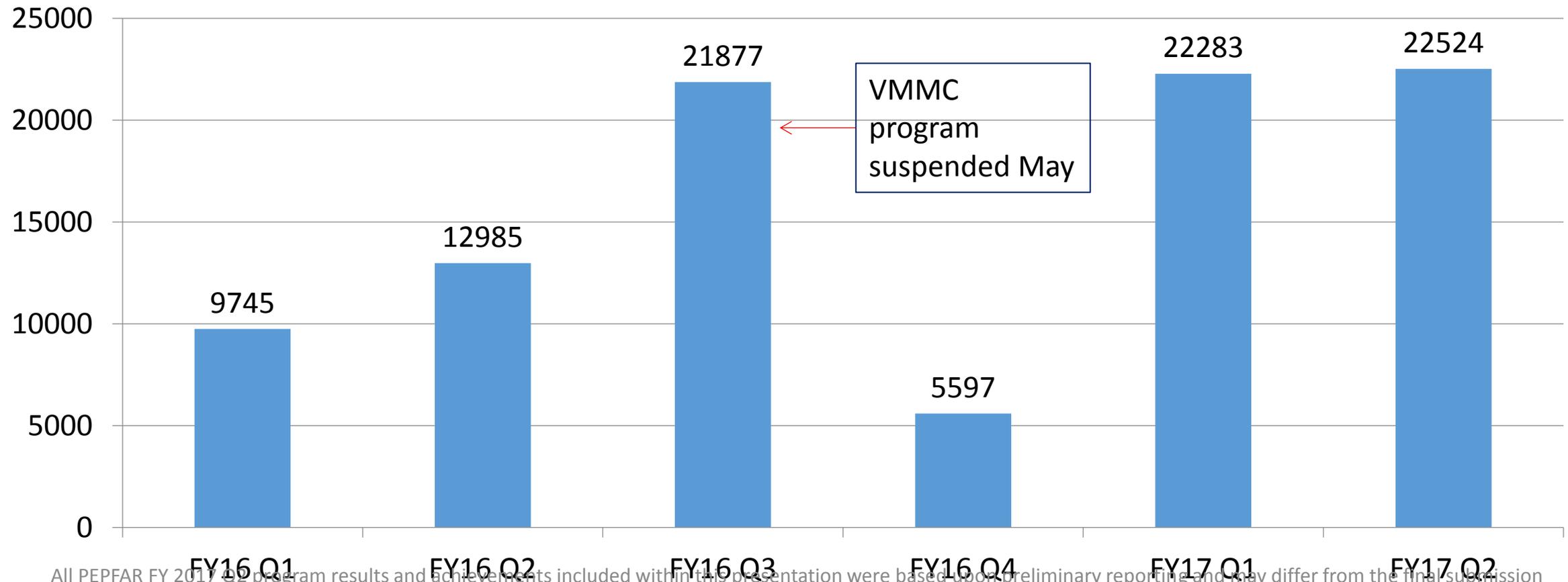
### MOH: VMMC\_CIRC Targets: COP15 & COP16



### MOH: VMMC\_CIRC Results: FY16 & FY17



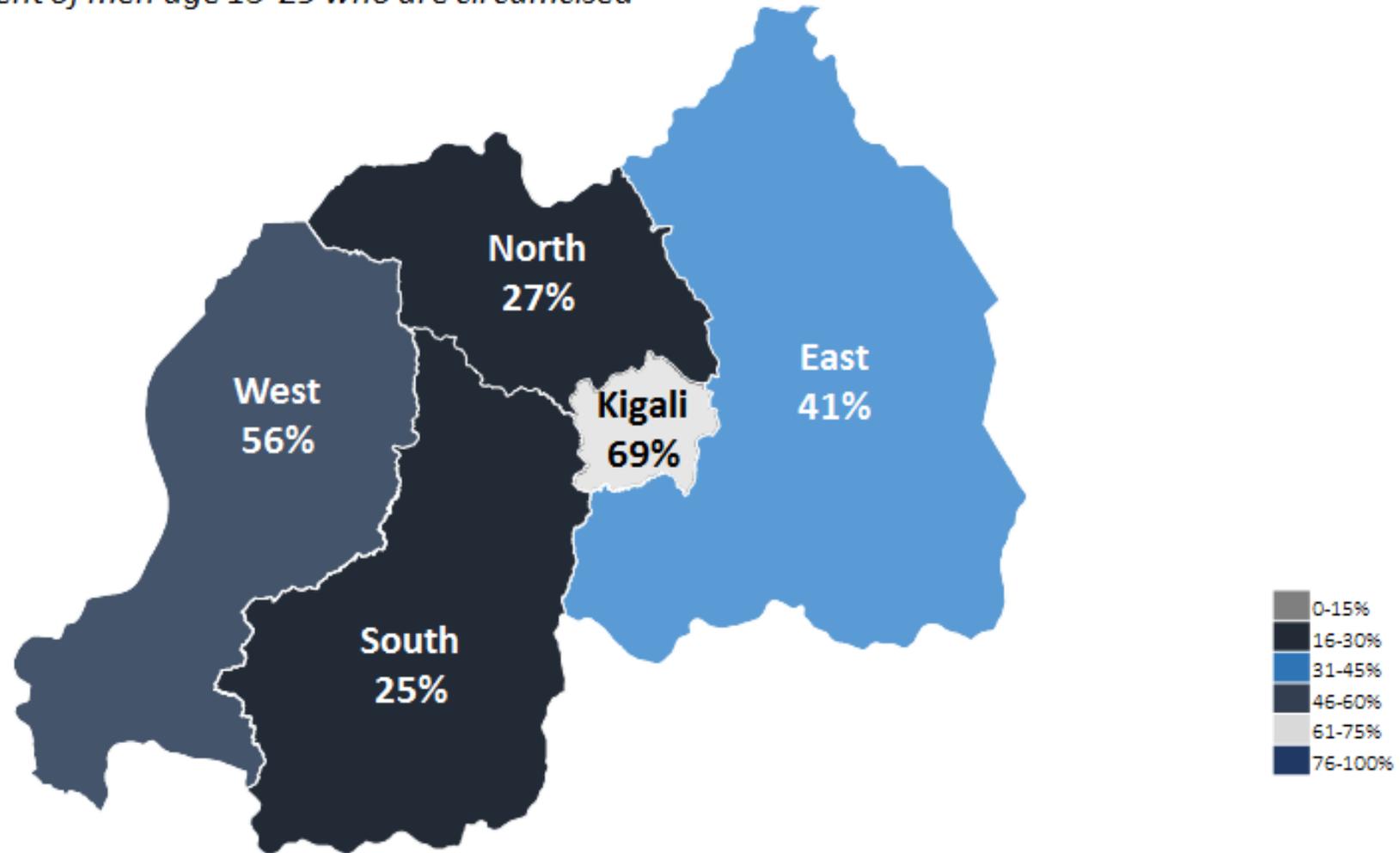
# VMMC Quarterly Results FY16 and FY17



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# Current National Circumcision Coverage by Province (APR16)

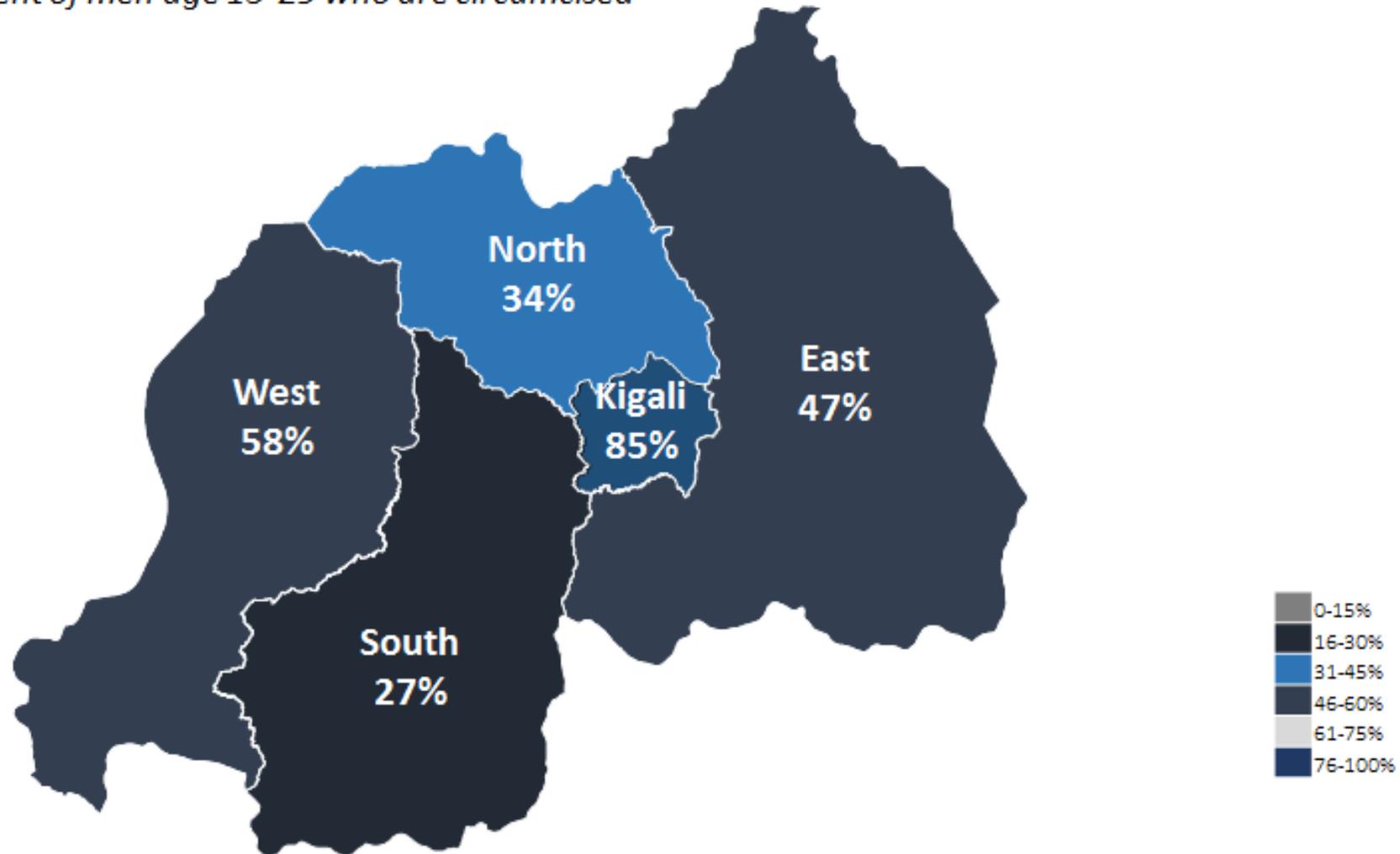
*Percent of men age 15-29 who are circumcised*



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# Targeted National Circumcision Coverage by Province (FY17)

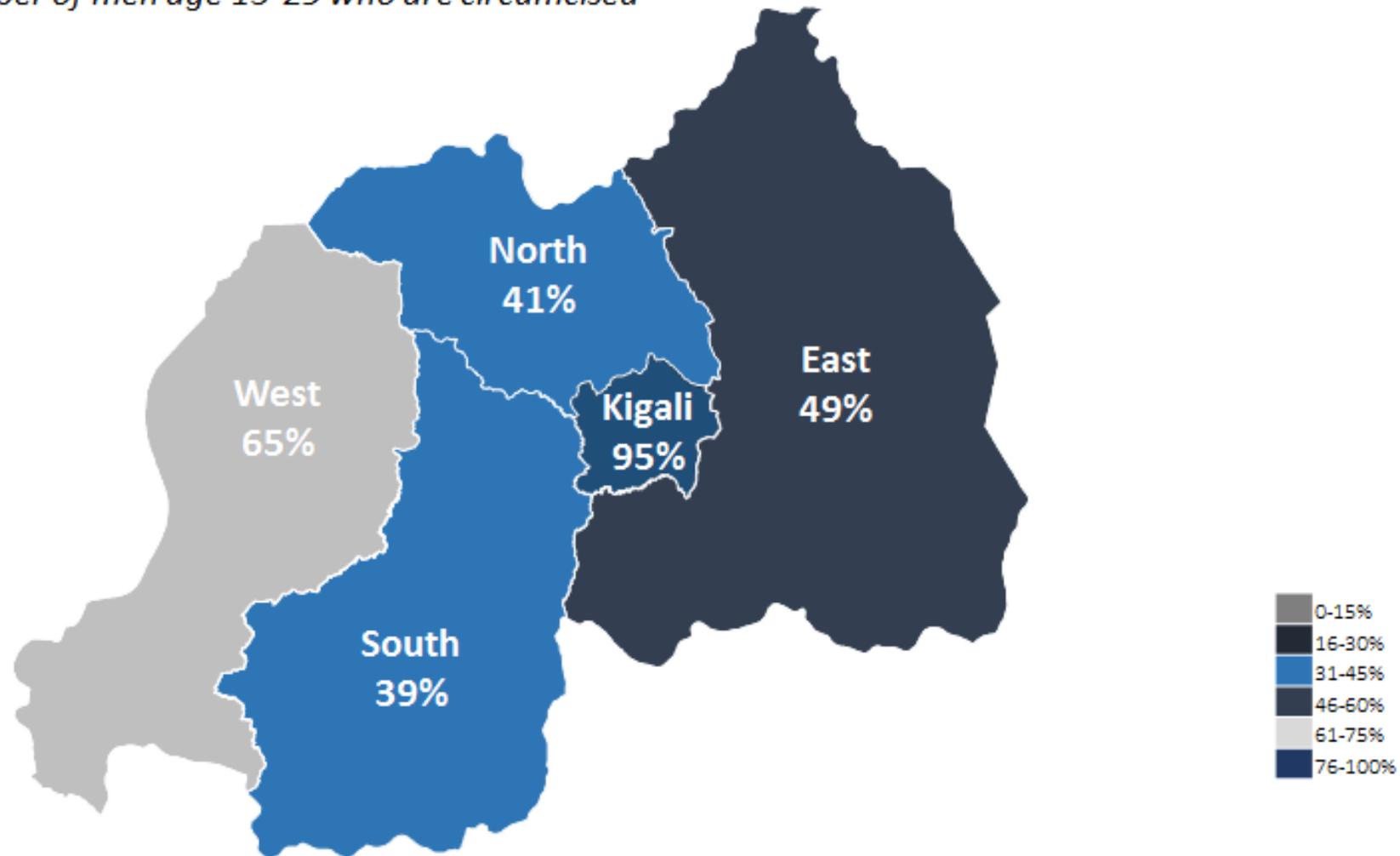
*Percent of men age 15-29 who are circumcised*



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# Expected National Circumcision Coverage by Province (FY18)

*Number of men age 15-29 who are circumcised*



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# VMMC Catch-Up to Achieve FY16 + FY17 targets

- VMMC campaigns
- Umuganda and local community activities
- Youth centers/High schools/Universities
- Army week activities
- VMMC services in priority sites
  - Military, public health facilities and police
- Offer services after working hours

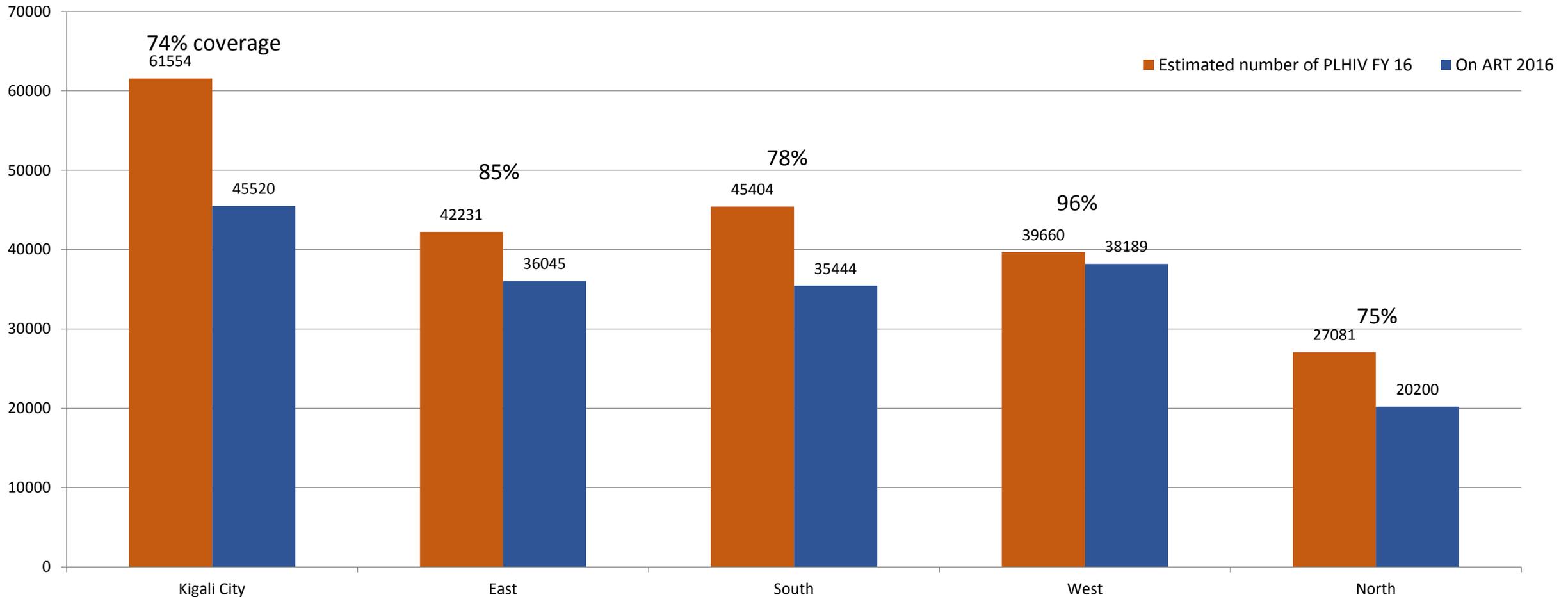
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# COP 2017 Targets

# Summary of COP 2017 Targets by Prioritization

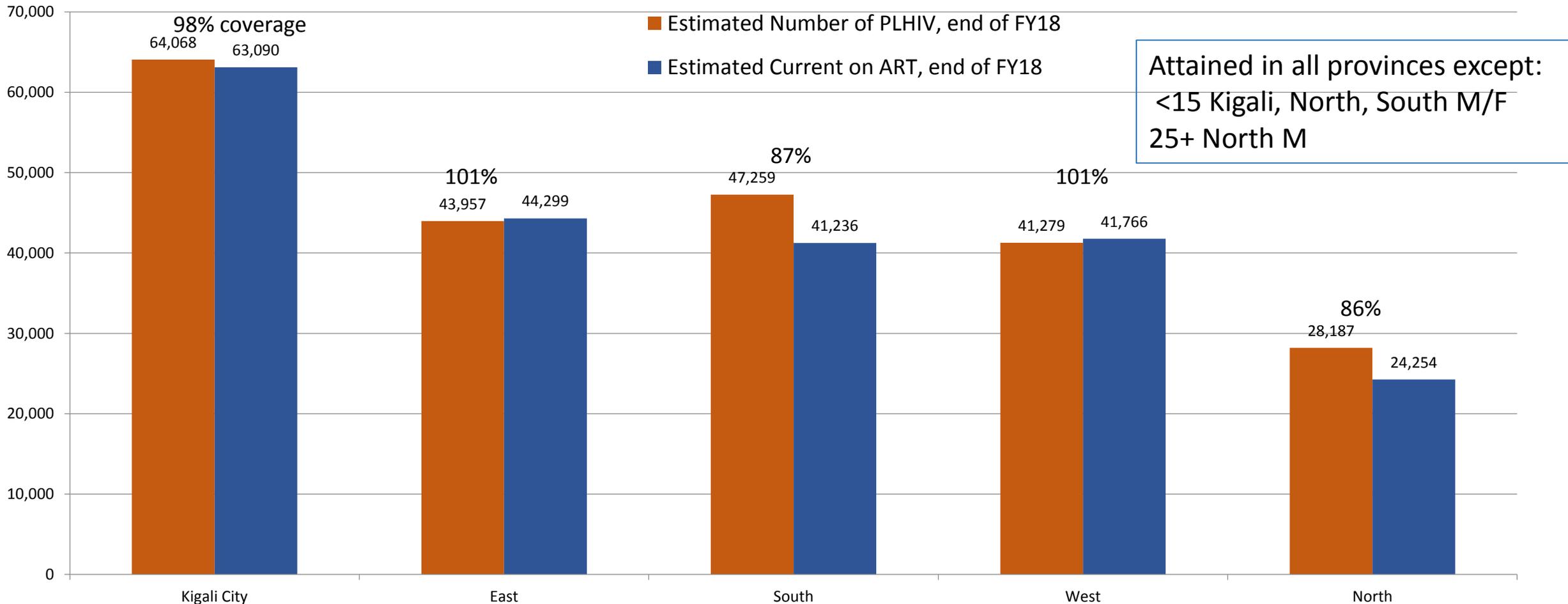
COP17 Priority	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev	COP17 Target (APR18) VMMC
<b>Saturation Scale-Up</b>	987,303	16,188	14,745	113,952	Total: 115,442  OVC: 90,948 DREAMS-Like: 28,000 (includes an overlap of 3,506 receiving both )	Total: 12,205  MSM: 1,400 FSW: 10,805	25,670	97,888

# COP16 targeted on ART compared to total PLHIV by province



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# COP17 targeted on ART compared to total PLHIV by province



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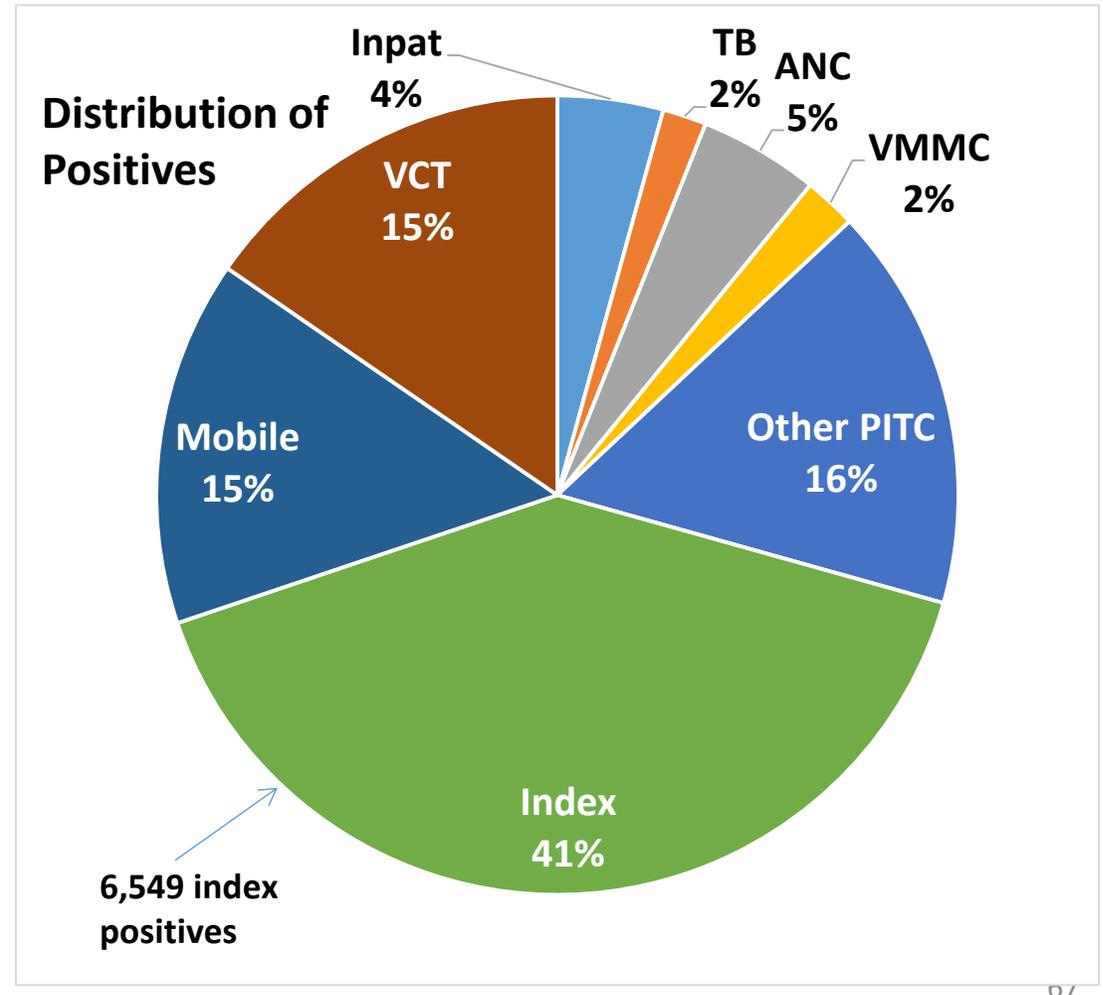
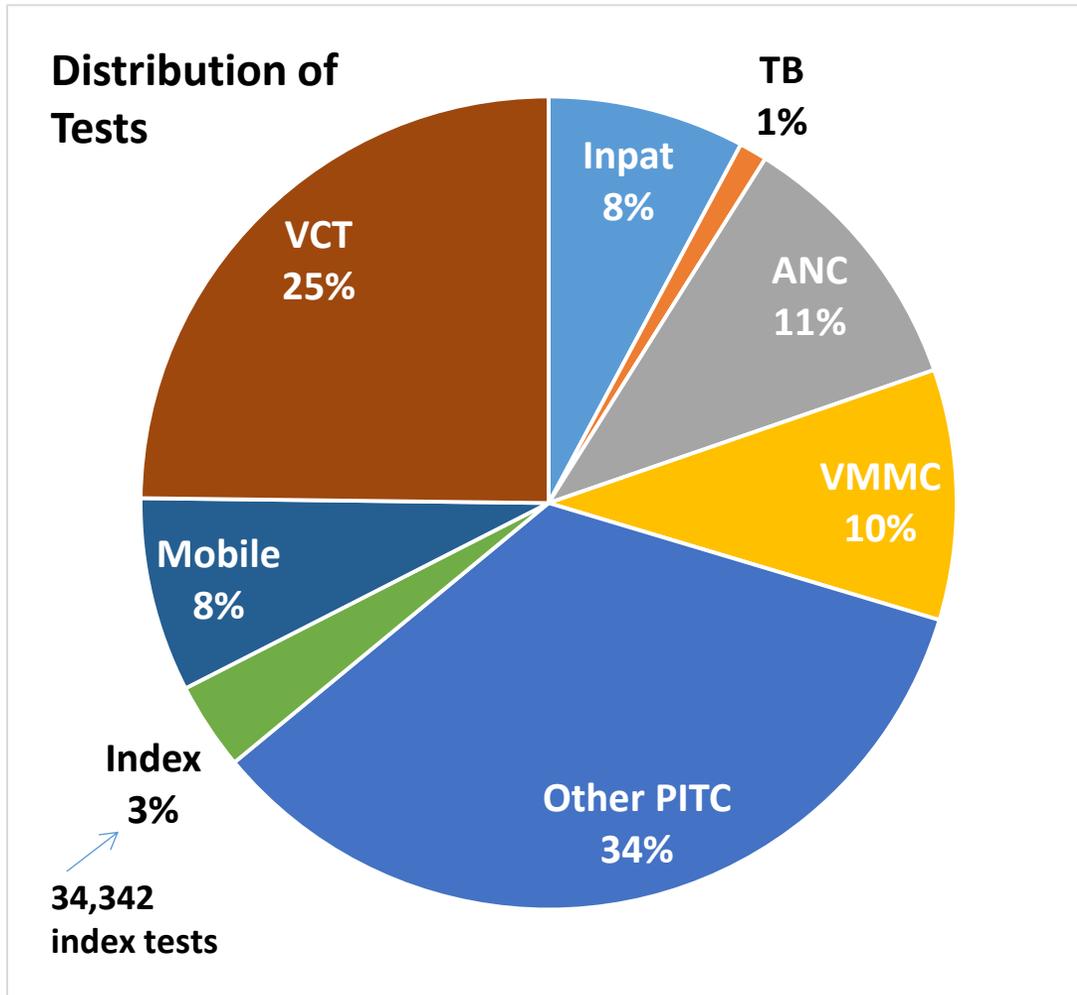
The background features a dark blue, semi-transparent world map. On the right side, there is a large, vibrant red graphic element consisting of two overlapping, curved bands that resemble a ribbon or a stylized 'X' shape.

# Strategies and Innovations

# 1<sup>st</sup> 90: Barriers and Strategies

Barriers	Strategies	Timeline
Identification of new HIV cases in women 25+ in Kigali (compared to unmet need)	<ul style="list-style-type: none"> <li>• <b>Index testing</b>/Partner notification (all newly identified HIV pos and all PLHIV in care)</li> </ul>	Kigali FY17 Q3/Comprehensive FY18 Q1
Difficult to reach hidden and at high risk groups/networks	<ul style="list-style-type: none"> <li>• Mobilization through radio and pharmacy referral of STI clients for HIV testing</li> <li>• Use of peer educators for KPs recruitment</li> <li>• <b>Social network mapping</b> and testing (Clients of CSWs, <b>recency</b> of the infection)</li> </ul>	Ongoing  Ongoing FY18 Q1
Identification of high risk young women and men for HIV testing (15 – 24 Years)	<ul style="list-style-type: none"> <li>• <b>Optimized VCT &amp; PITC</b></li> <li>• <b>Self-Testing Pilot</b></li> <li>• <b>Extend clinic hours to evenings and weekends</b></li> </ul>	FY17Q3 FY18 Q1
Cultural sensitivities re: reaching sexual partners of HIV positive individuals	<ul style="list-style-type: none"> <li>• Increased mobile testing for KP &amp; PP</li> </ul>	Ongoing

# COP17 testing strategy will utilize high yield testing modalities to identify additional positives



# 2<sup>nd</sup> 90: Barriers and Strategies

Barriers	Strategies	Target/Timeline
<ul style="list-style-type: none"> <li>Insufficient documentation on linkage between PITC entry points and ART clinic</li> </ul>	<ul style="list-style-type: none"> <li>Ensure use of Linkage register</li> <li><b>Line listing review of patients from HTC to treatment at facility level</b></li> </ul>	90% HTC-Pos linked to ART by FY18 Q2
<ul style="list-style-type: none"> <li>Poor follow up of newly identified HIV positives to track their linkage to C&amp;T</li> </ul>	<ul style="list-style-type: none"> <li><b>Same day ART initiation</b></li> <li><b>Assigning a person responsible to ensure linkage</b></li> <li>Referral and counter referral mechanism</li> </ul>	
<ul style="list-style-type: none"> <li>Poor retention rates among adolescents, particularly females most notably in Kigali City and Southern Province</li> </ul>	<ul style="list-style-type: none"> <li>Scale-up adolescent friendly services/Youth Corners in Kigali city</li> <li><b>Flexible clinic hours</b></li> <li>Specific adherence/retention support group for adolescent</li> </ul>	Adolescent retention from 86% to 90% FY18 Q4
<ul style="list-style-type: none"> <li>Poor retention rates for pregnant/breastfeeding women</li> </ul>	<ul style="list-style-type: none"> <li>Increase number of peer educators</li> <li>Community based group support services for pregnant/breastfeeding women</li> </ul>	Pregnant/Breastfeeding women retention from 86% to 90% FY18 Q4

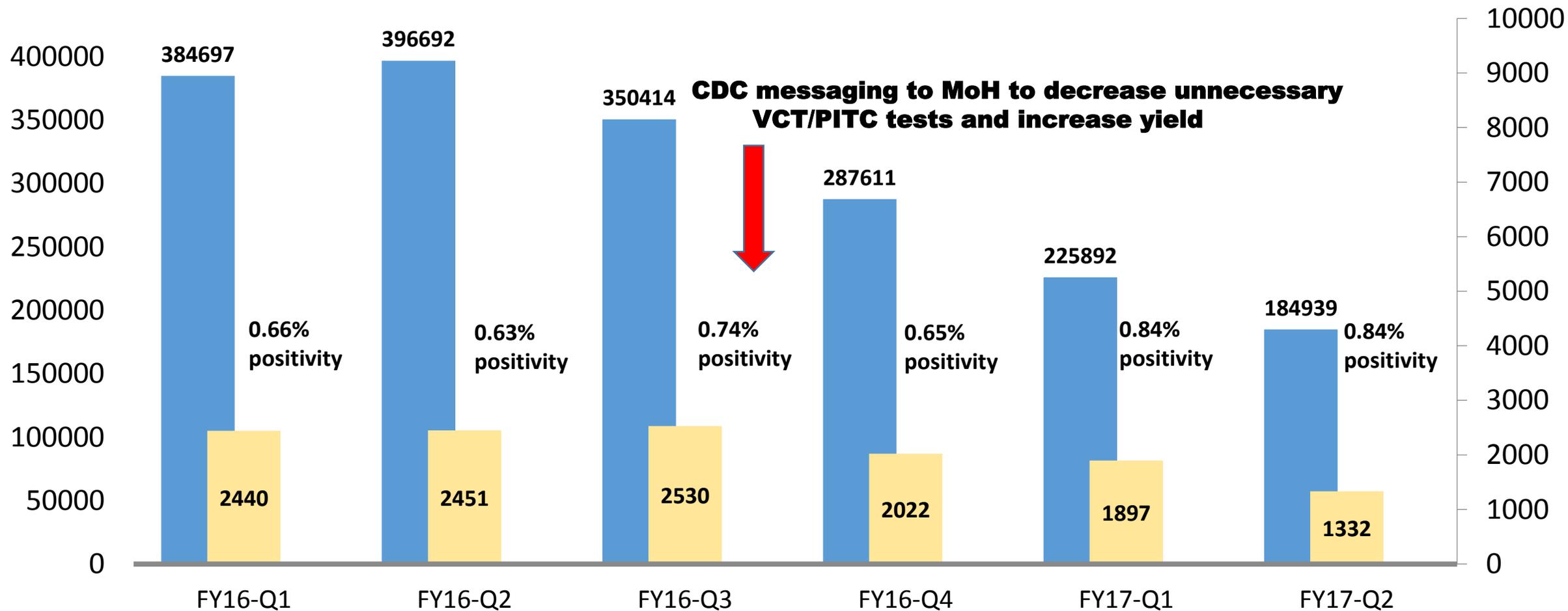
# 3<sup>rd</sup> 90: Barriers and Strategies

Barriers	Strategies	Timeline
Low retention rates for pregnant/breast feeding women	<ul style="list-style-type: none"><li>• Policy change and enhancement of VL monitoring</li></ul>	95% Retention for pregnant women; FY18 Q2
VL results available for 76% of eligible HIV clients nationally and 69% in Kigali	<ul style="list-style-type: none"><li>• Mentorship of healthcare providers: appropriate VL testing</li><li>• <b>Proper recording and interpretation of results.</b></li><li>• Optimization of current specimen referral and result transmission system</li><li>• Scale up implementation and use of Lab Information System (LIS) and Viral Load Dashboard</li><li>• <b>Improve coordination , procurement, and distribution procedures</b></li></ul>	Viral load results available to 90% eligible HIV clients within 7-14 days; FY18 Q2 (Roll out 1 <sup>st</sup> in Kigali)

# Integrated Partner Management Strategy

- FY17 Q1 & Q2
  - Initiated monthly partner meetings and monthly data calls
- FY17 Q3 & Q4
  - Adopt EOC approach with IP & GOR, tracking data to inform integrated program management strategy
  - Bi-weekly IP reporting on:
    - HTC\_Pos, Tx\_New, Tx\_New TA, VMMC
    - Community & facility linkage to ART
  - **Monthly joint USG, IP, MoH & MoD data review meetings for Prev/C&T, sharing challenges, best practices & problem solving**
  - Sr level participants (Min State Pub Health & Primary Health Care, RBC HIV Div Mgr, USAID Health Dir, CDC CD) for buy-in and accountability
  - Implement immediately (FY17 Q3)

# MoH Partner Management Impact



All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based on preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

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# Impact of CDC Management of MOH IP Through SIMS

CEEs	Initial Assessments by CDC staff				IP Follow-Up Assessments (By MOH)		
	RED	YELLOW	GREEN		RED	YELLOW	GREEN
HIV Testing of Children of Adult Patients	5%	17%	78%		0%	8%	92%
Nutrition Monitoring	25%	2%	73%		5%	5%	90%
Systems for Family Planning/HIV Integration	5%	12%	83%		0%	0%	100%
Family Planning/HIV Integration Service Delivery	6%	14%	80%		0%	0%	100%
Pediatric Growth Monitoring	20%	1%	78%		14%	5%	81%
Compliance with National Testing Algorithm and Strategy	9%	2%	89%		0%	0%	100%
Quality Assurance of HIV Testing Services	31%	5%	64%		0%	0%	100%
HTC Referrals to HIV Care and Treatment	10%	1%	89%		0%	0%	100%

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# USAID Partner Management: Utilizing SIMS to improve OVC IP's performance

Process	Challenge	Tracked	Mitigation	Result
<ul style="list-style-type: none"> <li>Conducted Initial SIMS visit among OVC IPs</li> <li>SIMS data analysis</li> </ul>	Low performance across 3 OVC SIMS sections: <ul style="list-style-type: none"> <li>Case mx services</li> <li>Preventing HIV in Girls</li> <li>Linkage to HIV testing</li> </ul>	<ul style="list-style-type: none"> <li>Follow up SIMS visits</li> <li>SIMS data analysis</li> <li>Feedback with IP</li> <li>IPs encouraged to do self-assessment between SIMS visits</li> </ul>	<ul style="list-style-type: none"> <li>Communication w/ Activity Manager</li> <li>Monthly IP meetings</li> <li>Partners met other IPs for sharing/learning</li> </ul>	<ul style="list-style-type: none"> <li>Standardized approaches across all IPs and greater coordination</li> <li>FY16 SIMS results= 13% Yellow, 18% Red</li> <li>FY17 Q1,Q2= 1% Yellow, 0% Red</li> </ul>

**RED** SIMS Follow Up:

### 03.01 Case Management Services [OVC]:

- Improve the standard process for identifying/assessing/enrolling the Most Vulnerable Children (MVC) in the community
- Improve the monitoring case/care plan for children and their families;
- Review / update the process for closing files and the transitioning process of children and families from the program support.

### 03.02 Preventing HIV in Girls [OVC]

- Improve the standard process for identifying girls who are vulnerable to HIV infection
- Improve the prevention services for adolescent girls

### 3.03 Linkages to HIV Testing [OVC]

- This is closely associated with the Case Management Services.

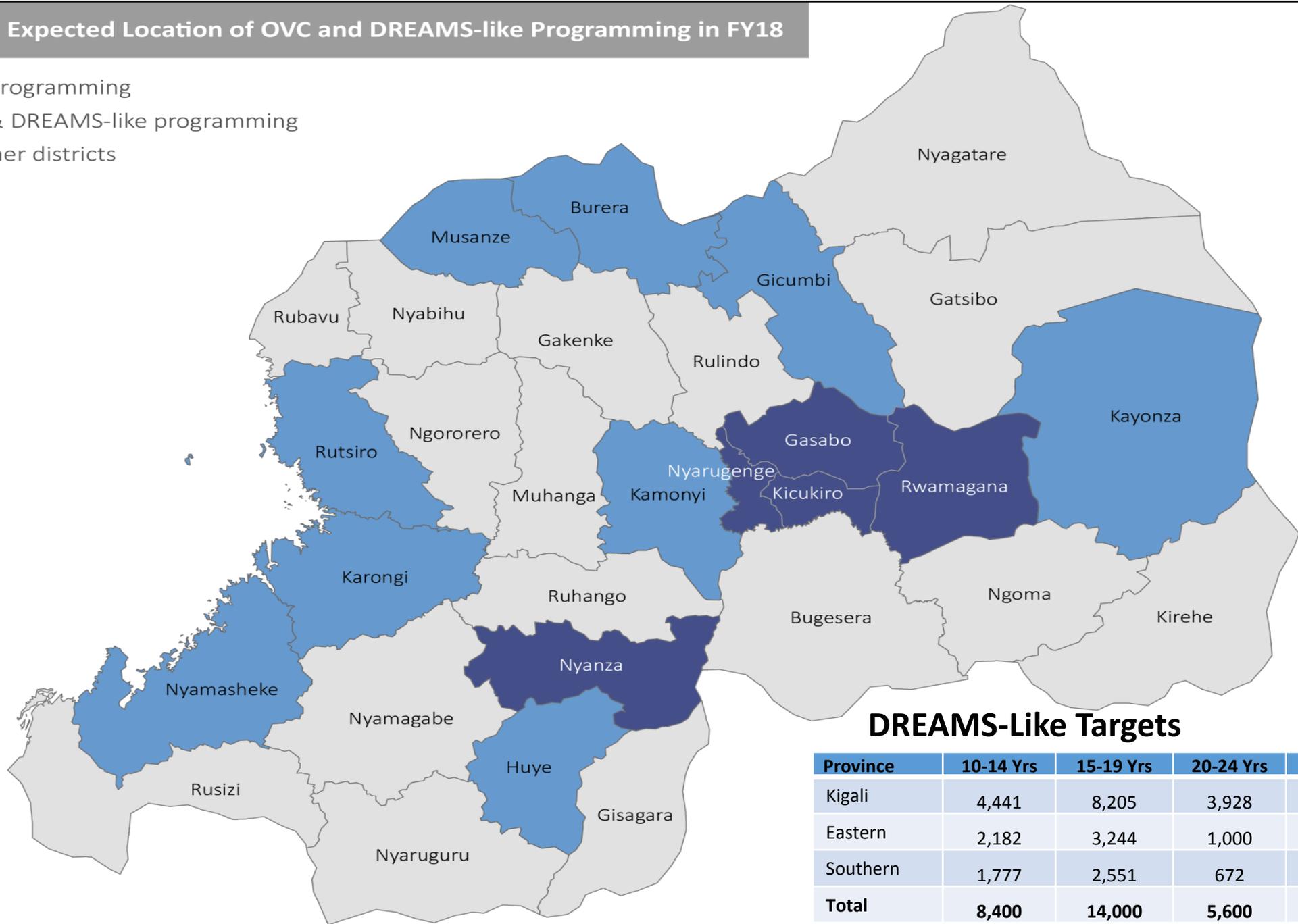
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# DREAMS and OVC

# RWANDA: Expected Location of OVC and DREAMS-like Programming in FY18

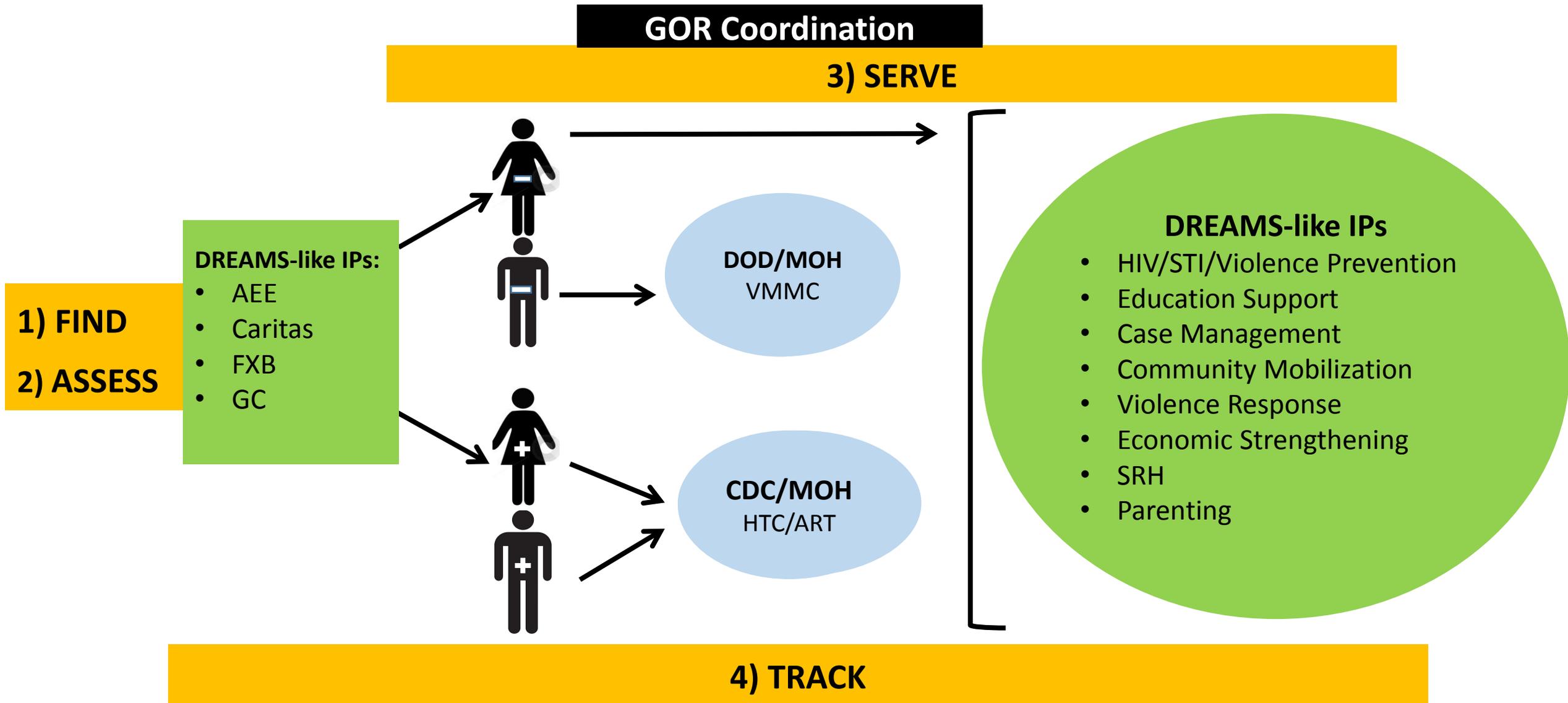
- OVC programming
- OVC & DREAMS-like programming
- All other districts



## DREAMS-Like Targets

Province	10-14 Yrs	15-19 Yrs	20-24 Yrs	Total
Kigali	4,441	8,205	3,928	16,574
Eastern	2,182	3,244	1,000	6,426
Southern	1,777	2,551	672	5,000
<b>Total</b>	<b>8,400</b>	<b>14,000</b>	<b>5,600</b>	<b>28,000</b>

# Rwanda DREAMS Service Delivery Model



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# COP17 DREAMS-like Strategy to Reach AGYW in Rwanda

## Reaching the right AGYW

- **GBV survivors**
- School drop-outs/low attendance
- Engage in transactional and/or intergenerational sex
- **Poor knowledge of HIV**
- Live in a household with HIV positive person
- Ever had a STI
- **Sex workers/children of sex workers**
- Teen moms
- Poor economic status (MVC households)

## At the right Identification Points

- **KP IPs**
- **PLHIV networks**
- Schools
- Local Leaders
- “Parents’ Evenings”
- “Friends of the Family”
- **Mentor Mothers/Teachers**
- Savings groups
- Farmer Field Schools
- Health clinics

Tracking using unique IDs

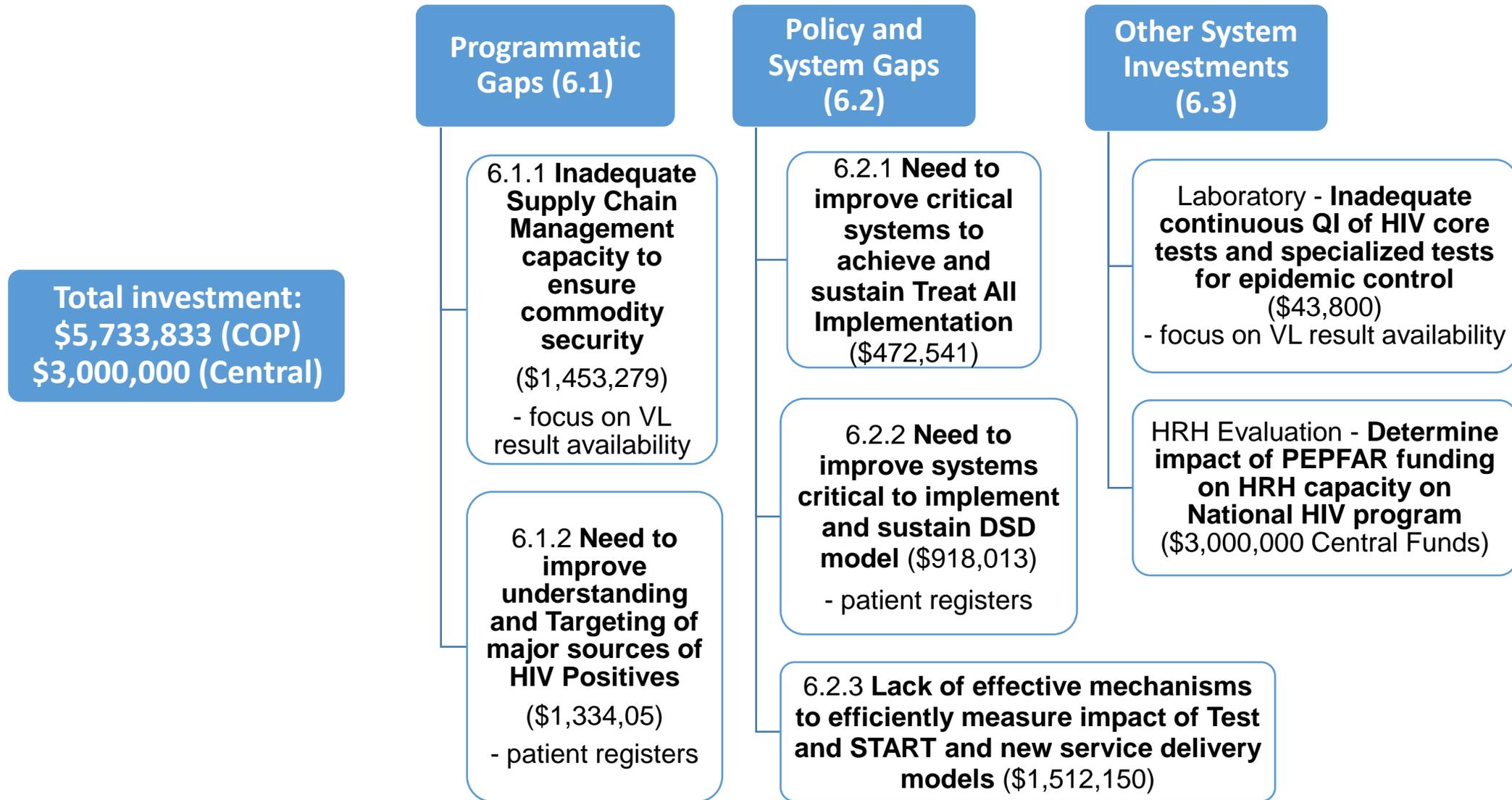


**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

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# Above Site Investments

# Table 6: Overview



The background features a dark blue world map with a subtle grid. A large, vibrant red ribbon graphic curves across the right side of the image, overlapping the map. The word "Commodities" is centered in a clean, white, sans-serif font.

# Commodities

# Commodities

Product	COP16 Investment*	COP17 Investment
ARVs	\$16,084,488	\$16,705,774
Rapid test kits	\$1,574,036	\$1,616,750
OraSure self test kits	\$0	\$51,198
Other drugs	\$985,119	\$0
Lab (CD4, VL, other)**	\$7,260,040	\$4,643,878

\*\*COP16 to COP17 included PEPFAR financial reductions in lab for CD4 due to the implementation of Treat All and focus on commodities needed to overcome viral load result barriers.

\*Not included in the breakdown in COP16 is an additional one-time amount of \$3,677,180 that was approved to support an additional buffer stock of commodities to roll out multi-month drug prescribing.



# Earmarks and Budget Overview

# Annual Investment Profile by Program Area

Table 2.2.1 Annual Investment Profile by Program Area					
Program Area	Total Expenditure FY16	% PEPFAR	% GF	% GOR	One UN
Clinical care, treatment and support; HTS	\$61,690,835	36.4%	45.5%	18.1%	
Community-based care	\$7,241,158	35.3%	47.0%	17.7%	
PMTCT	\$8,342,751	58.5%	13.6%	28.0%	
VMMC	\$3,806,466	37.7%	62.3%	0.0%	
Laboratory; blood safety; IC	\$22,758,101	44.2%	52.6%	3.2%	
Priority population prevention; PEP	\$2,694,586	78.9%	21.1%	0.0%	
Key population prevention	\$3,680,425	58.8%	41.2%	0.0%	
OVC	\$10,604,608	76.1%	23.9%	0.0%	
SI, survey, and surveillance	\$1,034,114	13.0%	83.0%	4.0%	
HSS; HRH	\$54,792,761	41.5%	43.0%	15.6%	
					\$1,718,550
<b>Total</b>	<b>\$178,364,355</b>	<b>43.0%</b>	<b>42.6%</b>	<b>13.5%</b>	<b>1%</b>

<sup>1</sup> PEPFAR 2016 Expenditure Analysis; National HIV Annual Report, 2015-2016; Rwanda HIV National Strategic Plan 2013-2018. Note that various sources with non-aligned time frames are used for the investment profile analysis. Depending on the timeframe/data view, Rwanda's national HIV response is funded roughly 43% PEPFAR, 43% GF, 13% GOR, and 1% other sources using total national HIV program expenditures of \$178.4m for GOR fiscal year from July 2015 to June 2016.

<sup>2</sup> GOR fiscal year 2015/16, July 1, 2015 to June 30, 2016; PEPFAR/USG fiscal year 2016, October 1, 2015 to September 30, 2016; Global Fund implementation from January 1, 2016 to December 31, 2016.

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# COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Resources
DOD	\$2,276,847	\$1,086,711	\$3,363,558
HHS/CDC	\$27,266,065	\$9,644,889	\$36,910,955
USAID	\$30,447,691	\$9,618,140	\$40,065,831
State	\$571,867	--	\$571,867
<b>Total</b>		<b>\$20,349,741</b>	

- COP17 Minimum Pipeline Requirement: \$18,336,788
- PC will no longer need to apply pipeline per SGAC: \$413,563
- HRSA will no longer need to apply pipeline per SGAC: \$23,274

# Earmark Allocations

- New FY 2017 funds allocated to care and treatment: \$35,604,249
  - COP17 requirement: \$31,036,648
- New FY 2017 funds allocated to OVC: \$5,399,861
  - COP17 requirement: \$5,316,723
- New FY 2017 funds allocated to water: \$176,000
  - COP17 requirement: \$173,000
- New FY 2017 funds allocated to GBV: \$526,275
  - COP17 requirement: \$415,000



THANK YOU!