Issue Date: Tuesday, December 11, 2007
Closing Date: Thursday, January 3, 2008
Closing Time: 16:00 Hours Rwanda Time

Subject: USAID-RWANDA-696-A-08-004-DRAFT-RFA - Future Request for Applications to implement the Food and Nutrition Interventions for People Living with HIV/AIDS

Ladies/Gentlemen:

USAID/Rwanda announces its intention to invite comments and suggestions on a draft Program Description for the implementation of "*the Food and Nutrition Interventions for People Living with HIV/AIDS*" Program in Rwanda. The main objective is to integrate the nutrition activities of the food distributing organizations that are already distributing food to malnourished Rwandans with the goal of assisting those living with HIV/AIDS. It is anticipated that **organizations wishing to apply must have significant food resources available for distribution in Rwanda.**

This new activity will reflect common objectives necessary to achieve the President's Emergency Plan for AIDS Relief (PEPFAR) strategy in Rwanda through assistance to community-based associations of People Living with HIV/AIDS (PLWHA), Orphans and Other Vulnerable Children (OVC) and their caregivers that are currently receiving food assistance, to improve HIV/AIDS prevention, care, and treatment.

The final version of the Request for Applications (RFA) is projected to be issued by Tuesday, January 22, 2008. USAID/Rwanda invites comments and suggestions on the attached draft program description from interested parties (donors, firms, non-governmental organizations and individuals) that are expert in the area of Food Aid. Entities that may submit applications when the final RFA is released are strongly encouraged to review the document and provide comments. The purpose of posting this draft program description is to enhance the quality of the RFA and alert interested parties. All comments and suggestions received will be considered and may result in changes to the planned RFA.

THIS IS NOT A REQUEST FOR APPLICATION. Please do not submit an application in response to this draft as it will not be considered.

We are soliciting comments and suggestions from interested parties, in order to further refine this draft program description. Your comments will be appreciated and considered as we finalize the RFA for the proposed cooperative agreement(s). Comments may or may not be incorporated in the program description. USAID/Rwanda will entertain suggestions/comments to the draft program description until closing date/time stated above. USAID reserves the right to incorporate or to reject suggestions and comments on the draft program description. USAID/

Rwanda will not be able to respond to questions or requests for clarifications resulting from this notice until the final RFA is issued.

Subject to the availability of funds, USAID anticipates awarding up to three Cooperative Agreements with a total estimated cost of US$16 million to support these activities over an approximate five year period split into two phases broken down as: 18 months (Phase I) and 3-1/2 years (Phase II). No information on Pricing, Competition, Instructions to Applicants or Evaluation Criteria is available at this time. Please refrain from submitting questions or requests for clarifications in regard to these sections, as responses will not be provided. When the RFA is issued, any amendments thereof will be posted on www.grants.gov, and interested parties should check the website regularly.

Issuance of this draft program description does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for any costs incurred in the preparation or submission of comments/suggestions or an application. Furthermore, the Government reserves the right to defer issuance of the RFA solicitation or not to issue an RFA, if such action is considered to be in the best interest of the Government.

Please submit your comments/suggestions electronically to the Senior A&A Specialist, Mrs. Aster Kebede at askebede@usaid.gov with copies to the Regional Agreement Officer at marcusjohnson@usaid.gov. The e-mail subject line should read **"USAID-RWANDA-696-A-08-004-DRAFT-RFA"**.

Thank you for your interest in USAID/Rwanda programs.

Sincerely,

Marcus A. Johnson, Jr.
Regional Agreement Officer
USAID/EAST AFRICA

THIS IS A DRAFT DOCUMENT THAT IS BEING POSTED TO SOLICIT COMMENTS AND SUGGESTIONS PRIOR TO POSTING THE ACTUAL REQUEST FOR APPLICATIONS (RFA)

USAID/RWANDA

FOOD AND NUTRITION INTERVENTIONS FOR PEOPLE LIVING WITH HIV/AIDS

DRAFT PROGRAM DESCRIPTION

1. Purpose

The purpose of this Request is to obtain applications from **organizations *already* distributing food to malnourished Rwandans** (food distributing organizations, hereafter called "FDOs") for a cooperative agreement(s) (CA) which would integrate the nutrition activities these organizations are already performing with the goal of assisting those living with HIV/AIDS. **Organizations wishing to apply must have significant food resources available for distribution in Rwanda.**

This new activity will reflect common objectives necessary to achieve the **President's Emergency Plan for AIDS Relief** (PEPFAR) strategy in Rwanda through assistance to community-based associations of People Living with HIV/AIDS (PLWHA), Orphans and Other Vulnerable Children (OVC) and their caregivers that are currently receiving food assistance, to improve HIV/AIDS prevention, care, and treatment.

Subject to the availability of funds, USAID anticipates awarding up to three Cooperative Agreements (CAs) with a total estimated cost of US$16 million to support these activities over an approximate five year period split into two phases **broken down as: 18 months (Phase I) and 3-1/2 years (Phase II). The duration and continuation of Phase II will depend on the availability of funds and the effectiveness of the program during the first 18 months. An evaluation will be conducted at the end of the eighteen months of the activity and the recipient will be required to submit to the Agreement Officer a written non-competitive continuation application for review and approval for the second phase. The approval of the second phase will be made no later than 22 months after award.** Phase I would last until September 30, 2009 and be funded at $3.5 million.[1] Phase II, if approved, would start in October 2009 and end September 30, 2012. Phase II will be funded at a higher level subject to: i) continued satisfactory achievement of milestones and targets; ii) approval of proposed plans by the State/Global AIDS Coordinator (OGAC); iii) availability of funds; and iv) mutual agreement to proceed.

Primary beneficiaries for these activities include but are not limited to:

- OVC affected by HIV/AIDS (irrespective of nutritional status)

[1] An additional $1.7 million has also been set aside to purchase weaning foods for a PMTCT food aid program (in Year 2).

- HIV+ pregnant and lactating women, according to GOR Policy – weaning foods will be procured for infants between 6-18 months
- Clinically malnourished PLWHA patients in care and treatment programs
- HIV/AIDS affected families

Target areas should include those districts with high food insecurity ratings as per the World Food Program's 2007 Comprehensive Food Security and Vulnerability Analysis (CFSVA) - especially where these areas overlap with existing projects utilizing food aid to support PLWHA and other target groups (so-called "PEPFAR districts").

The five districts with the highest WFP food insecurity ratings in the 2007 CFSVA in Rwanda are:

- West Province: Ngororero, Rutsiro, and Karongi Districts
- East Province: Bugesera District
- South Province: Nyamagabe District

These districts also have ongoing PEPFAR funded activities in place. New and existing partners should coordinate all activities.

2. Background

HIV and AIDS, Food and Nutrition

According to the 2005 Demographic and Health Survey (RDHS-III), HIV seroprevalence is 3% among the general population 15 – 49 years in Rwanda. This prevalence is higher in urban areas (7.3%) than rural areas (2.2%) and is also higher among women (3.6%) than men (2.2%). Since HIV and AIDS have the greatest impact on the most productive members of society, economic development and household food security are also affected. This situation is aggravated by poverty, which affects 60% of the population, and a high prevalence of malnutrition (45.3% of children under five were classified as chronically malnourished per the RDHS-III).

In addition, the RDHS-III found that of children (under 18) surveyed, 20.5% were considered orphans (with one or both parents dead) and 10.8% were considered vulnerable. 28.6% were considered orphans or vulnerable children (OVC). Although the DHS did not measure the extent of OVC due to AIDS, UNICEF estimated that there were 264,000 children orphaned by AIDS living in Rwanda in 2001.

Rwanda, among the least developed countries in the world, ranks 161 out of 177 in the United Nations Development Program's 2007 Human Development Index. It is also classified as a Low-Income Food Deficient Country[2] and is currently receiving USG Title II food aid support.

USG and GOR Response

PEPFAR is a $15 billion, 5-year unified government initiative, directed by the Office of the Global AIDS Coordinator in the Department of State (OGAC), and implemented in collaboration with the U.S. Department of State (DOS), the U.S. Agency for International Development (USAID), the Department of Health and Human Services (HHS), the Department of Defense

[2] http://www.fao.org/countryprofiles/lifdc.asp?lang=en

(DOD), and other U.S. Government Agencies. Fourteen countries were initially selected to be part of the initiative based on high HIV burden, available country resources, and host government and civil society commitment to fighting the HIV epidemic. Rwanda is one of those countries. USG agencies operating in Rwanda include DOS (Embassy), USAID, the DOD, and HHS, as represented in Rwanda by the U.S. Centers for Disease Control and Prevention (CDC).

The goals of PEPFAR worldwide are to:

- Prevent 7 million new HIV infections;
- Treat at least 2 million HIV-infected people; and
- Care for 10 million HIV-affected individuals and orphans and vulnerable children affected by HIV and AIDS

The objectives and parameters of PEPFAR are found in H.R.1298, United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 which can be accessed through www.thomas.loc.gov. The most current information on PEPFAR is found www.state.gov/s/gac.

The Government of Rwanda (GOR) has demonstrated a strong response to the HIV/AIDS epidemic through collaborative national program planning and monitoring. The Strategic Framework to Combat HIV/AIDS, 2002–2007 is in place and a national monitoring and evaluation (M&E) plan has been developed collaboratively by GOR, the USG and other major donors, including the World Bank, United Nations' agencies, the European Union (EU), German Aid (GTZ), Belgian Technical Cooperation, and the Royal Embassy of the Netherlands. The HIV/AIDS Cluster, a committee of GOR and donor partners, is charged with coordinating all HIV/AIDS-related donor activities. The USG co-chairs the HIV/AIDS Cluster and is also a voting member in Rwanda's Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS Tuberculosis and Malaria ("Global Fund"). On the CCM and under PEPFAR, the USG collaborates with numerous key GOR partners, including the National AIDS Control Commission or Commission Nationale le Lutte Contre du SIDA (CNLS) and its district (CDLS) counterparts, and the Ministry of Health (MINISANTE) at the national level – notably through the Minister of State for HIV/AIDS, the Policy Development and Coordination Unit (UPDC) and the Treatment and Research AIDS Center (TRAC) – and Rwanda's 30 Health District Networks and over 400 public sector facilities.

These actors form a PEPFAR Steering Committee that includes representatives of CNLS, the office of Minister of State for HIV/AIDS, the Decentralization Taskforce, TRAC, the Ministry of Economic Development and Finance (MINECOFIN), the Ministry of Gender and Promotion of the Family (MIGEPROF), the Ministry of Education (MINEDUC), and the *Centrale d'Achat des Medicaments Essentiels de Rwanda* (CAMERWA). The PEPFAR Steering Committee has, in turn, formed seven technical working groups to focus on results: medical prevention, non-medical prevention, treatment and clinical care, non-clinical care and support, OVC, USG/GOR co-management, and M&E including epidemiological surveillance.

PEPFAR funding is subject to annual appropriation by the U.S. Congress to the DOS, and is outside of USAID's normal planning and budgeting process. Overall country planning is undertaken jointly by USG participating agencies in close consultation with the GOR. FY 2008 PEPFAR funding for Rwanda is approximately $123 million, including all management costs. It is assumed that annual funding for HIV/AIDS for the period FY 2009 – 2011 will be at similar levels.

Background literature on Rwanda, the Government of Rwanda, USG, and PEPFAR programs may be found at www.usaid-rwanda.rw/procure.html. Additional background on USAID activities in Rwanda over the past 40 years that may be of interest is available under "Rwanda" in USAID's Development Experience System (DEXS) at www.dec.org. Useful resources on prevention, care, and treatment programs for HIV and AIDS can be found at www.usaid.gov, "Our Work", "Health", "HIV/AIDS", and "Publications".

Current Food Activities in Rwanda

In addition to ongoing HIV efforts, the USG, through the **Title II "Food for Peace"** program is currently (starting from October 2007) providing supplementary monthly food rations to HIV/AIDS affected households in order to improve their nutritional needs in 15 districts of Rwanda (Nyaruguru, Nyamagabe, Gisagara, Huye and Nyanza in the Southern Province; Gakenke, Musanze, Burera and Gicumbi in the Northern Province; Karongi and Ngororero in the Western Province: Bugesera, Kayonza, Gatsibo and Nyagatare in the Eastern Province). Additional resources from PEPFAR will allow the Title II partners and other partners distributing food (FDOs) to provide enhanced support beyond food rations to these recipients. With this increased funding, FDOs will be able to expand the support they are *currently* providing to PLWHA associations to include nutrition counseling, home gardening techniques, income generating and microfinance activities, training for home based care, psychosocial support, prevention messages, promotion of VCT and PMTCT, adherence counseling, legal support, and/or spiritual support. It is anticipated that FDOs use these resources to expand and better target the package of services to existing partner PLWHA associations receiving food before attempting to serve additional associations which are not currently benefiting from operational food distribution programs.

USAID/Rwanda's Title II food partners are currently providing food to over 8,500 individuals living with HIV and AIDS. The food provided is a family ration so the families of the PLWHA also benefit. This support is provided through over 100 community-based associations with nearly 15,000 total members. By providing additional support to these associations and other associations receiving food assistance through other donors (via training in HIV prevention, income generating activities (IGA), vocational training, gardening support, etc.) the USG will be able to expand its support for communities affected by HIV.

The **World Food Program** (WFP) is another supporter of food assistance in Rwanda. WFP's activities are split between their "Protracted Relief and Recovery Operations" (or PRRO) and their Country Program. The PRRO consists of five major components. The first component is feeding and caring for over 45,000 refugees in Rwanda, mainly from the Democratic Republic of Congo. The second part of the PRRO is to provide multi-month rations to Rwandese returning to their country working closely with UNHCR. The third component involves providing therapeutic and supplementary feeding at over 100 nutrition centers in Rwanda. "Food for Work" and "Food for Training" comprise the fourth and fifth areas of intervention. Finally, WFP's PRRO includes institutional feeding at over 30 hospitals and health centers.

WFP/Rwanda's Country Program has two major activities. The school feeding program benefits almost 300,000 Rwandese students in 300 schools while the HIV/AIDS program assists over 12,000 households affected by HIV/AIDS with household food rations. In total, in 2006 over half a million Rwandans benefited from WFP's programs.

A series of WFP fact sheets for more background on WFP and the issue of Food and HIV may be found here:
http://www.wfp.org/food_aid/food_for_hiv/learnmore.asp?section=12&sub_section=2

The **Global Fund to Fight AIDS Tuberculosis and Malaria** (or "Global Fund") Round 7 proposal includes a number of food and HIV related activities. Nutritional support will be given to HIV+ pregnant mothers and exclusive breastfeeding promoted, as well as weaning food supplementation to prevent malnutrition in the children of HIV+ mothers. This support could be channelled through local PLWHA associations and production of food supplement by a local enterprise encouraged and subsidised. Support of local enterprises for production of nutritional supplement and weaning aliments is also envisioned. A local private enterprise will be contracted to produce supplemental food adapted to the needs of HIV+ patients.

Specific activities include:
1. Support of local enterprises for production of nutritional supplement and weaning aliments.
2. Provision of nutritional support through IGA with PLWHA associations (supervised by facilitating NGOs and CDLS) and promotion of exclusive breastfeeding.
3. Funding of microfinance proposals through districts and sectors, with priority given to those proposals that incorporate BCC/IEC on comprehensive reproductive health, including gender-based and sexual violence against women and children.
4. Technical assistance to local associations for planning, management and evaluation of IGA by supervising NGOs
5. Subcontracting of local enterprises for production and marketing of supplementation food products for HIV+ patients

Organizations listed above providing food assistance are illustrative examples of the type of food resources that this RFA would like to leverage. The listed organizations are by no means exhaustive, but any new project should be aware of them and plan to avoid any duplication of effort by coordination and joint planning with these and other existing projects.

3. Program Description/Technical Approach

Efforts under this Request will improve the quality and quantity of services provided by local associations, and address some of the challenges Rwandan community associations face in confronting HIV and AIDS. Primarily, the Recipient(s) is (are) expected to provide assistance to community-based associations of PLWHA and their caregivers, which are currently recipients of food assistance, in order to improve the "package" of services available to association members and thereby increase the number of PLWHA receiving more comprehensive palliative care and support. Depending on the association and the community structures already in place, FDOs may also need to 1) strengthen the capacity of the associations they are currently working with; 2) develop other services, commodities or appropriate components of a community based palliative care model and, 3) improve /strengthen the linkages between these community-based associations and the clinical sites, in order to achieve their primary objective.

It is important to note that PEPFAR is currently supporting a large, community-based program – Community HIV and AIDS Mobilization Project (CHAMP). CHAMP is working towards the same three goals as outlined above in the 22 PEPFAR districts. However, CHAMP is not able to provide exhaustive coverage in all districts. This request will allow organizations providing food assistance to increase PEPFAR coverage for community-based activities in those areas where they are active. It will be important that the Recipient(s) work closely with the USG PEPFAR Team and CHAMP in order to avoid duplication of efforts and to benefit from training materials,

curricula, standards, tools, etc. that have already been developed by CHAMP to support community based associations.

USG PEPFAR in Rwanda is focused in 22 districts. Current PEPFAR partner organizations providing food assistance should propose additional support to the associations they are supporting in these 22 districts. Organizations that are not part of current PEPFAR funding but are providing food assistance should detail how additional support to existing program partners would be carried out with funding from PEPFAR.

Note: PEPFAR defines "Palliative Care" broadly, as "All clinic-based ***and*** home/community-based activities aimed at optimizing quality of life of HIV-infected (diagnosed or presumed) clients and their families throughout the continuum of care by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring and management of opportunistic infections including TB and malaria and other HIV/AIDS-related complications; culturally-appropriate end-of-life care; social and material support, such as nutrition support, legal aid, and housing; and training and support for caregivers." The Recipient(s) will focus primarily on the home/community-based activities, but will necessarily work with health centers/clinics in the community catchment area to assure appropriate partnerships and interactions are developed and/or strengthened.

Applying practical clinical methods to targeting beneficiaries and measuring impact of programs is of utmost importance in this cooperative agreement. Applicants should show an understanding of best practices in measuring nutrition impact and sustainable development in moving off feeding programs. For example, USAID expects to see some or all of the following methodologies/indicators proposed:

- Food by prescription;
- Body Mass Index;
- Upper Arm Circumference;
- Weight before and after feeding program; and
- Measures to ensure that weight / health improvements as a result of feeding program are maintained after the food distribution ends.

Primary beneficiaries for these activities include but are not limited to:

- OVC affected by HIV/AIDS (irrespective of nutritional status)
- HIV+ pregnant and lactating women, according to GOR Policy – weaning foods will be procured for infants between 6-18 months
- Clinically malnourished PLWHA patients in care and treatment programs
- HIV/AIDS affected families

Component 1: (65% level of effort - LOE)
Improve the Services (Quantity and Quality) Available to PLWHAs receiving food

This will be the primary focus of this request. More specifically, the Recipient(s) will be expected to provide technical, skills, and informational assistance to associations and clinics already benefiting from food aid that are also operating in communities in catchment areas of USG-assisted facilities, to help them increase the number of PLWHA receiving palliative care and support.

The Recipient will be one of several PEPFAR partners helping to achieve the "Palliative Care" targets (non-CT). PEPFAR indicators on which the program must report include:

- Number of individuals provided with general HIV-related palliative care
- Number of individuals trained to provide general HIV-related palliative care
- Number of OVCs receiving food and nutritional supplementation through OVC programs
- Number of individuals receiving ART with evidence of severe malnutrition who are receiving food and nutritional supplementation during the reporting period

Applicants MUST propose yearly targets for these indicators in their applications, disaggregated by district.

Illustrative strategies and activities to help achieve PEPFAR Program Outcome targets for Care might include, but not be limited to those outlined below. Please note that given the short time frame and the limited funding in Phase I, USAID would like to see a concentration of efforts in particular areas. In Phase II, these efforts should be continued, expanded and complimented by additional activities as illustrated below.

Phase I

- Priority: TA, training, material and media dissemination, and operating costs for micro-credit, income-generating activities (like demonstration gardens), and other palliative care support services for PLWHA and their families (such as symptom alleviation; emotional, spiritual and physical support; pain relief; assistance with personal hygiene and eating; personal care commodities; food; clean water; mosquito nets; nutritional information; clean water; and other commodities) which improve the health of PLWHAs and ART patients at all stages of the illness and sustain gains made while receiving food assistance.
- Additional activities could include nutrition counseling, home visits by community health workers, cooking demonstrations, kitchen garden demonstrations, water and sanitation education (hand washing, using latrines, etc.)
- TA and other support to foster partnerships between health facilities (PMTCT, ART, VCT, and pediatric HIV services) and community home-based care, PLWHA, OVC and other community-based care and support associations to assure effective cross-referrals, coordination, communication and clinical (including psychological) monitoring and tracking between health facilities and communities and back.

Phase II (illustrative activities)

- Recruitment and training of expert, clinical nutritionists as needed.
- Support to expand the current number of trained nutritionists in Rwanda
- Quality training for clinicians (MDs, staff) and community associations in comprehensive care and support, such as mandatory nutrition assessment training, psychological support, adherence counseling for ART and OI treatments, HIV counseling and testing, counseling on positive living, nutritional counseling (including instruction on the use of food aid and supplemental diet), integrated management of childhood and adult illnesses (IMCI, IMAI) and recognition of need for referrals, etc.
- Outreach to homes/families of HIV/AIDS patients at USG health sites
- Use and/or local production of RuTF (Ready to use Therapeutic Food) (i.e.- Plumpy'nut production in Uganda)
- Equipment purchase for nutrition units (scales, measures, charts, materials for demonstration kitchens and gardens)
- Nutrition surveillance system

Component 2 (approximately 15% of LOE)
Strengthen Capacity of PLWHA and OVC Associations

As appropriate and as needed to ensure a successful program, food distributing organizations (FDOs) should provide organizational and administrative management, technical assistance and training to the associations they are currently working with, to help them expand their coverage as well as diversify their resource base for a future "non-project" situation. In Phase I, this will not be the primary support provided by FDOs, however, partners may find that associations they are working with need some of this organizational and administrative support in order to ensure the provision of quality and sustainable services. Again, CHAMP is also working to strengthen the organizational and administrative management of local organizations and associations. Tools and trainings already developed by CHAMP can and should be used by FDOs to achieve this same objective. The LOE for this component could be increased in Phase II.

Illustrative activities might include, but not be limited to:

- Development of recommended personnel staffing patterns and position descriptions to deliver the "fixed menu" and development of training materials for such positions.
- TA and training to develop procedures and practices to enhance transparency and accountability and improve constituent outreach.
- TA and training in financial systems development and institutional quality control (personnel policies and supervision, administrative systems and controls, program monitoring and evaluation).
- TA and training in development of institutional sustainability strategies, including, but not limited to, assessment of alternative sources of funding, e.g. development of specific financial projections, identification of diversified clients and activities, development of income-generation schemes, identification of appropriate external funding agencies, etc.
- Work with informal associations, at their request, in needs identification. Where indicated, facilitate linkages between informal associations and recognized NGOs/CSOs that will enhance the growth of each.
- TA, training, and other support for CSO capacity building in HIV/AIDS advocacy, prevention, stigma reduction, and OVC issues.
- Organizational development for PLWHA associations that are undertaking home-based care programs and want to undertake some advocacy activities.

Component 3 (approximately 20% LOE)
Counseling on infant feeding and procurement of limited quantities of locally fortified weaning foods for PMTCT programs

Given the expertise of some organizations in the provision and distribution of food, USAID will use this mechanism to procure food for PMTCT programs. One partner will be selected to procure and distribute nutritional supplements to all PEPFAR PMTCT partners. This will be coordinated with ongoing food assistance for PMTCT programs currently being provided by the WFP.

This activity will benefit pregnant and breastfeeding women and communicate clear messages on breastfeeding at the district level. PEPFAR clinical partners will build the capacity of providers in high quality nutrition assessment and counseling, and will develop the IEC materials and nutritional assessment tools for providers. Nurses will be trained to measure height and weight, and charts will be provided for determination of BMI. Mid-upper arm circumference will also be measured for pregnant and breastfeeding women. Nurses and,

where active, lay counselors, will be trained in providing counseling and education on nutritional care practices and on preparation and consumption of the foods provided.

Phase I will include only the procurement and distribution of food to existing clinical services site PMTCT programs.

4. Expected Results

NOTE: USAID will, to the extent possible, work with Recipient(s) to develop reporting formats that will meet the reporting requirements for this award as well as their other food distribution reporting requirements (Title II, etc.).

The program deliverables and results package, at a minimum include:

Food and nutrition interventions integrated in HIV/AIDS prevention, care and treatment programs by
districts, CBOs and USG implementing partners.

Illustrative indicators include:
1. Impact of income generating activities on household wellbeing and individual health.
2. Development of guidelines for linking food and nutrition to care and treatment programs.
3. Developing the training curriculum for targeting special population groups and integrating food and nutrition in HIV/AIDS services.
4. Number of healthcare providers and carers trained in nutritional assessment, care and management of malnourished PLWHAs
5. HIV/AIDS service providers that carry out nutritional assessments.
6. HIV/AIDS service providers that provide nutritional counseling and care
7. HIV/AIDS service providers that provide nutritional supplements
8. Number of HIV-positive patients with moderate malnutrition receiving food and nutritional supplementation

PEPFAR indicators on which the **program must report include:**

- Number of individuals provided with general HIV-related palliative care
- Number of individuals trained to provide general HIV-related palliative care
- Number of OVCs receiving food and nutritional supplementation through OVC programs
- Number of individuals receiving ART with evidence of severe malnutrition who are receiving food and nutritional supplementation during the reporting period

Applicants MUST propose yearly targets for these indicators in their applications, disaggregated by district.

5. Implementation Activities

a. Substantial Involvement

USAID, acting through a USAID Cognizant Technical Officer (CTO) and a USAID Agreement Officer (AO), shall be substantially involved during the implementation of this Agreement in the following areas:

1. **Approval of the Recipients' Annual Work Plan**

2. **Approval of Specified Key Personnel** – USAID may designate as key personnel only positions that are essential to the successful implementation of the award. USAID's policy is to limit this to a reasonable number of positions, generally no more than five positions, or five percent of recipient employees working under the award, whichever is greater.

3. **USAID and Recipient Collaboration or Joint Participation** – specifically, concurrence on the substantive provisions of sub-awards and the approval of recipient's monitoring and evaluation plans.

b. Annual Work plans

The applicant shall develop the first Annual Work Plan within two months of award date. The plan will be reviewed and approved by the CTO within two weeks of submission. Within one month prior to the end of each activity year, the applicant shall submit to the CTO an annual work plan for the following year. The annual work plans shall describe the activities and interventions required to meet the award outputs. The plans will include proposed activities for the given year, time frame for implementation of annual activities, projected annual budget. The workplan format will be agreed upon by the recipient(s) and USAID and will follow the established CNLS format.

c. Performance Monitoring Plan (PMP)

Within 45 days of the signing of the award, the applicant shall submit a Performance Monitoring Plan (PMP) for Phase I of the activity that derives from the activities outlined in the program description. The Performance Monitoring Plan will outline key program activities, indicators of achievement, which should support the achievement of the President's Emergency Plan targets and USAID/Rwanda's intermediate results. This Performance Monitoring Plan will be reviewed and approved by the CTO.

d. Progress Reporting

Quarterly Reports: The Recipient shall submit quarterly performance reports. These reports will indicate progress achieved towards benchmarks, highlight tangible results, identify any problems encountered in implementation, and propose remedial actions as appropriate. Quarterly reports should report on the previous three months activities and are due within 30 days of the end of each fiscal year quarter. Quarterly reports will cover the three-month periods ending in September, December, March and June. These will be reviewed by the CTO for monitoring purposes. ***It is currently expected that PEPFAR reporting will be on a semi-annual basis. This means that in every other quarterly report, the Recipient would also need to include reporting on required PEPFAR indicators.***

Annual Reports: Annual reports will be submitted within 30 days of the end of the fiscal year. The first Annual Performance Report will cover the period TBD, and subsequent reports will cover the twelve-month periods ending in September. Reports will cover activities completed during the preceding 12 months as well as cumulative performance results since the start of the agreement. This will be submitted to and reviewed by the CTO.

End of Activity Report: Within 60 days after the completion of the agreement, the Recipient will submit a final project report on results measured against the PMP, lessons learned, and

project successes and failures. The report should indicate the outputs and impact the program is having on the target beneficiaries. Anecdotal and case studies, pictures and any other information that gives insight into the success of the program should be included. Within the last month of the program, the applicant shall submit to USAID/Rwanda an end-of activity report, summarizing the major achievements, impact and issues generated by the activity. The report should also indicate the contextual opportunities remaining that could easily be harnessed to sustain the results of the program.

6. Cross-cutting Issues

Considering that women are the most affected people by the HIV/AIDS pandemic in Rwanda, Recipient(s) should target women headed households, girl headed households that are affected by HIV/AIDS or households containing girls orphaned by the disease.

7. Monitoring and Evaluation Requirements

The Recipient(s) must provide comprehensive plans for monitoring and evaluating on achievements and impact. The progress of the program will be monitored in accordance with the Performance Monitoring Plan. In executing the monitoring and evaluation functions under this program, the applicant shall collaborate and coordinate with the USAID/Rwanda's Health, Rural Economic Growth and Program offices as necessary. USAID/Rwanda may request special evaluation studies if deemed necessary to improve the quality of the services.

Specific data required are of three types: i) those that report on progress toward Recipient-proposed milestones and targets under the CA; ii) those to measure PEPFAR HIV/AIDS indicators; iii) additional data as may be requested by TRAC+, MINISANTE, and/or CNLS.

All data should be sex-disaggregated.

The first type of data should include reporting on the Recipient(s)'s contribution toward a selected number of milestones and targets toward which the Recipient(s) is working. Those chosen by the Recipient(s) to gauge its progress, and establishment of timing and/or coverage targets related to each, shall be elaborated in the Recipient(s) proposal and verified/revised as part of initial work plan development. They shall be reported on in quarterly reports.

Roles and Relationships

The Recipient is expected to work closely with the key Rwandan, American, and international partners of the USG working on HIV and AIDS to assure that all activities are collaboratively programmed.

The Recipient(s) will be encouraged to work closely with agencies of the GOR and members of relevant Cluster Groups, Networks, Technical Working Groups, and other relevant collaborative fora, including NGOs, international organizations, CBOs, FBOs, and other partners (Recipients/grantees) receiving PEPFAR funds from, or otherwise collaborating with, the Rwanda PEPFAR Team to assure improved coordination of Rwandan, American, and international partners in delivery of resources, and program-related monitoring and evaluation of impact.

The Recipient(s) will also be encouraged to work closely with the PEPFAR Partners and the key Rwandan and international agencies implementing HIV/AIDS programs to assure that all

activities are collaboratively programmed as part of an expanded team mode of operation. Over the past five years, USAID and CDC (individually and jointly) have held periodic meetings of implementing partners to foster the exchange of ideas and to discuss and coordinate activities. Participants have included all implementing partners getting direct USG funding (Field Support and/or bilateral). The PEPFAR team intends that the partner forum will serve as an effective means of integrating plans and activities to assure the integration necessary to achieve results becomes a reality.