



World Bank
Global HIV/AIDS Program
and ACTAfrica

HIV/AIDS in Africa - *Getting Results*

These reports describe activities, challenges and lessons learned during the World Bank's HIV/AIDS work with countries and other partners.



Rwanda MAP

- empowering communities, harmonizing approaches



This note provides a snapshot of the range of HIV and AIDS services funded through the Rwanda MAP project, and how this project has changed lives and contributed to health systems development.

When the project was prepared in 2002, Rwanda was classified among the ten countries most severely affected by HIV. The country had recently emerged from a genocide/war and faced severe capacity constraints and human resources shortages. Life-saving anti-retroviral therapy was available in a few urban facilities to those who could afford to pay. The Government requested assistance through the Africa Multi-Country HIV/AIDS Program, and benefited from the IDA deputies' decision to provide grants for HIV for a limited time.

Under the Government's leadership, performance has been consistently strong, with all project targets met or surpassed. The US\$30.5 million grant disbursed in three years, two years ahead of schedule. Results include: (i) voluntary counseling and testing provided to nearly half a million persons, (ii) 12 million condoms distributed; (iii) over 5,000 patients on life-saving antiretroviral therapy; (iv) financial assistance for school fees provided to 27,000 orphans and vulnerable children; (v) access to community health insurance subsidized for over 52,000 households – reaching about a quarter million people; and (vi) about 100,000 people participating in income generating activities. Personal testimonials confirm the positive impact on the lives of average Rwandans who live on less than US\$0.70 per day.

Beneficiaries report tremendous satisfaction with the MAP approach which empowers them to find their own solutions, channels funds directly to them, and holds them accountable for results. This highly participatory approach has fostered innovation in service delivery and contributed to strengthening social capital through widespread use of solidarity mechanisms. The impact of these activities often has been dramatic. Numerous beneficiaries have reported on how a small amount of money has gone a long way in assisting infected people to get back on their feet and providing alternative sources of livelihood for the vulnerable. HIV messages have been effectively combined with poverty reduction strategies, and measures to enhance sustainability have increasingly been built into the design. The accomplishments of civil society organizations and the consistently high rate of fund disbursements reflect the program's success in providing services to targeted populations, and its successful capacity building efforts. Capacity to plan, implement and monitor projects has been enhanced at all levels, and local groups have demonstrated their ability to manage funds effectively and transparently.

New Sources of Livelihood for Vulnerable Women Affected by HIV

Turwanye Ubukene Association: Let's Fight Poverty



Turwanye Ubukene Association members

MAP community grants for HIV initiatives

Rwanda's MAP has an effective mechanism for channeling funds to civil society groups, which have received nearly half of the MAP project funds. A wide range of eligible organizations (NGOs and Community Development Commissions) were screened, accredited and recruited to assist smaller associations to prepare sub-projects and access MAP funds. In total, over 100 civil society organizations received MAP funding nationwide to provide a full range of preventive, medical and support services for people living with HIV. These activities were funded on a 'demand driven' basis and reflect the needs of the community and civil society groups.

Women widowed or orphaned by the genocide or AIDS have come together to find common solutions and break the cycle of poverty and AIDS. Their stories are strikingly similar. They have shown determination and resilience which Saumura Tioulong, a Cambodian MP who participated in a parliamentary visit to Rwanda in 2006 characterized as a “*phoenix emerging from its ashes*”. She echoed the views of the other 15 parliamentarians who were all impressed with the work of the Turwanye Ubukene Association and their passion for living.



District leaders – including the Deputy Mayor of Kanombe at the time – worked with women members of the Turwanye Ubukene Association to start income-generating projects.

One young woman explains how her life has changed as a result of the new opportunities the Rwanda MAP offers to vulnerable women. Epiphanie used to engage in sex work, like many of others who scramble to make a living in the crowded, poor and highly transient neighbourhood on the outskirts of Kigali. Sex work was not sustainable and not a dignified way to earn a living. The Turwanye Ubukene Association gave her “*access to the right channels*”. Authorities helped her and her co-workers to organize themselves into an association of former sex workers, and to design their own income generating activities. Now she engages in a productive trade, has a stable source of income, and most importantly, has regained her self esteem and desire to have children.

Emmacuette has five children and is landless. When her husband died, she tried to start a small business, but her success was limited. When district authorities put out a call to interested women, Emmacuette responded eagerly. She and many of her friends now claim to be ‘*born again*’ as a result of what is perceived to be a successful project that is providing women with a stable source of income. The association now pays her children’s school fees and materials and their local community health insurance scheme (*mutuelle*) premium. Nineteen year old Faïda explains that her family disowned her when she engaged in sex work. She now has regained their confidence as she participates in a vocational training scheme supported by the association. How did these women manage to break the

cycle of poverty and what can be learned from their experience? There are several important lessons.

Social Mobilization

The first lesson is that *local champions can make a difference in mobilizing people*. In the district that used to be known as Kanombe, authorities were proactive in working with these vulnerable women to start their income generating projects and to modify their sexual behaviour. It was a win-win proposition: the district authorities had an opportunity to tackle a major social problem; the women had the chance of an alternative livelihood. The deputy mayor in charge of social welfare on the district HIV/AIDS commission became personally engaged in the program design, demonstrating strong leadership and empathy. The two groups show how the public sector can work effectively with civil society groups to mount a successful intervention which has a real impact on the day-to-day lives of poor women. In late 2004, 150 women from all corners of the district responded to the initial call for interest in participating. Within two years, membership had grown to 350, with more women joining regularly, inspired by the success of their neighbours, friends and co-workers.

AIDS and Poverty

The second key lesson is that *preventive measures are insufficient unless accompanied by mitigation actions*. In a relatively short time, the program managed to provide an alternative way to earn a living, with beneficiaries now receiving monthly salaries of Rwf10000 (roughly US\$20). Many of the more entrepreneurial women have also accessed funds from local cooperative banks and set up additional small scale businesses. Several programs have built in elements of self sufficiency. For example, association members have used the income generated through the hygiene and environmental protection project to buy a tract of land for their various activities and a truck for transporting solid waste collected from households. The goat rearing project is another good example of self sufficiency and solidarity being incorporated into the design. Each member of the association in turn will take care of the goats, and will be able to keep at least one kid for herself, which will encourage individual entrepreneurship and provide a stable source of income.



The Turwanye Ubukene Association's goat rearing project



MAP support has changed many lives. Turwanye Ubukene Association members like this young woman say: "We feel the impact because we are no longer excluded from society".

Empowerment of Women

A third lesson worth highlighting is that *empowering women has multiple benefits for the whole family*. At the outset, many of the children of these destitute women did not attend school or have access to health care. Membership in the Turwanye Ubukene association has enabled the women to enrol their children in school (with school materials provided) and to receive health care through membership in the *mutuelles*.

On-going Challenges

The program's initial success has motivated and inspired others to emulate this example, but it is probably still early to claim success and a word of guarded caution is warranted. Behavioral change takes time and will hinge on continued and sustained success of these income generating activities. Program managers know that these women remain highly vulnerable and could easily get disillusioned and resume their former line of work. Hence, these women need on-going support from their local leaders and program managers as they face new hurdles and challenges. The original leaders of this initiative are in the process of replicating this successful experience nationwide. These Kanombe champions are not deterred by the enormous challenge of scaling up. They are highly motivated and inspired by their initial success and determined to enable other Rwandan women to escape the AIDS/poverty trap.

Kibungo Vocational Training: Assistance for Orphans and Vulnerable Children

The 1994 Rwanda genocide left a generation of orphans and vulnerable children who are exposed to child labor, sexual abuse, delinquency, and HIV. Many lost their parents and struggle to meet basic needs. In this context, the Kibungo vocational training school was established in a densely populated border area in the Eastern Province with high unemployment and deep-seated poverty. The Kibungo training school started with about 40 young beneficiaries from single parent or child-headed households. The beneficiaries explain that before the school opened, "*vulnerable children and orphans were living a miserable life and had no reliable*

means of maintaining a decent standard of living". They experienced "*discrimination, social isolation, and fear for their future*".

Acquiring Skills

After a nine-month MAP-financed training program, the majority of these youths have acquired new tailoring skills. At graduation, they were given sewing machines and assisted to form an association, in an effort to foster self reliance. They successfully negotiated a contract to produce school uniforms for their district. These recent graduates say they now earn a stable income and can afford to buy food, soap, and clothes, and are members of the community health insurance scheme. They also report a marked improvement in their self esteem, as they gain the respect of their peers and community members. Their association has opened a local bank account to collectively save part of their income to reinvest in their business.

HIV AIDS Messages

The project has successfully combined information about HIV and AIDS, reproductive health and life skills with the income generating activities. Many of the youths reach out to other orphans and marginalized children in their communities to raise awareness about the risk of HIV and how to protect themselves.

Strong Impact on the Lives of the Vulnerable

Three young women trainee's stories ring a common note. Jeanne d'Arc says:

"Prior to coming in the tailoring school project, my life was fixed in a dilemma because I did not have any hope to live a happy life as I was a complete orphan. But now the mental skills I acquired from the tailoring school have helped me to earn some daily income... my life has changed and improved."



The Kibungo vocational training school provided this young woman with new skills and a sewing machine, and much better life chances.

Ernestine says she was:

“living a miserable life as a peasant farmer, and during the drought period cultivation came to a stand still ... I remained redundant without any alternative”.

As a result of the program she had the “chance to learn and acquire new skills”. Sonia adds that in addition to the new skills she has learned, she is now able to “interact with people of different backgrounds and exchange ideas on development issues”.

Key Lessons and Challenges

According to program managers and beneficiaries, the main lessons from this program relate to the importance of (i) *establishing solidarity mechanisms* by bringing vulnerable children together to find solutions to their problems and design their own interventions; (ii) enabling beneficiaries to be *role models for behavioral change*; and (iii) *tackling the underlying causes of AIDS*, namely poverty and vulnerability. The success of the program has generated new challenges: mounting costs of materials, space constraints, and growing demand for the program, and some prospective students have traveled long distances to participate and require special assistance (e.g. food). Ultimately, the success of this initiative will hinge on behavioral change and sustaining the new business endeavors.

Rwanda National Youth Council

– An Innovative Voucher Program for Expanding HIV Testing

Enabling people to learn their HIV status is a first critical step in changing behavior. The Rwanda National Youth Council (CNJR) has devised an innovative voucher system for expanding access to HIV testing for youths (10-24), who represent close to 40 percent of the population. Program designers used a two-prong approach. First, they mobilized all key stakeholders (i.e. youths, health staff, and local youth leaders) and raised awareness of the need to know one’s HIV status, the importance of using condoms, and the existence of local services.



Young man at a Butare Youth Center

Social mobilization was done through various channels, including anti-AIDS clubs, and sports and cultural activities which were a very popular way to reach this target group. The Council trained a total of 230 peer educators in behavioral change communication and carried out activities in over half the provinces.

Second, they designed a simple voucher system which enables youths to go to local health facilities on designated days, minimizing waiting times. Facilities are reimbursed for these services using MAP funds. This innovative approach has two main benefits. It is cost effective: the \$2 per person cost is only a fraction of what it would cost (US\$10) to reach these youths through mobile units. And it enhances the returns on investments in facility-based VCT services which were funded through a Global Fund grant. A snapshot of results at the end of the initial four months was impressive: 120,000 youths were reached through the massive mobilization efforts, and nearly 70,000 were tested. About 6 percent tested HIV positive.

Modifying Behavior



The National Youth Council campaign persuaded Nicolas Niyonsaba to take an HIV test and made him aware of how to protect himself and his wife from HIV infection

During the National Youth Council campaign, 29-year old Nicolas Niyonsaba, who was to be married soon, was encouraged to be tested, which revealed his negative status. *“Before the National Youth Council campaign under MAP financing, I had neither an idea nor much knowledge about VCT. I have now dropped all previous prejudices,”* he says. *“I was able to prompt my partner to be tested before we married and now we live a happy life together, knowledgeable of our HIV status. I have learned the importance of being faithful,”* Nicolas says that increased HIV awareness has also changed his views about condom use from *“shame to pride”*. Moreover, Nicolas now hopes to serve as a role model and help others, saying: *“I have successfully mobilized*

peers to help the infected people in my area, including using holidays to build houses for those who lack basic accommodation.”

Tackling Stigma and Discrimination

Twenty-six year old Madine Kayitesi was an initiator of an anti-AIDS secondary school club. “I always feared HIV testing, for five years I remained at the level of slogans,” she says. When Madine adopted a child of a deceased neighbor she assumed that the child was infected. “It was really a feeling of being discriminative when the child was tested and found to be negative,” she acknowledges.

Madine summoned up the courage to be tested when she was elected as a leader in the Youth Council’s campaign financed by the MAP. The young woman explains how her knowledge about the disease has improved, and how she now understands the importance of testing:

“I learned strong lessons after the VCT campaign, discovering that HIV status is not reflected by mere sight but rather by testing. I have now started an association which does advocacy for children who are infected and affected with the scourge,” Madine announces proudly.



Madine Kayitesi

A Moslem whose own denomination accepts polygamy, Madine says that “the campaigns financed under the MAP operation have empowered me to ... stand strong against polygamy for my future partner and this to me shall be a condition before marriage. People can no longer be bound by cultural or religious denominations where the latter are seen as possible causes/threats to getting infected with HIV”, she insists, underscoring the importance of greater individual responsibility.

Lessons and Issues

The Youth Council’s large scale mobilization campaign and voucher program proved highly successful in reaching young people like Nicolas and Madine. The

validity of this approach was demonstrated by the quick results achieved -- large numbers of youth were reached in a relatively short time. The voucher program is now being considered as a model for testing other groups.

The beneficiaries note three principal lessons:

- HIV testing is critical to modifying sexual behavior and expanding condom use.
- Enhanced knowledge leads to greater empathy and solidarity with people living with HIV.
- Awareness campaigns foster a culture of responsibility, trust and faithfulness among young couples.

In spite of the initial success of this initiative several important challenges persist. First, while program managers did an excellent job mobilizing health staff and involving them in this initiative, some VCT sites were unable to cope with the rapidly growing demand for these services. Second, in some cases youths had to travel long distances and this proved to be an impediment to taking advantage of the voucher scheme. Finally, the post-counseling services were not always easily accessed as some youths became disillusioned and did not follow up, suggesting a need to strengthen psycho-social support for those found HIV-positive.

Combining HIV Messages with Income Generating Activities

– Examples from the City of Gisenyi

Local governments have played a supportive role in disseminating HIV prevention messages and assisting local associations to access MAP funds. The mayor of Gisenyi acknowledged his appreciation for the work of the eight associations of people living with HIV, which is making a huge difference in the lives of ordinary people. The unsung heroes of these associations are doing a remarkable job in organizing and supporting vulnerable people to design their own income generating activities. Gisenyi is a local tourist destination in the North of the country, on the border with the Democratic Republic of Congo. The lack of employment opportunities and high levels of mobility left women and young girls with few alternatives to prostitution.

Associations and Income Generating Activities

Local leaders organized beneficiaries into associations and made a concerted effort to raise awareness through multiple channels -- anti-AIDS clubs, cultural events and sport tournaments. The associations benefited from

MAP funding and now report enthusiastically some of their initial successes. Their stories are broadly similar.

The Tuvugibyayo Association, which supports about 50 men and women, reports that at the outset members were in a “*desperate state*”. Today, they practice various small scale commercial activities and are fruitfully employed. Buying ‘*conteneurs*’ -- small makeshift stores, which are then rented out to prospective vendors, turned out to be highly remunerative. Part of the rental income generated by beneficiaries has been used to set up a small credit scheme through which they extend financial support to other association members. The modest loans need to be paid back within three months, freeing up resources to be lent to the next group.

One association member remarks how the income-generating activities have “*helped them to feed their families*”. Another member explains that the scheme has also reduced stigma and discrimination. “*In the future we will no longer be called People living with HIV/AIDS because our situation continues to improve daily.*” Association members have also developed solidarity mechanisms through which each contributes to financing home visits for people who are ill and bedridden. Membership in the association offers the benefit of access to new sources of livelihood, as well as social and psycho-social support of peers.

Demand for HIV Testing

Health providers in Gisenyi say there has been rapid growth in demand for HIV testing, which they attribute in large part to the social mobilization activities of the various associations. They note that individuals became particularly keen to be tested so that they could become members of the associations and benefit from the income generating activities. The number of people tested rose from about 400 in 2004 to 1000 in 2005 and close to 3,000 by end 2006.

National Faith-Based Organizations Network Against HIV/AIDS in Rwanda

Faith-based organizations (FBOs) historically have played an important role in the HIV/AIDS response in Rwanda. They have provided important financial, spiritual and moral support to those affected or infected by this impoverishing illness. In recent years, FBOs have expanded the range and scope of their activities and better structured their support through a coordinating body which is currently funded primarily through the Rwanda MAP. The FBOs reach virtually all Rwandans -- Muslims, Protestants, Evangelicals, Episcopalians and Catholics -- through their nationwide networks of churches, mosques, dioceses and parishes. The FBO network has played a pivotal role in mobilizing religious leaders and in guiding and coordinating investments.

Prevention

Religious leaders have been encouraged to play an increasingly important role in responding to AIDS which deeply affects their parish members. They are role models for their constituencies in speaking regularly about HIV and AIDS, urging parish members to get tested, and encouraging fidelity. The FBO network has helped to strengthen capacities of members.

Stigma & Discrimination

The culture of acceptance and solidarity that FBOs encourage helps fight stigma and discrimination. Religious leaders organize monthly collections to assist vulnerable parish members (photo below) and provide spiritual support to those living with the illness. The FBO network estimates that these activities occur in about 70 percent of churches and mosques nationwide.

The **AGAPE Association** is a faith-based association created in 2001 under the auspices of the Evangelical Restoration Church, to provide holistic support to those who teeter on the fringes of life and face numerous risks, including HIV. Program administrators note that the rapidly growing town of Rwamagana where they are based faces many challenges as a result of the legacy of the genocide which left scores of orphans, widows and rape victims. The 500-member association of 175 adults and 325 orphans and vulnerable children has used their MAP grant of about US\$9,000 to support the children, start income generating activities, offer home based care, and to access community health insurance.

Orphans and Children Affected by AIDS

Although the total number of children reached nationwide remains modest in relation to those in need, FBOs have proven effective at identifying those in need, channeling funds to them, and monitoring the use of funds and the results attained. FBOs aim to provide holistic care. Roughly 12,200 children have received support to enroll in health insurance schemes, about 5,000 children have benefited from food aid, secondary school fees paid for about 8,600 children, roughly 90 young people have benefited from vocational training, and more than 2,200 have received various other forms of support.



Faith-based organizations are doing a great deal to care for and help orphaned children

At the Shakina Primary School, founded by the AGAPE association, Macrine's eyes fill with tears as she explains her situation.



“My mother is ever in sickbed and my father has died. MAP is covering all my studies. I am afraid when it stops it will be the end of my studies”. (Macrine)

Income Generating Activities

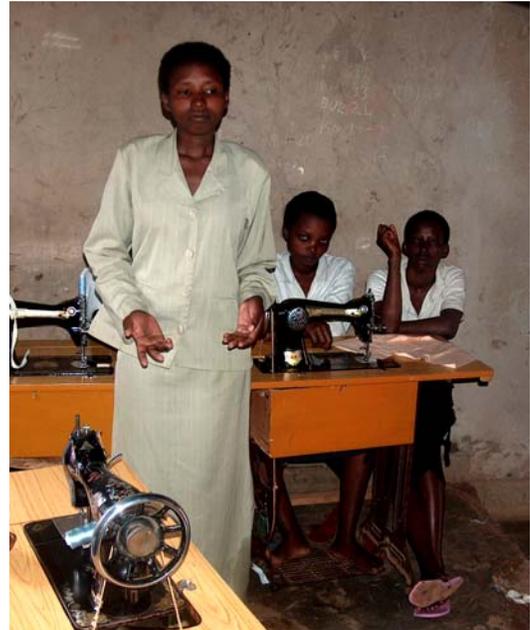
Several religious groups serve as umbrella organizations for the MAP, helping smaller associations and community-based organizations access funds and develop income generating projects. Religious groups tend to have close ties to community members, and the trust, respect and compassion they have are great assets for reaching out to vulnerable people. FBOs were among the first to assist those affected by AIDS and to organize them into associations. These associations have served as forums of solidarity as well as effective mechanisms for joint income generating activities. A full range of income generating activities has been supported, such as: (i) vocational training (e.g. plumbing, woodwork, mechanics, sawing); (ii) small scale commerce (e.g. food, drinks, animal husbandry, fisheries); and (iii) service activities (e.g. taxis, bikes). FBOs aim to ensure that these income generating activities benefit all association members to promote 'unity, equity, transparency and compassion'. The network estimates that 80,000 people have benefited from these activities through 600 sub-projects, of which over 70 percent have been funded through the MAP operation.

Restoring Hope

At the AGAPE association in Rwamagana, 24-year old Sylvie describes how she acquired new tailoring skills at the Freedom in the Sun International Center.

“After my father was killed in the 1994 genocide and my mother was handicaped, it was as if the bridge to cross for my future was cut down. I was the first born and still too young to care for my two younger siblings who

counted on me. I was compelled to discontinue my primary school studies at form 4 level and take the responsibility to sustain the family. I sacrificed myself for my siblings's feeding and .. now the Almighty God has used MAP/Restoration Church through AGAPE Association to restore my lost hope”.



Sylvie, in the Freedom in the Sun International Center.

Treatment

Health facilities run by religious missions (that administer roughly 40 percent of the health network in Rwanda) have played a key role in expanding access to a full range of HIV-related services, including HIV testing, preventing mother to child transmission, and antiretroviral therapy. These services are provided in an atmosphere of confidence and trust and in a spirit of compassion and with moral support. Many of these clinical services are linked to community-based support, giving patients access to an integrated package of services which is essential for AIDS patients. Nearly half of the MAP-supported treatment sites (i.e. Gikonko, Gakoma, Kiziguro, Gahini, Mibilizi, Kibogora) are run by religious missions, as described below.

A Mother's Story

Gloriose Murebwayire's story is a source of inspiration to other women in similar predicaments. Gloriose has gone from denial to acceptance and has assumed responsibility for herself and her son.

“My son Oliver was born HIV positive. My husband died in 1996 and I was not aware it was from AIDS. I always feared to get tested. That changed in 2004 when I was sensitized by the pastor from the MAP-sponsored AGAPE Association.”

The 34-year old woman adds that **“it was too hard accepting I was positive even though I felt unhealthy and my child was ever sickly”**. The counseling sessions of the association helped her come to grips with her status and seek care. Gloriose and Oliver are now on Bactrim (used to fight pneumonia in AIDS patients with weak immune systems) and receive nutritional support. She notes assertively, **“Now who notices that we have AIDS?”**

Pride shines in her words and face as she tells visitors that 10-year old **“Oliver is always the first in his class with 95% marks. He is no longer sickly.”** In the absence of the government’s widely available treatment program, Oliver’s young life might not have been spared.



Gloriose and her son, Oliver

Gloriose, like other association members, benefits from income generating activities which increasingly are building in measures to enhance sustainability. **“I am a beneficiary of the rotating loan scheme. I have a small business to sustain my family,”** she says. Gloriose reports that she was able to save money in the local bank, supplement the school materials paid for by the project, buy community health insurance and provide a healthy diet to her family. **“MAP is saving the life of thousands of people infected and affected by HIV/AIDS”**, Gloriose says.

Main Lessons

The program managers list five key lessons stemming from the wide range of MAP activities supported by faith-based groups:

- **The commitment and engagement of religious leaders in the fight against HIV/AIDS is critical.** The network of faith-based organizations has proven to be an effective mechanism for mobilizing religious leaders to be advocates and role models. AIDS, previously seen as a punishment from God and a taboo topic, is slowly being demystified.

- **Faith based organizations have a comparative advantage in working with vulnerable people.** They are often close to the beneficiaries and have a good understanding of their situations, and tend to treat them with respect and compassion. FBOs have nationwide structures and channels for reaching vulnerable people and can fairly easily add HIV interventions to their other activities.
- **Coordination of FBO activities through a network organization is an effective way to expand activities.** The ‘Reseau des Confessions Religieuses’ has proved to be an effective structure for guiding investments, coordinating and monitoring activities, and minimizing duplication. Plans are underway to further strengthen coordination by having a single consolidated plan of activities covering all denominations, and one monitoring and evaluation system.
- **Intensifying links between HIV interventions and poverty reduction.** Many people infected or affected by HIV live in dire poverty. Given the impoverishing nature of the illness, the non-medical aspects of this disease, such as food security, need greater attention.
- **Flexibility in the use of MAP funds has allowed innovation.** The MAP approach of encouraging stakeholders to identify their own solutions and design their own program encourages innovative responses and ownership of the intervention.

Scaling up and Decentralizing Access to Life Saving Anti-Retroviral Therapy — a Pro-poor Focus

The World Bank was one of the first donors to support a major scale up of antiretroviral therapy (ART) in Rwanda. The program has a strong pro-poor focus, targeting three underserved provinces. Two-thirds of the beneficiaries are women, who are disproportionately affected by HIV. A growing number of children have been enrolled as the government has increasingly focused on pediatric care. ART has prolonged lives and improved quality of life for people on the margin who might have otherwise succumbed to HIV-related illness. It has also enhanced capacities at rural health facilities that serve 2 million people in some of the most remote and destitute provinces in the country.

A Harmonized Approach

The success of these activities is largely due to the harmonized approach promoted by the government. Rwanda’s early commitment to providing treatment helped rally partners and mobilize resources. Authorities developed a treatment plan with the support of the

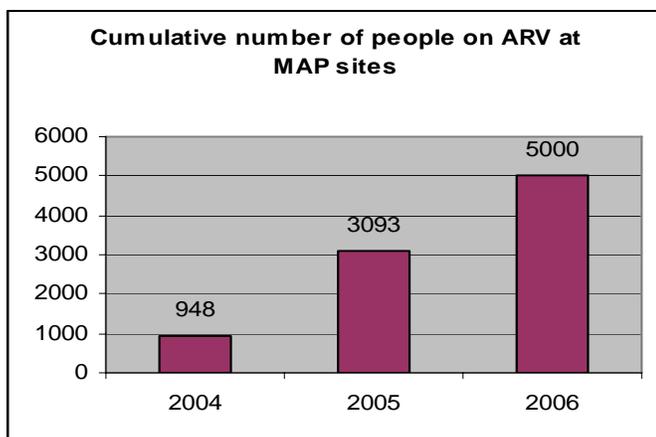
Clinton Foundation and introduced a user fee policy with a sliding scale. Most Rwandans receive free care as they live below the poverty line. Under the government's leadership, the Bank developed strong partnerships with the Clinton Foundation, Global Fund, and US Government/PEPFAR to design, implement and monitor the treatment program.

Strong Partnerships

The Bank recruited the US Centers for Disease Control and Prevention (CDC) to do a baseline assessment and propose alternative models of care for MAP-supported facilities. The analysis was done in close collaboration with the Treatment and Research Center on AIDS of the Rwanda Ministry of Health, which promoted ownership and assured continuity in implementation and oversight. Criteria to assess and accredit sites were developed and used to support the national scale up. The district hospital model developed for the MAP inspired the scale up of the Global Fund and USG/PEPFAR-supported sites and the experience of these partners, in turn, benefited the MAP sites. Harmonization of strategies and instruments has been critical to the success of the scale up. The strong partnership with CDC has resulted in an additional US\$4.0 million for MAP-related activities and technical backstopping on laboratory monitoring.

Solid Performance

Performance of MAP sites has been solid. In less than 3 years over 5,000 patients have been placed on ART in comparison to a MAP appraisal target of 2,350 (figure below). Only 3 percent are lost to follow up and virtually all patients are on cost effective first drug regimens. The capacity to diagnose, treat and follow up AIDS patients has been established at 12 district hospitals and 1 health center. These upgraded facilities have also strengthened their capacity to provide non-AIDS care, as most benefited from laboratory upgrading, renovations, logistical support, and additional human resources.



Source: Rwanda Ministry of Health

The MAP program is now being decentralized to an additional 18 health centers which will shorten travel time for patients and lower costs to the system. Overall, Rwanda has made excellent progress in expanding treatment with roughly 32,000 patients on ART at 130 sites nationwide, which represents well over 50 percent of those who need care (i.e. those at an advanced stage of the disease) in contrast to 870 patients at seven sites at the end of 2002.

Saving Lives

The impact of this massive scale up on people's lives has been remarkable. Edouard, a 36-year old man, was bedridden and needed to be cared for by his HIV-positive wife. When he arrived at the MAP-sponsored Butare Hospital he weighed just 35 kilos. He had previously been treated for meningitis, TB, pneumonia and other infections.

Following the initiation of ARV therapy, his weight rose to 56 kilos and his CD4 count jumped to about 650. Edouard was able to take advantage of the government's highly subsidized services -- like most other Rwandans participating in the program, his low earnings of just US\$.70 per day qualify him for free care. Edouard's health improved and he was able to return to the fields and to start growing food for his family once again. His wife, who had recently given birth, was referred to the ART program to determine whether she needs treatment.

In the words of one of the nurses at the Butare Hospital,

“The availability of life saving ARV drugs is providing hope to people who are desperately ill, and also is leading to greater acceptance of people living with HIV/AIDS – you can see the reduction in stigma associated with expanded access to ARV therapy.”

Decreased stigma is reflected in lower numbers of patients reporting abusive behavior by community members, greater willingness to talk openly about their HIV status, and increased demand for HIV testing.

Service Delivery Innovations

Innovations in service delivery and management of drugs and human resources have benefited both individual patients and the health system. Three notable examples are worthwhile highlighting.

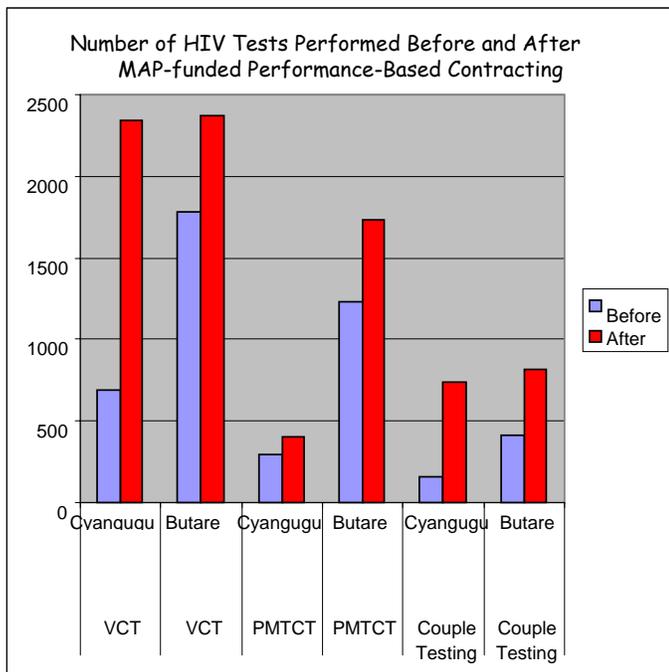
Basket Funding of Drugs Coordinated, basket funding of ARV drugs using the national procurement system has generated important cost savings, promoted standardized drug regimens, and enhanced planning and forecasting skills. Under this arrangement, the Bank and Global Fund finance generic drugs and the USG/PEPFAR pays for brand name drugs. Collaboration with the Clinton Foundation has helped

lower the prices paid for drugs and diagnostics, and enabled the Rwanda MAP to pay for far more people on ART than originally planned.

Rapid Information System The TRACNet system uses mobile phones to transmit information. It provides managers with up-to-date information on patient and program outcomes (i.e., numbers of patients on ARV treatment, drugs dispensed, etc). It was funded by PEPFAR and implemented nationwide, including in all MAP-funded treatment sites. In addition to the system-wide benefits of being able to manage and monitor the treatment program and supplies efficiently, patients are better off because the alert system built into TRACNet helps avoid drug shortages (which lead to interruptions in treatment and raise costs).

Performance Contracting The introduction of performance-based contracting for HIV-related services, which was led by the MAP sites and subsequently adopted as part of the national policy and supported by PEPFAR and others, has contributed to health system strengthening. Service targets were set for each facility, and staff could earn bonus payments by meeting and exceeding the targets. It was left to staff at each facility to find ways to increase service coverage.

The performance-based contracting resulted in a rapid expansion in key HIV services in a relatively short time. This figure shows large increases in the number of HIV tests before and after the contracts were introduced:



Source: CORAID; Rwanda School of Public Health program data

Performance contracting has stimulated innovations in service delivery (e.g. outreach activities to expand HIV testing, promotion of couple testing). The bonus

payments have increased the incomes of personnel and participating sites were able to invest part of the additional revenues in their facilities. The administrator of the Nyanza Hospital reports that absenteeism declined as staff became increasingly motivated. As part of the national policy the government has decided to condition future payments for HIV services on improvements in the quality of basic health services, *showing how funding for a single disease can focus attention on broader quality of care and services.* An impact evaluation of this scheme is underway to assess the impact of bonus payments on the quantity and quality of services provided and on health outcomes.

“When someone feels empowered and their views are taken into account, this is more important to motivation than the actual payments received”

“Performance contracting has liberated the entrepreneurial spirit”

“Money has no color...irrespective of the source it improves incomes of health workers”

Views of providers and program managers

Hospital Grants When the contracting approach was introduced, all MAP-funded ART facilities received small grants (i.e. up to US\$60,000 annually), which were used to tackle staff shortages and improve the overall functioning of the facility. Focus group discussions with providers revealed a high degree of satisfaction with the empowering effects of these small grants which allowed staff at MAP sites to decide on the number, profile, and payment levels of additional personnel. Providers report that the additional staff (e.g. doctors, nurses, laboratory technicians) are not assigned exclusively to HIV care and support the district hospitals more generally. Pay scales are comparable to those of existing personnel to avoid creating distortions. Financing of recurrent costs (e.g. maintenance of vehicles and equipment, office materials, communications) was modest but helped with the overall running of the hospitals. These grants were combined with minor refurbishing of facilities, (including new incinerators for waste management) and an important upgrading of laboratories that served not only AIDS patients but others as well. Travel time was reduced for those who no longer needed to go long distances for various laboratory tests. A provider at the recently renovated Kiziguro Hospital run by a religious mission says:

“MAP has assisted to improve the quality of care for both AIDS and non-AIDS patients. We are now able to provide ARVs and medications for opportunistic infections. We no longer need to refer our patients to Kigali but can perform a full range of lab services on site.”



Technician in the upgraded laboratory at Nyagatare hospital

New Challenges

Financial sustainability The rapid scale up of treatment has brought new challenges. The single most important challenge is the financial sustainability of these investments as the cost of ART remains beyond the means of most Rwandans, and the government faces numerous trade-offs within constrained budgets. In the medium-term, the government will need to absorb the additional personnel and recurrent costs supported by IDA at MAP facilities. The government has already assumed responsibility for financing performance contracting for basic health services at health centers and will be doing the same for the district hospitals. The Ministry of Health is in the process of integrating HIV care into general health services, in an effort to give greater attention to cost effectiveness and sustainability. The decentralization of HIV care also is quite advanced. This will bring services closer to patients and help maintain high adherence levels.

Monitoring and Evaluation - a harmonized approach

Harmonized monitoring and evaluation are a key focus of the Rwanda MAP. Indicators and a routine reporting system were developed from the start. The MAP reporting system was linked to the national HIV/AIDS monitoring and evaluation system. The project M&E system drew all its outcome level data from national surveys, ensuring that there was no duplication of effort. The MAP routine data collection system has now been adopted by the National AIDS Control Commission (CNLS) as the national standard to be used by all projects to plan and report data on a quarterly basis at the district level -- the so-called 'tronc commun' system of reporting (i.e. main branch of a tree, from where all others originate). The "Most Significant Changes" technique -- a participatory methodology to enable beneficiaries to analyze and record the changes that have resulted from a project -- was initiated under the MAP, and has now been adopted as a national model for preparing best practice case studies.

Solid, productive and mutually beneficial partnerships were established for monitoring the national HIV/AIDS response in Rwanda and the Bank has played a key role in this process. The MAP team plays an active role in the national monitoring and evaluation technical working group. The World Bank provides intensive technical support for the MAP and for the national response more broadly, working in close partnership with other key stakeholders (e.g. UNAIDS and USG/PEPFAR partners).

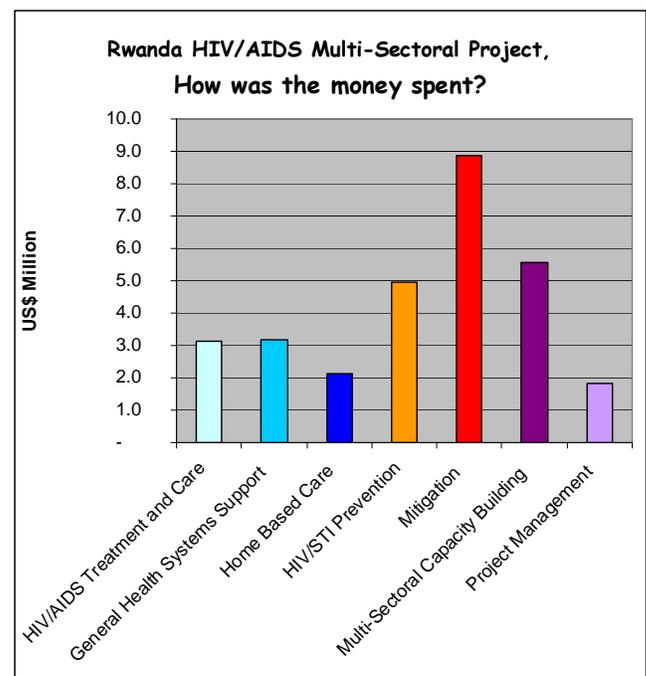
How was the money spent?

Mitigation

Roughly **30%** of the MAP funds were spent on mitigation, including: (i) income generating activities combined with HIV prevention messages; (ii) school fees and vocational training for orphans and vulnerable children; and (iii) paying premiums for vulnerable people to expand access to the community health insurance scheme (mutuelles), reaching about a quarter of a million poor people. These mitigation investments targeted people affected by HIV and other vulnerable groups; thus, there has been a potentially important poverty alleviation impact on beneficiary households. They have gained new sources of income, and are now able to send their children to school and seek health care, as described in the testimonials.

Prevention

Prevention activities captured about 17% of the MAP funds and were implemented by a wide range of institutions. The activities included: social mobilization, IEC/BCC, advocacy, condom promotion and HIV testing.



Capacity Building, M&E

About **19%** of the funds were used for institutional support, capacity building, and M&E. The MAP played a pivotal role in establishing and funding the operations of the National AIDS Commission, other coordinating bodies, and supported development of the national M&E system at provincial and district levels. These investments were essential building blocks in building national capacity, particularly in the first couple of years. The MAP also financed training for beneficiaries in how to prepare, implement and monitor sub-projects and annual actions plans. Finally, the MAP co-financed the 2005 Demographic and Health Survey to enhance knowledge of the epidemic, a beneficiary assessment to measure client satisfaction, and an important impact evaluation of the performance contracting scheme.

Health Response

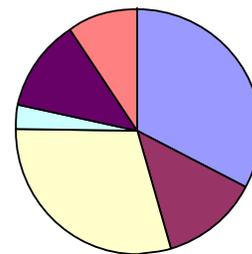
The health sector response absorbed slightly less than **30%** of the total funding. In parallel, the US CDC funded about US\$1.0 million of laboratory equipment and supplies for MAP district hospitals, the introduction of the TRAC Net system at an estimated cost of US\$.4 million for the MAP-supported provinces, and US\$2.8 million for strengthening linkages between health facilities and communities and providing home based care in Butare and Cyangugu provinces.

Treatment & Care: About US\$3.1 million was used to finance treatment and care for people living with AIDS. This included: (i) ARVs and medicines for opportunistic infections (US\$2.3 million); and (ii) laboratory equipment and reagents (US\$0.8 million).

Home Based Care: US\$2.1 million was spent on home based care for people affected by HIV, including psycho-social support, nutritional support and home based kits.

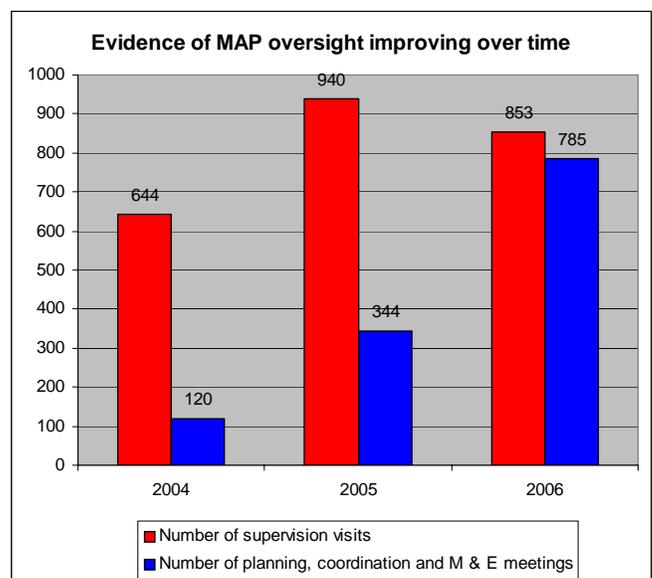
Health Systems Support: Roughly US\$3.1 million was used in a flexible manner for general health system strengthening at the MAP-supported sites, paying for: (i) recruiting additional staff where there were shortages and/or shortcomings in specific services; (ii) financing performance bonuses which raised staff incomes; (iii) providing modest support for operating costs; (iv) refurbishing facilities, including building incinerators for waste management; and (v) upgrading laboratories to enhance their capacity to serve all patients. These investments have positive spillover effects for the health system, in comparison to the treatment and care investments where the benefits accrue primarily to AIDS patients.

Rwanda MAP: Treatment and General Health Sector Spending



Operating Costs

The costs of administering this project were kept in check at about US\$1.9 million or roughly **6%** of the total grant over the life of the project. Given the complexity of the project and the large number of beneficiary organizations in the public and NGO sectors, these costs appear quite reasonable. The MAP team provided close oversight to the beneficiaries, coordinating project activities and managing the funds.



Conclusion

Looking back at the MAP experience, Dr. Agnes Binagwaho, Executive Secretary of the National AIDS Control Commission, says:

“The MAP has shown how holistic, high quality care can be provided effectively to those living in remote areas. Small amounts of money have played a catalytic role in generating new economic opportunities. Start-up funding has built institutional capacities that will be sustained by government.”

Even with strong support from all the partners, this young program will require sustained financial assistance to maintain the progress made to date in containing the epidemic. The Government and partners will need to ensure that sustainable long-term financing is available to provide treatment to all who will eventually need it, and that a concerted effort is made to continue strengthening health system capacity to provide a broad range of high quality care, helping the next and future generations to remain AIDS free.

About the MAP and Rwanda HIV/AIDS Multi-Sectoral Project:

The **Africa Multi-Country AIDS Program (MAP)** was designed to help countries intensify and expand their multi-sectoral national responses to the HIV epidemic, to dramatically increase access to HIV prevention, care, and treatment. To qualify for MAP funding, countries were asked to: (i) develop HIV/AIDS prevention, care, treatment and mitigation strategies and implementation plans through a participatory process; (ii) have a national multi-sector coordinating authority with broad stakeholder representation from public and private sector and civil society, with access to high levels of decision-making; (iii) empower and mobilize stakeholders from village to national level with funds and decision-making authority within a multi-sectoral framework; and (iv) agree to use exceptional implementation arrangements such as channeling money directly to communities and civil society organizations, and contracting services for administrative functions like financial management, procurement, monitoring and evaluation, IEC etc as needed.

The **Rwanda HIV/AIDS Multi-Sectoral Project** was part of the second group of MAP projects, and received grant financing. The US\$30.5 million grant was approved on March 31, 2003 and became effective on August 11, 2003. By the end of 2006, the grant was fully committed and almost fully disbursed. Additional financing of US\$10 million was approved by the Board of Directors on February 2, 2007 to consolidate gains from the initial investments and plan for their sustainability. Specifically, the additional grant aims to: (i) reinforce prevention activities in priority sectors by consolidating voluntary counseling and testing services and strengthening condom promotion; (ii) support decentralization and integration of AIDS care and treatment in the former MAP provinces and plan for their sustainability; (iii) respond to the unmet demand from civil society groups to fund school fees and income generating activities; and (iv) put in place capacities in the newly established districts and consolidate institutional strengthening.

More information on the project can be found on the World Bank website, www.worldbank.org, search within projects, using project numbers P071374 and P104189.

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