



TRAC Plus

Center for Treatment and Research on AIDS, Malaria, Tuberculosis and Other Epidemics

HIV/AIDS and STIs UNIT ANNUAL REPORT July 2009 - June 2010

Kigali, September 2010

Summary

Program objectives in 2009 - 2010

During the year 2009 - 2010, four main objectives guided all the activities of the HIV/AIDS and STIs (HAS) Unit within TRAC *Plus*. These four objectives include:

- To increase the number of patients on ARVs from **68,520** patients (June 2009) to **74,975** patients by the end of June 2010;
- To counseling and test **1,593,139** people for HIV and give them their test results (100% of customers will come back to test the results) from July 2009 to June 2010;
- To provide to **8,976** HIV pregnant women ART prophylaxis in PMTCT program from July 2009 to June 2010;
- To increase the number of Health facilities offering VCT, PMTCT and ART from **378** VCT-HF (End June 2009) to **426** VCT-HF end of June 2010, **345** PMTCT- HF (end June 2009) to **426** health facilities offering PMTCT services, and from **217** ART-HF (end June 2009) to **305** ART-HF June 2010.

Program achievements in 2009 - 2010

The achievements of these goals set for July 2009 to June 2010 were very satisfactory.

- **HIV counseling and testing**, - such as end of June 2010, data show that **1,673,839** people have been counseled and among them **1,671,041** (99, 8%) were tested in the health facilities and mobile VCT. Among 1,671,041 people tested in health facilities and mobile VCT; **1,659,381 (99, 3%)** know their HIV results. Per month, the average number of people tested in all health facilities is 139,253. The number of clients tested from July 2009 to June 2010 represents 33.9% of the expected population in VCT services. The number of health facilities offering counseling and testing services increased from **378** to **419**.
- **PMTCT** - 290,910 pregnant women were received in ANC from July 2009 to June 2010. 98.3% of them (286,073 pregnant women) accepted to be tested for HIV and received their results, 7,677 of the tested women were HIV positive (2.7 % of prevalence in pregnant women attending PMTCT services).

Eight thousand four hundred forty five (8445) pregnant women tested HIV positive and HIV negative in discordant couples received ARV prophylaxis/treatment according to the current protocol used in Rwanda. Among them, **1530** who represent **18.1%** received triple therapy for their own health, **1596 (18.9%)** received triple therapy for MTCT prophylaxis, **3483(41.2%)** received Dual therapy for prophylaxis (AZT from 28 weeks of gestation + Sd NVP during labor then AZT+3TC for 7days after delivery) , **1836 (21.8%)** received Sd NVP then AZT+3TC for 7days.

Considering deliveries, out of **8062** HIV + pregnant women expected to give birth in HF, **6699 (83%)** gave birth effectively in the HF and **576** gave birth at home but notified at HF. This shows how much the PMTCT services increase the level of use of maternity services in a HF.

For the same period, **8127** children born to HIV positive women were expected to receive ARV prophylaxis, **7806 (96%)** have received this prophylaxis.

The number of health facilities offering PMTCT services increased from **345** (June 2009) to **382** (June 2010).

- **Care and Treatment of people living with HIV/AIDS** - the number of patients on ARVs increased from 68,520 patients (end June 2009) to 83,041 patients (June 2010). The number of children on ARVs, increased from 5894 children (end June 2009) to 7111 children by the end of June 2010. ART health facilities also increased from 217 to 295 throughout the country.
- **The BSS (Behaviour Surveillance Survey among high risk groups) 2009/2010** has been conducted among sex workers, young people from 15 to 24 years old and truck drivers in national level. data entry has been completed and data analysis is in progress. HIV Drug Resistance EWI (Early Warning Indicators) survey was conducted; data abstraction in 27 sentinel sites was completed in November 2009.

Abbreviations and acronyms

AIDS	:	Acquired Immunodeficiency Syndrome
ANC	:	Antenatal Care
ART	:	Antiretroviral
CNLS	:	National Commission to fight against HIV/AIDS
COAG	:	Cooperative Agreement
DBS/PCR	:	Dried Blood Spot/ Polymerase Chain Reaction
FHI	:	Family Health International
FP	:	Family Planning
HAS	:	HIV, AIDS and STIs
HF	:	Health Facilities
HIV	:	Human Immunodeficiency Virus
IEC/BCC	:	Information, Education, and Communication/ Behavior Change Communication
IRESKO	:	Institute for Research, Socioeconomic Development and Communication
LNR	:	National Reference Laboratory
MAP	:	Multisectoral AIDS Program
MC	:	Male Circumcision
MOH	:	Ministry of Health
NGO	:	Non Governmental Organization
OIs	:	Opportunistic Infections
PEPFAR	:	President's Emergency Plan for AIDS Relief
PHE	:	Public Health Evaluation
PLWHA	:	People living with HIV/AIDS
PMTCT	:	Prevention of Mother to Child Transmission of HIV
PNILT	:	National Tuberculosis Control Program
RPR	:	Rapid Plasma Reagent
STI	:	Sexual Transmitted Infections
TB	:	Tuberculosis
TRAC Plus	:	Center for Treatment and Research on AIDS, Malaria, Tuberculosis and other Epidemics
TWG	:	Technical working Group
UNICEF	:	United Nations Children's Fund
VCT	:	Voluntary Counseling and Testing
WHO	:	World Health Organization

Introduction

The HIV/AIDS and STIs Unit within TRAC Plus has a mission to implement national surveillance of HIV/AIDS and STIs and to provide technical assistance to public and private sectors in prevention through VCT, PMTCT, PIT, MC, PwP and care & treatment of People Living with HIV and AIDS (PLWHA) in Rwanda.

The unit is responsible for national planning, policy development, training of trainers and curriculum development for clinical programs. HAS Unit provides assistance and technical guidance in the organization and effective management of programs against HIV /AIDS and STIs. It is also the public agency whose primary responsibility is formative supervisions, monitoring, evaluation and coordination of performance of the health sector as a whole to reduce transmission of HIV and AIDS. In carrying out these activities, HAS Unit uses information technology high quality and innovative approaches in planning, treatment, support Technical and research.

The following section presents activities of the HAS Unit in the year 2009/2010 by programs of intervention:

- Epidemiological surveillance of HIV and STI
- HIV prevention
- The clinical management of people living with HIV and AIDS
- Other activities in support of these three programs.

CHAPTER I Epidemiological surveillance of HIV and STIs

In 2009-2010, the Epidemiology Department planned the following activities:

1. Behavioral Surveillance Survey (BSS) among Youth from 15 to 24 years old, Sex Workers and Truck Drivers in Rwanda;
2. HIV incidence Survey : Developing a local misclassification rate for estimating HIV-1 incidence in Rwanda
3. Conduct HIV Sero-Surveillance Among Pregnant Women during ANC in 30 sentinel sites (2009)
4. HIV Drugs Resistance Surveillance in Rwanda; Evaluation of transmitted HIV drug resistance among women attending prevention of mother to child transmission of HIV (VCT) services in Kigali
5. Sexual Transmitted Infections (STIs)
6. EPP and Spectrum projections.

1.1. Behaviour surveillance survey (BSS) 2009

This activity is planned once every two years. The last BSS took place in 2006. The 2009 survey was conducted among three groups: sex workers, truck drivers and young people. Data collection for the Youth BSS was completed in November 2009. The sex workers and Truck driver's data collection was completed in February 2010. Data analysis is in progress. Other Most at Risk Populations (MARPs) were identified for surveillance as follows,

- BSS for refugees and host communities Kiziba refugee camp - protocol development is in progress
- Rapid need assessment of domestic workers, housewives and small business women in Kigali – protocol being developed and assessment will be carried out in the 2nd quarter of 2010.
- A rapid need assessment of Injecting Drugs User and Fishermen in Kivu Lake will be done in 2011
- Another MARP, Men who have sex with men (MSM), was identified for surveillance in 2011

1.2. HIV incidence Survey

The HAS unit is developing a local misclassification rate for estimating HIV-1 incidence in Rwanda. The methodology of HIV incidence changes over time. According to research or studies, it is recommended to know the local misclassification rate before estimating HIV-1 incidence in Rwanda which will be carried out in the second semester of the 2010 year. The draft protocol is ready.

1.3. Conduct HIV Sero-Surveillance among Pregnant Women during ANC in 30 sentinel sites (2009/2010)

This activity was planned for 2009 but was delayed by the protocol approval. Now that CDC/Atlanta approves the protocol, preparation is in process for carrying out data collection.

1.4. HIV Drugs Resistance (HIVDR) Surveillance in Rwanda

The HIV Drugs Resistance in Rwanda has three main components: HIVDR Early Warning Indicators, HIVDR Threshold Survey (HIVDRTS) and HIVDR monitoring.

- HIVDR Early Warning Indicators: The data abstraction in 27 sentinel sites was completed in November 2009; the report available and ready to be disseminated.
- HIVDRTS: The protocol is already approved and the implementation is in process.
- HIVDR Monitoring: The draft protocol is ready to be submitted to different committees.

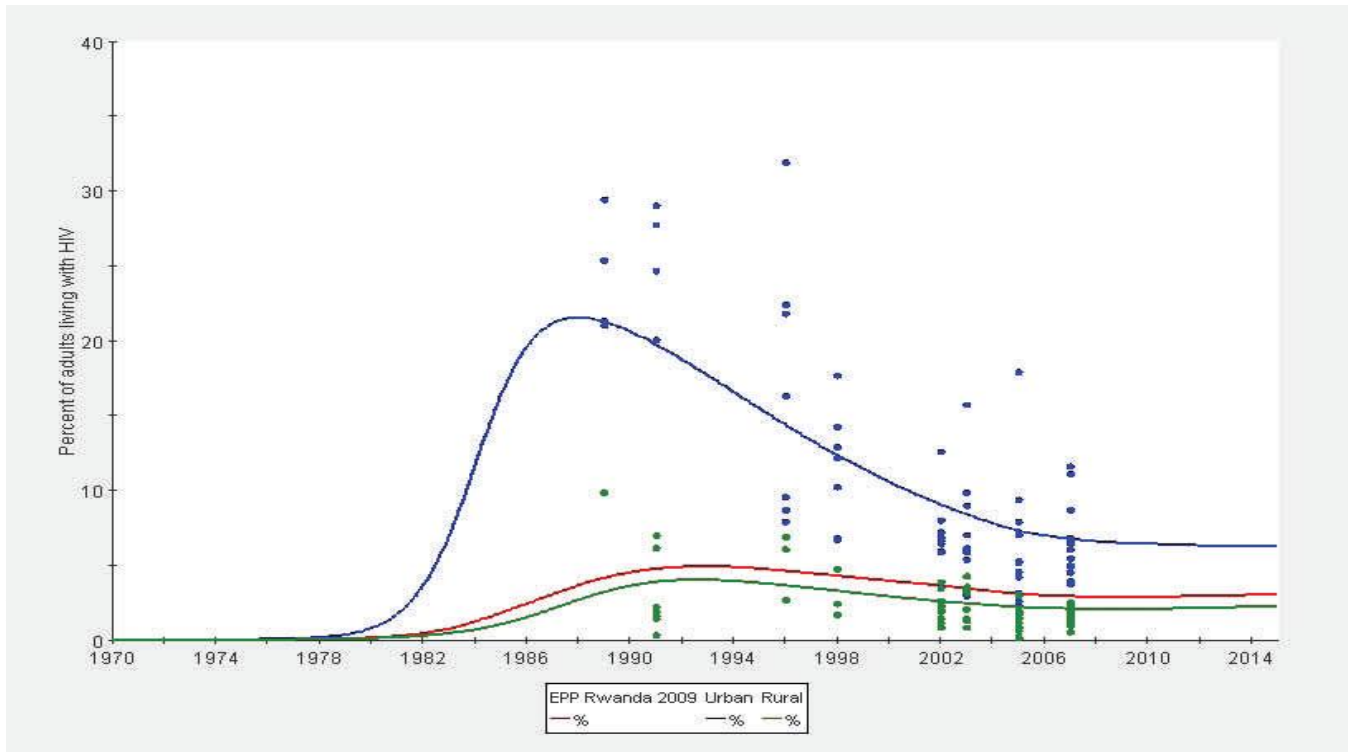
1.5. Sexual Transmitted Infections (STIs)

Syphilis and Hepatitis B&C viruses will be part of surveillance. The protocol is finished and approved. The implementation of STIs surveillance activities is in process.

1.6. Spectrum projections

The HIV prevalence estimates were done using Estimation and Projection Package (EPP) and Spectrum software. According to the model, the total population in Rwanda is expected to increase from an estimated 9.8 million in 2010 to 11.1 million in 2015. Through 2015, the model predicts that HIV prevalence will remain stable at approximately 3%, from 2.93% [2.5%-3.3%] in 2010 to 3.02% [2.5%-3.6%] in 2015. The number of adults (15+ years) living with HIV will increase from 151,850 [131,030–171,840] in 2010 to 187,190 [155,360–220,640] in 2015. The number of new HIV infections among adults 15+ will increase from 9,040 [4,680 –15,220] in 2010 to 10,640 [5,790–18,230] in 2015. The number of children (0-14) living with HIV will increase from 22,240 [11,230– 33,860] in 2010 to 24,550 [12,870–37,540] in 2015. The model predicts that the number of new infections among children (0-14) will remain constant at 2,740 [1,390–4,130 in 2010; 2,740 [1340- 4,300 in 2015].

Figure 1: Trends of HIV prevalence curves in Rwanda, modelled by EPP.



CHAPTER 2 - HIV PREVENTION PROGRAM

2.1. HIV COUNSELLING AND TESTING

Voluntary counselling and testing for HIV is initiated in health facilities as a preventive activity. In Rwanda, HIV counselling and testing started in 2001 and it is integrated in public and private health facilities.

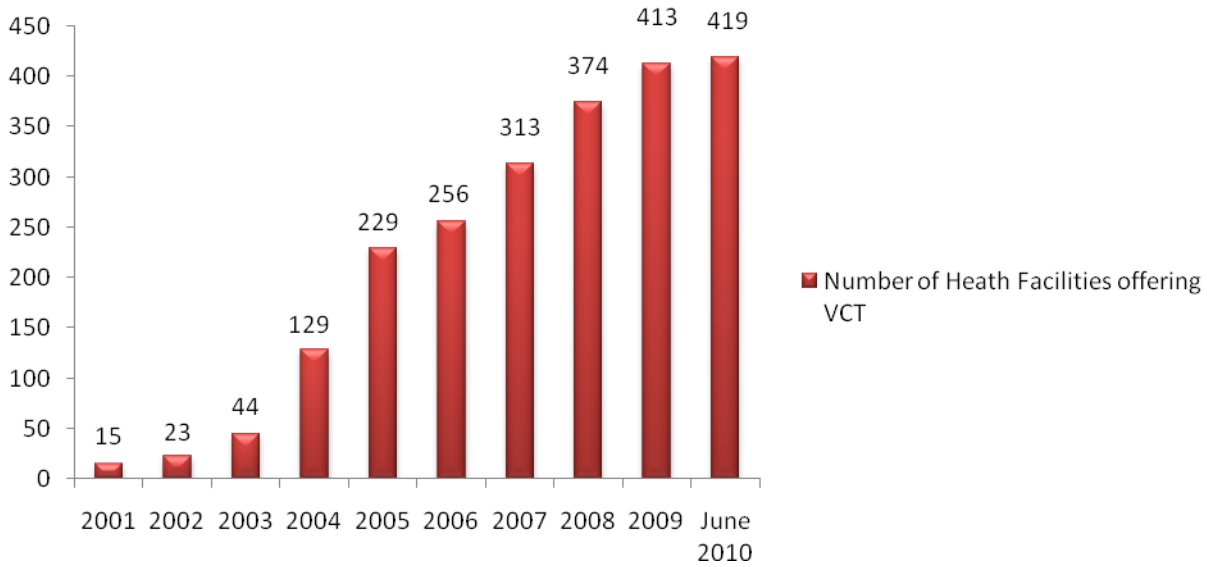
The HIV testing is offered to everyone who wishes to know his/her HIV status. Those who come to health facilities with signs, symptoms, or health condition that may indicate HIV infection are tested by a care provider (Provider Initiated Testing). For others, Voluntary Counseling & Testing (VCT) is organized through community outreach by community-based organizations, NGOs, and faith organization along with a staff trained in HIV counseling and testing. Although HIV prevention services are available in the country, we still face new infections of HIV. Prevention services targeting most at risk people and vulnerable groups is one of strategies adopted to reduce the transmission of HIV in Rwanda. The focus was put on couples, Sex workers, MSM, Youth, militaries. Personalized cognitive counselling is a new counselling approach that allow to identify the risk he (she) took in the past, to assess his (her) self justifications and help him (her) to elaborate the future plan empty of risk. The following sections describe the achievements in VCT program from July 2009 to June 2010

2.1.1. Scale up of voluntary counselling and HIV testing at the health facilities

At the end of June 2010, **419** health facilities offered voluntary counselling and testing services, and among them 13 prisons. The voluntary counselling and testing initiated by providers (PIT) started in 2008. Only 5 health facilities offered PIT services in 2008. By the end of June 2010, all health facilities are able to initiated HIV testing to clients coming for other services to the health facilities and 203 trainers were trained on PIT in all the country with an average of 4 trainers at every District Hospital.

Graph 2: Trend in health facilities offering voluntary counselling and testing since 2001

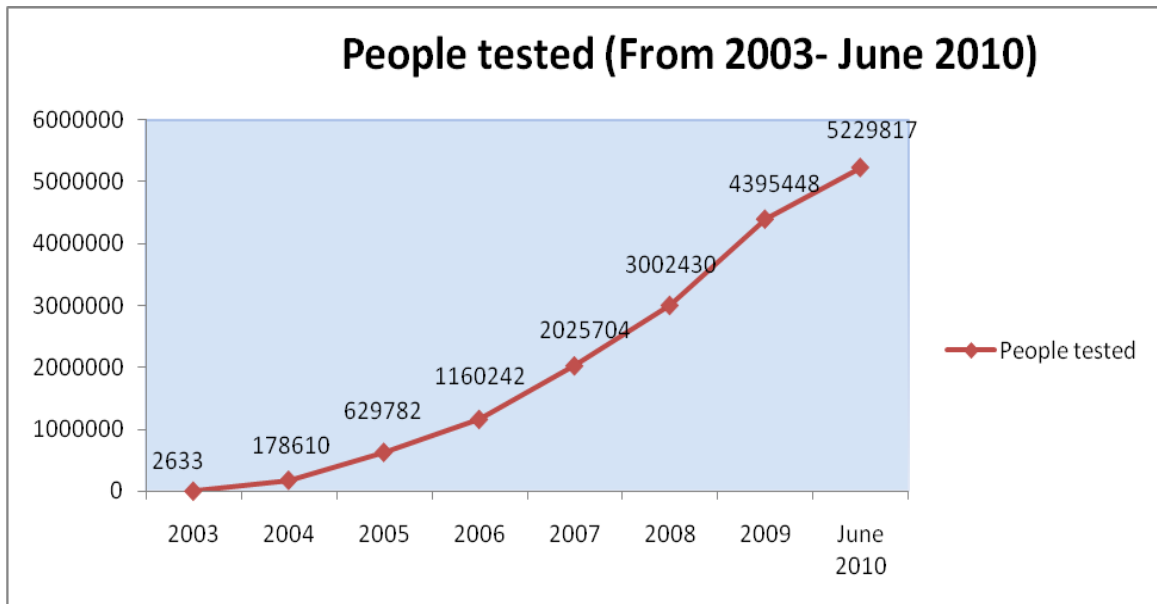
Number of Health Facilities offering VCT



Since 2001, there is a significant increase in number of health facilities offering VCT. From 2003 to June 2010, **5,229,817** were tested for HIV in Rwanda. This number includes both people tested in health facilities and in mobile VCT.

Below is the evolution of people tested for HIV since 2003.

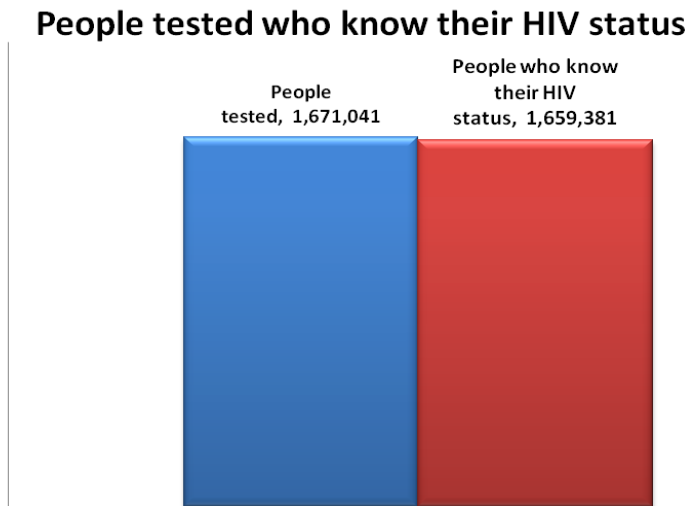
Graph 3: Cumulative number of People tested for HIV from 2003 to June 2010



2.1.2. People counselled, tested and those who know their HIV status

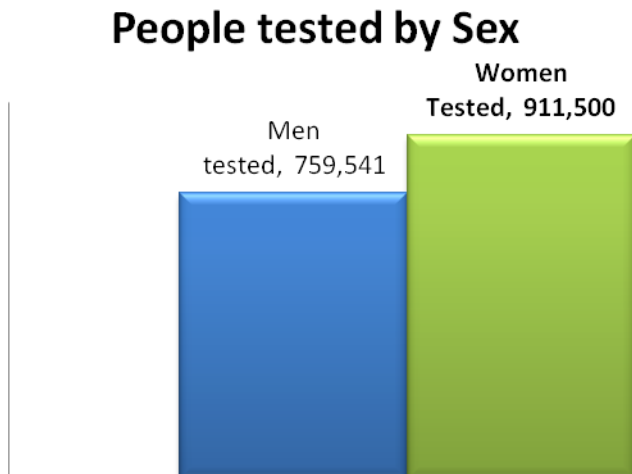
From July 2009 to June 2010, **1,673,839** people have been counseled and among them **1,671,041** (99.8%) were tested in health facilities and mobile VCT. Per month, the average number of people tested in all health facilities is 139,253. Among **1,671,041** people who have been tested in health facilities and mobile VCT; **1,659,381** (99.3%) know their HIV results.

Graph 4: Number of people tested who know their HIV status



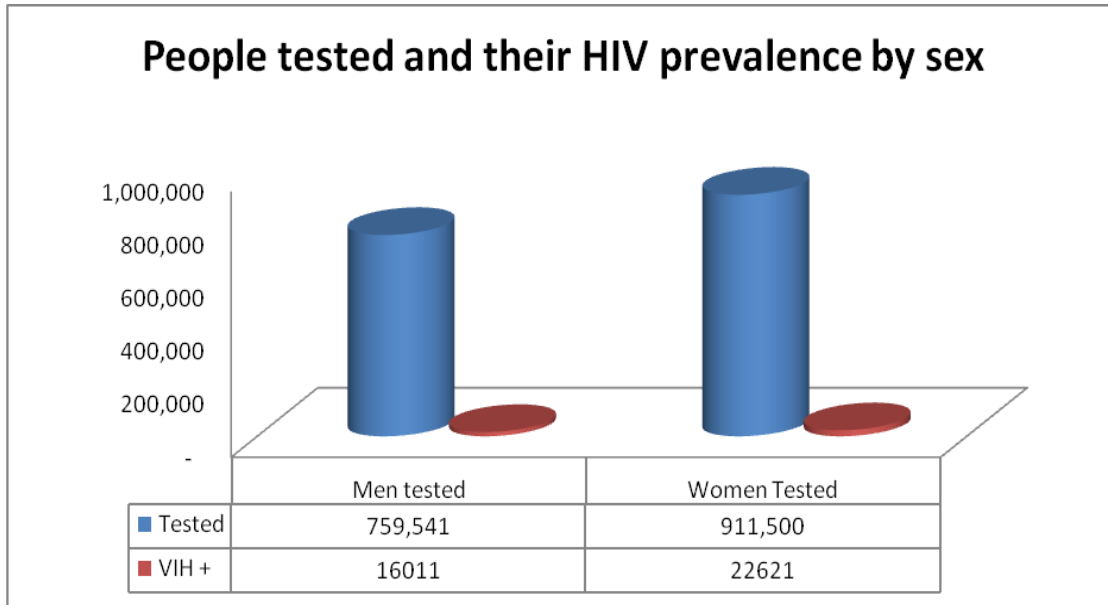
2.1.3. People tested by age and sex

The number of women tested is higher than men. From July 2009 to June 2010, among **1,671,041** people tested, 911,500 are women and 759,541 are men, representing 54.5% and 45.5% respectively.



2.1.4. People tested and their HIV prevalence by sex

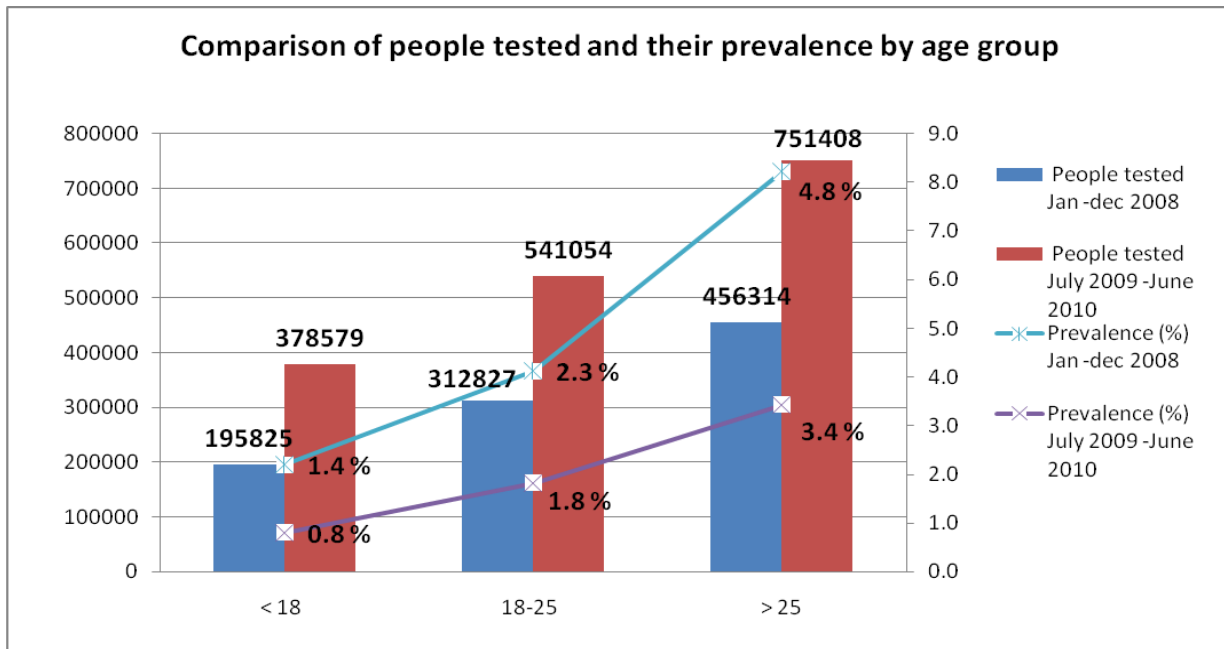
Graph 6: People tested and their HIV prevalence by sex



2.1.5. People tested who received testing results and people tested HIV positive by age group

The comparison between the two years; one from January-December 2008 and another one from July 2009 to June 2010 shows that there is an increase of people who have been tested and a decrease of the HIV prevalence between these two years. More people tested are over 25 years old.

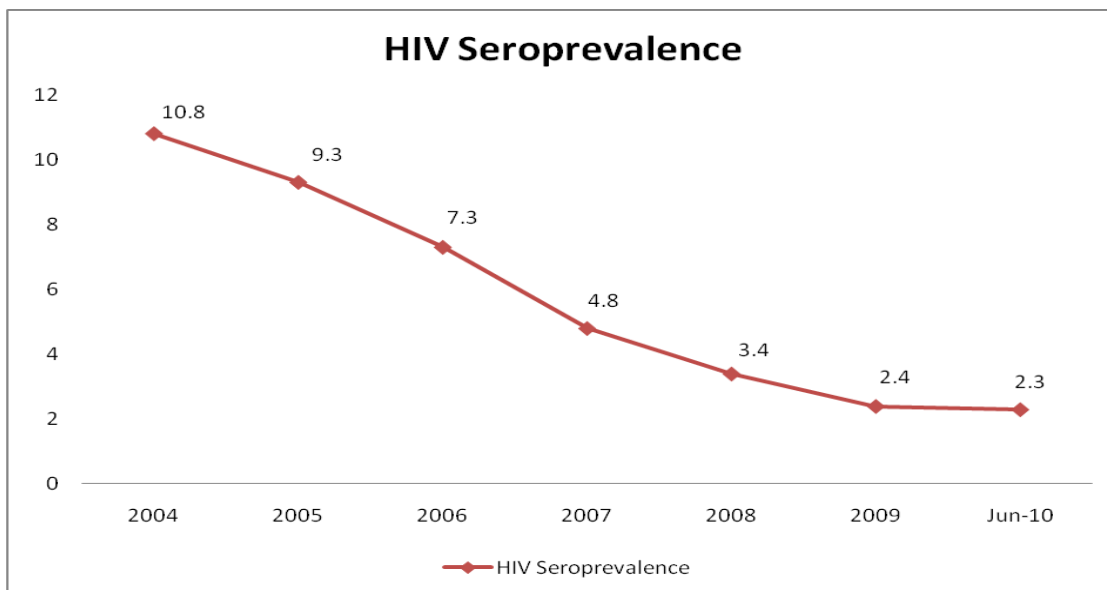
Graph 7: Comparison of people tested and their prevalence by age group.



2.1.6. HIV prevalence among people tested

At the end of June 2010, the HIV prevalence among Rwandan population was **2.3%**. The prevalence has a downward trend from 2004 to 2010 (10.8% in 2004) and this is due to the consciousness of VCT program by the general population as well as the scale up of VCT services in rural health facilities where HIV prevalence is low while in previous years only people at risk were tested and VCT services were available in urban setting where the prevalence is high.

Graph 8: Trend of HIV prevalence from 2004 to June 2010



2.1.7. Couples testing

From July 2009 to June 2010, **103,298** couples have been tested and among them **4,170** were discordant (**4.04%**).

A program for couple counselling and discordant couples was implemented since January 2010. Through this program the expected number of couples who come for VCT services will increase and the follow up of new discordant couples as well as the tracking of discordant couples tested previously will be done.

2.1.8. Couple counselling and discordant couple follow up

TRACPlus in collaboration with PSF, the institution with expertise in couple HIV counseling and discordant couple put in place a special program for couple counseling and discordant couple follow up. Tools to be used are elaborated and a pilot project started in all health facilities of Kigali since March 2010. A training plan was done and in collaboration with other clinical partners, trainings are on going in order to cover the whole country. Currently 276 counselors are trained in couple's counseling and discordant couple follow up.

This program will allow couples to get a real counseling and for those who become serodiscordant, they will be provided with a follow up and for couples who were tested previously a specific tracking system have been elaborated.

2.1.9. Mobile VCT (Outreach Strategy)

In order to overcome the problems related to the geographical inaccessibility of VCT services and to reach most at risk people and vulnerable groups, mobile VCT strategy was used particularly detained centers, youth friendly centers, and in the population at risk (prostitutes, truckers, men in uniform,...). In this context, prevention program has participated in various voluntary testing campaigns in collaboration with the health facilities and other clinical partners in their intervention area.

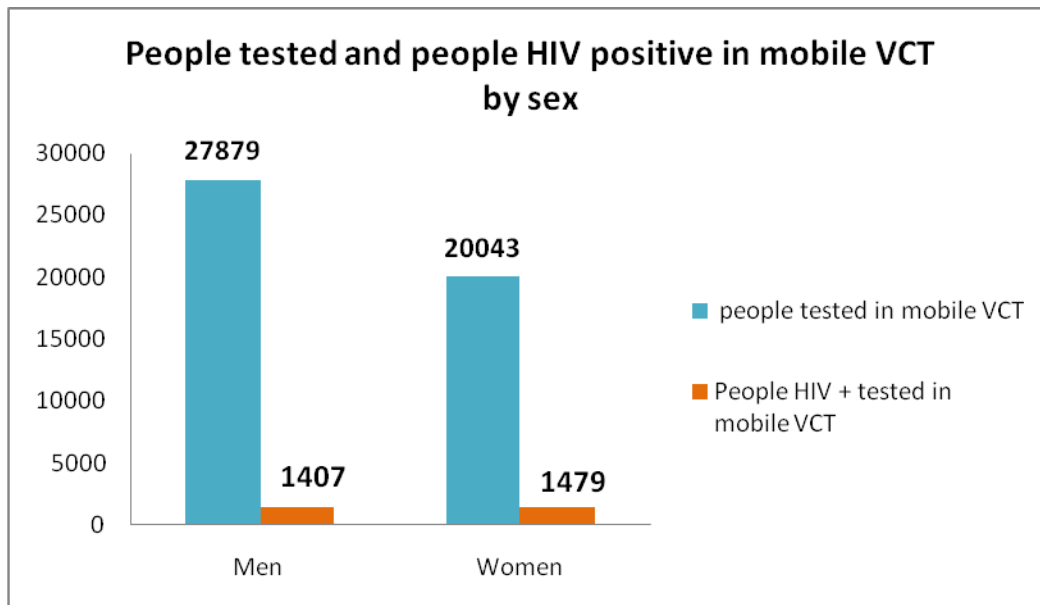
TRAC *Plus* participated occasionally as organizing or supervising Institution in mobile VCT organized at the occasion of the 10th anniversary of National Police and National Youth Commission. At the World AIDS Day, mobile VCT have been organized and during whole campaign period of 3 months VCT services were provided in all health facilities. It is important to notice that the number of tested people during these occasions represent the third of all tested people in mobile VCT in the period from July 2009 to June 2010.

TRAC *Plus* also conducted mobile VCT in Gikondo Transit Camp in order to provide counselling and HIV testing services to the high risk group (sex workers and drugs users) who are the camp. Regarding most at risk population, TRAC *Plus* in collaboration with partners such as PSI organized regular mobile VCT targeting most at risk groups (prostitutes, truck drivers)

In total, **47, 922** people were tested for HIV from July 2009 to June 2010 under the supervision of TRAC *Plus* with **27, 879** men and **20, 043** women. We notice that in mobile VCT the number of males tested is higher than female (**58.2%** and **41.8%**). This differs from what were observed when

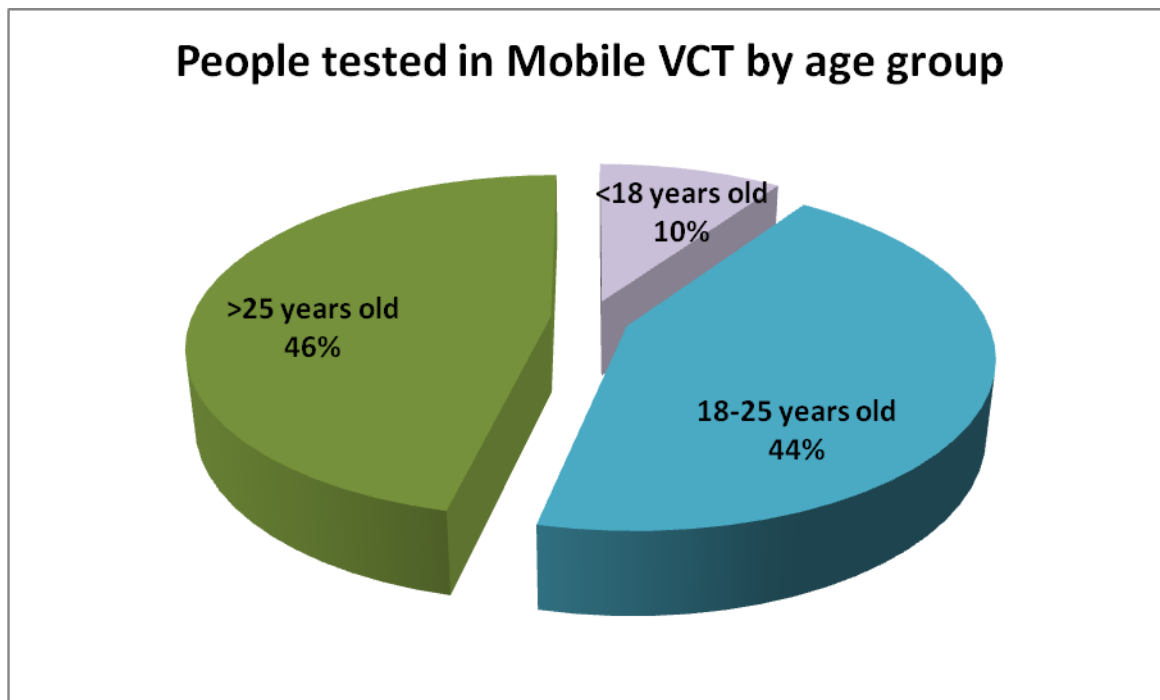
considering all people tested at health facilities where the number of women tested is higher than men. The prevalence of HIV in mobile VCT is 6%.

Graph 9: Number of clients tested in mobile VCT by sex



Distribution of clients tested in mobile VCT by age.

From July 2009 to June 2010, 90% of people tested during the mobile VCT outreach are 18 years or older.



2.1.10. Prevention services for most at risk people and vulnerable groups

Prevention services targeting most at risk people are considered as the effective way to prevent new HIV prevention in Rwanda.

By the end of June 2010, 272 counselors from 76 Health Facilities were trained in both couple counseling and discordant couple follow-up. Couple counselling is now effective in 76 health facilities while discordant couple follow up is being done in 28 health facilities in Kigali. A person in charge of discordant couple follow up have been recruited, tools to be used for couples counselling and discordant couple follow up have been elaborated. TRAC Plus in collaboration with PSF institution with expertise in couple counselling and discordant couple follow up and other clinical partners supporting health facilities with HIV services organized decentralized trainings, in order to implement this approach in all health facilities. The training is ongoing to cover all health facilities.

From 2005 to 2009, 19,826 discordants couples have been tested in VCT programs. Organized system has been put in place in Health facilities that tracks these couples and ensures their follow up.

For other vulnerable and most at risk groups, 3 staff at the National level received a training of trainers on personalized cognitive counselling at AHP (Aids Health Project) in California, a counselling approach known as effective for behavior change and risk reduction. This approach has been initiated to MSM in San Francisco/ California and has shown results in terms of risk reduction and behavior change. Phase one of implementation of this approach will be conducted in three selected health facilities (Biryogo, Busanza, kimironko), the adaptation of tools into Rwandan context was done and training of trainers in three selected health facilities is planned to take place in the near future

2.1.11. World AIDS Day Campaign on condom use

Since 2003, Rwanda has celebrates the (World Aids Day) WAD by organizing a 3-month campaign with a different theme each year. The theme for 2009 was: “Condom as a dual means of protection. Let’s talk about it, let’s access it, let’s use it: a fundamental right for all!”

This campaign aimed at mobilizing policy makers and actors in development, to strengthen sensitization in prevention of HIV infection and promote the availability and the use of condom in the community.

TRAC Plus and CNLS with support from different partners, provide guidance to persons and organizations involved in the campaign at the national level.

All health facilities offering VCT in collaboration with TRAC Plus and CNLS are informed on the importance of condom in prevention of HIV transmission and ensure distribution to the clients while receiving counselling and HIV testing. All resources are mobilized from the central level to the local level in terms of availability of condoms. By the end of the three month campaign, 1061 people had received counselling and testing through mobile VCT, and 6000 condoms were distributed.

2.1.12. Elaboration of tools

The guideline for voluntary counselling and testing was revised. In the revised guidelines, discordant couple follow up and most at risk people were included. Following the introduction of the new

algorithm for HIV testing, the new HIV testing algorithm was incorporated. Registers and reporting tools were revised accordingly and VCT indicators were defined and introduced in TRACnet system.

2.2. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV PROGRAM

PMTCT activities are integrated into various services at the of Health Facilities level especially in the services of ANC, Maternity, infants Consultation and the Family planning brief in all Maternal and Child health (MCH) services.

Activities realized in various services of PMTCT program from July 2009 to June 2010 include:

2.2.1. Scale up of PMTCT activities in Health facilities

Number of Health Center of PMTCT services

By June 2010, 382 HF offered PMTCT services, an increase by 41 from the previous year's 341 HF.. The national coverage in PMTCT is 72 %. There are 396 health facilities (health center and hospitals) collecting samples (DBS) including some District Hospitals for early infant diagnosis for children born to HIV-positive mothers. These samples are sent to the Rwanda National Reference Laboratory where they are analyzed with PCR.

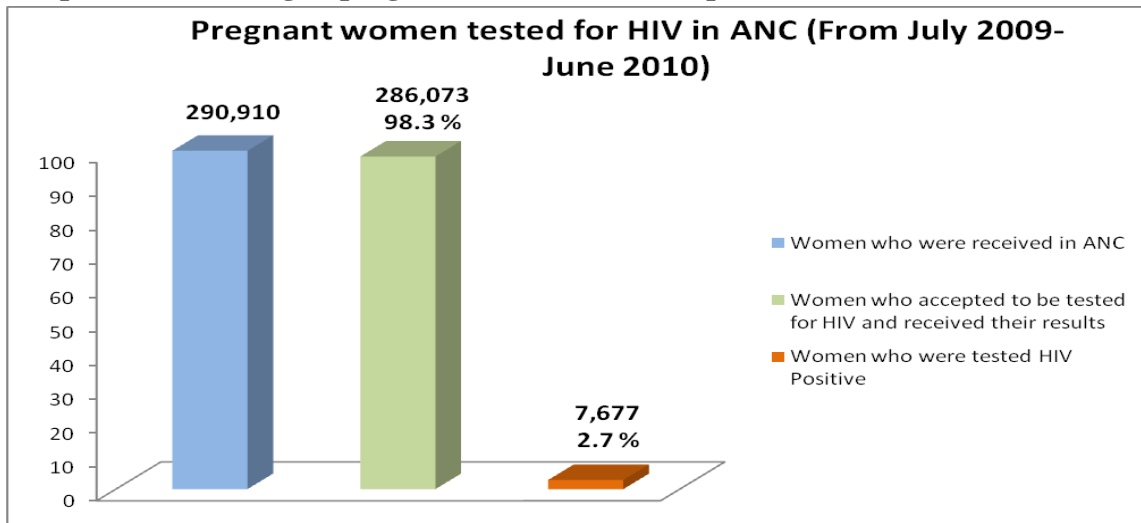
Graph1: Growth or Change in the Number of Health Facilities offering PMTCT Services



2.2.2. HIV counselling and testing for pregnant women and HIV prevalence in PMTCT.

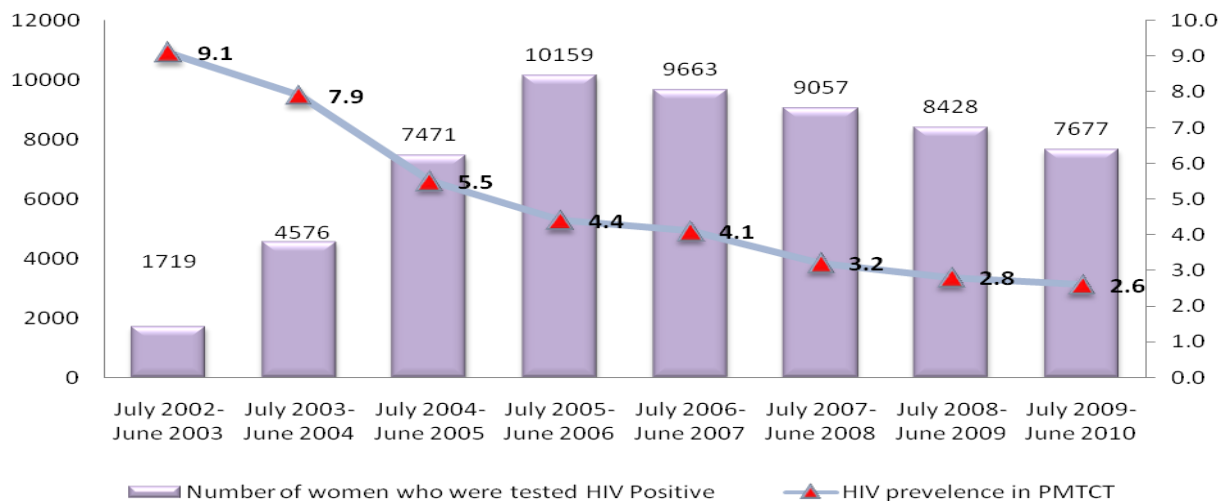
From July 2009 to June 2010, the number of pregnant women attending ANC was about **290,910**, **286,073(98.3%)** were counselled and tested for HIV and received their results, out of whom **7677** (**2.7%**) tested HIV positive.

Graph 2: HIV testing in pregnant women and HIV prevalence in PMTCT.



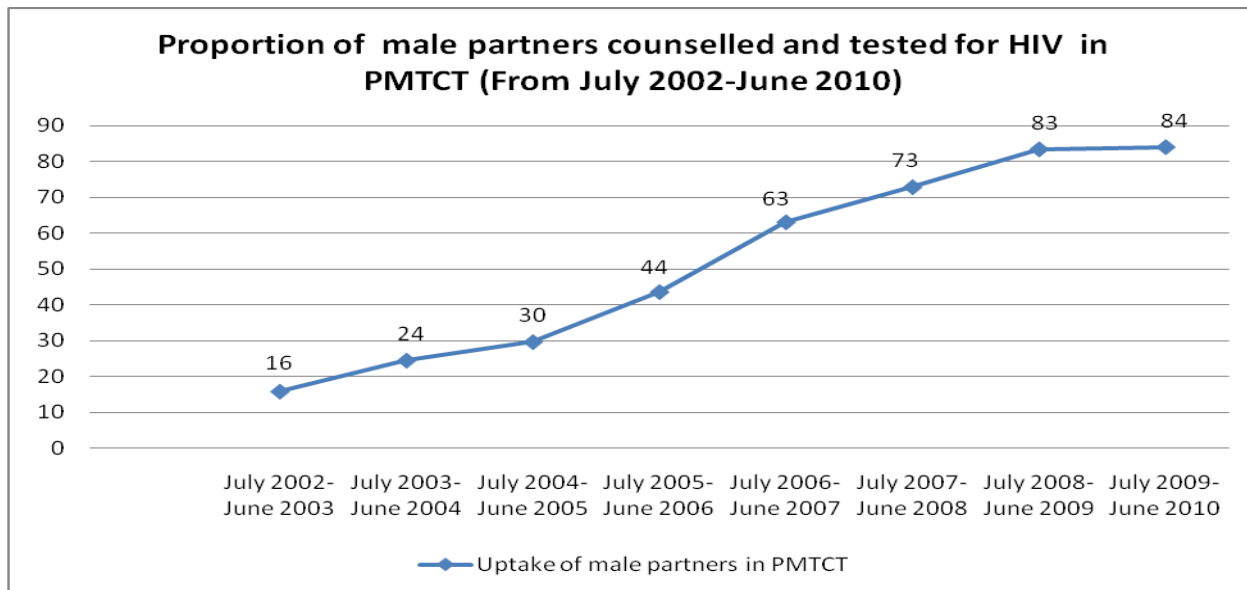
The following graph represents the number of pregnant women tested HIV Positive in PMTCT and HIV prevalence over years. **Graph 3: HIV testing in pregnant women and HIV prevalence in PMTCT by year**

HIV testing in pregnant women and HIV prevalence in PMTCT (From July 2002-June 2010)

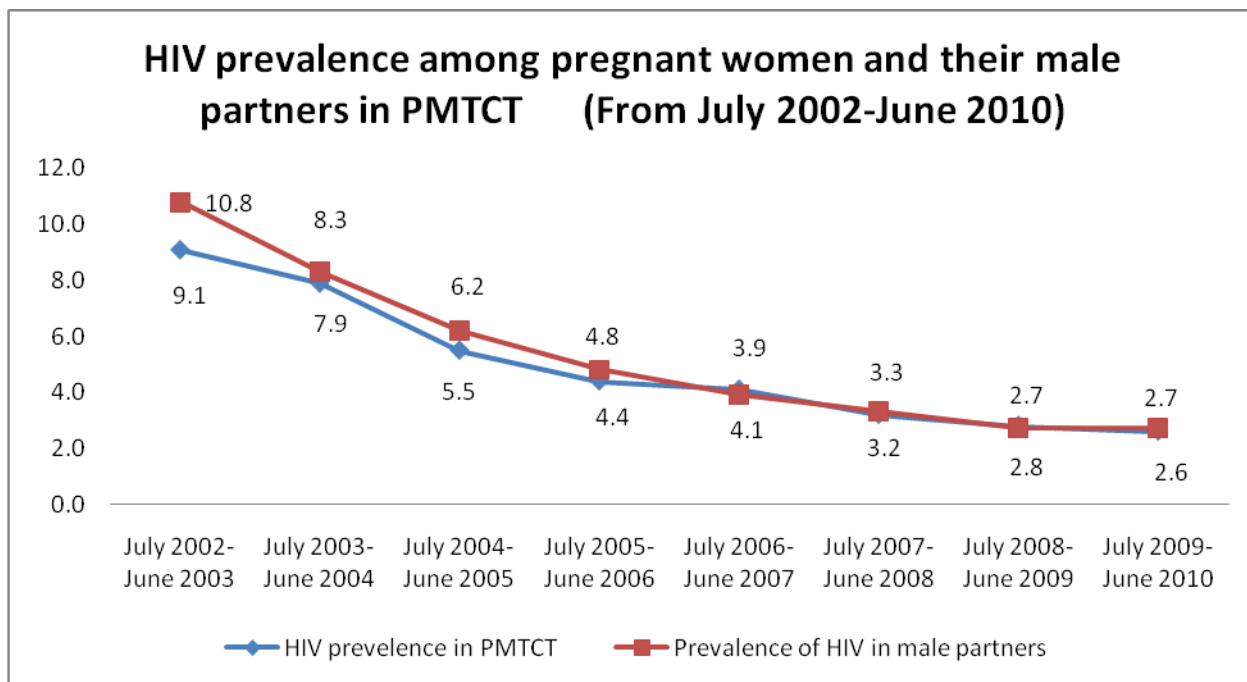


2.2.3. Uptake of male partners in PMTCT

Graph 4: Uptake of male partners in PMTCT



Graph 5: HIV prevalence among pregnant women and their male partners in PMTCT

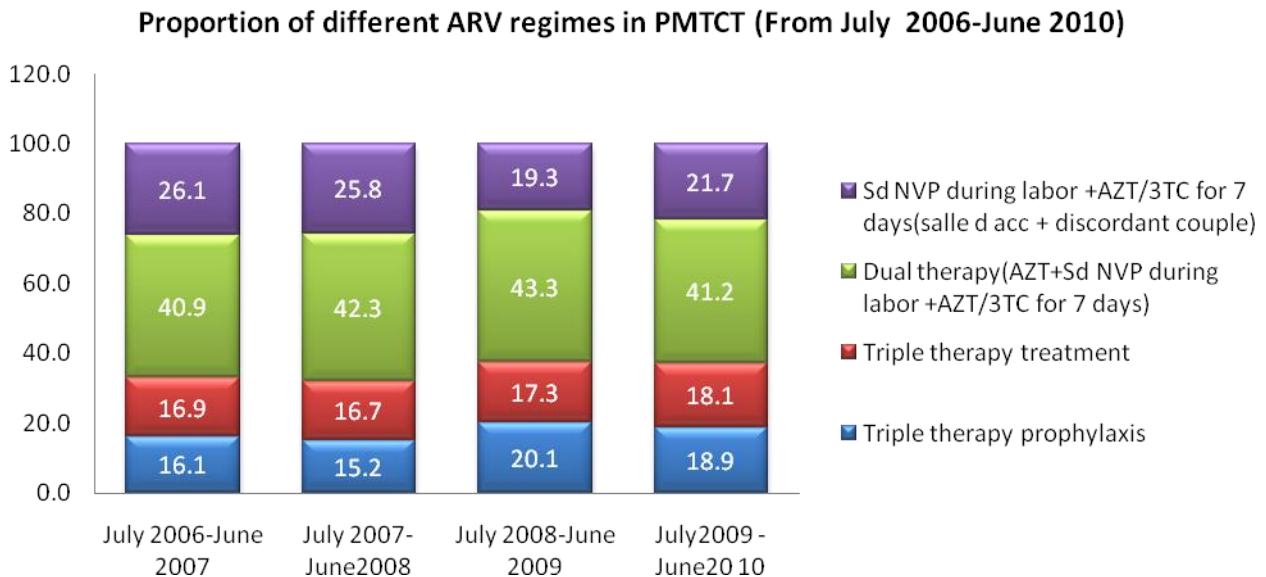


2.2.4. ARV prophylaxis in pregnant women

A more effective regimen that includes several ARVs used in PMTCT was introduced in 2005 and is still in a scale up phase for universal access. Since June 2010, a new PMTCT protocol in accordance with “November 2009 WHO recommendations for PMTCT was approved by the Ministry of Health, Rwanda chose HAART (Tenofovir based/regimen) for all HIV positive pregnant women from 14 weeks of gestation up to the end of breastfeeding (weaning). Now, the preparatory phase of the implementation is ongoing and the new protocol is expected to start in September 2010.

after delivery (women tested HIV positive during labor and HIV Negative women in discordant couple). From July 2009 to June 2010, **8445** pregnant women tested HIV positive and HIV negative in discordant couples received ARV prophylaxis/treatment according to the current protocol used in Rwanda. Among them, **1530** who represent **18.1%** received triple therapy for their own health, **1596 (18.9%)** received triple therapy for prophylaxis, **3483(41.2%)** received Dual therapy for prophylaxis (AZT from 28 weeks of gestation + Sd NVP during labor then AZT+3TC for 7days after delivery) , **1836 (21.8%)** received Sd NVP then AZT+3TC for 7days).

Graph 6: ARV prophylaxis in PMTCT over years

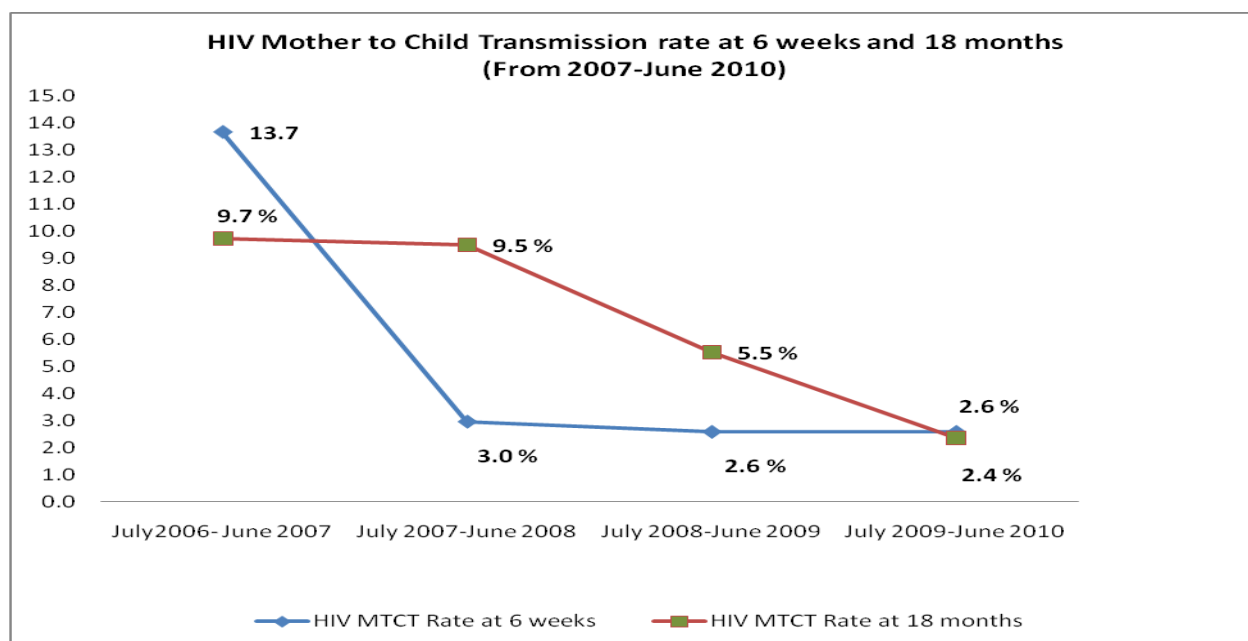


2.2.5. Maternity and infant follow up

From July 2009- June 2010 a total of **428, 431** deliveries were expected in the HF offering the PMTCT services. The number of women, who gave birth in PMTCT Health Facilities, is **190, 680 (44.5 %)**. Considering deliveries, out of **8062** HIV + pregnant women expected to give birth in HF, **6699 (83%)** gave birth effectively in the HF and **576** gave birth at home but notified at HF. This shows how much the PMTCT services increase the level of use of maternity services in a HF.

For the same period, **8127** children born to HIV positive women were expected to receive ARV prophylaxis, **7806 (96%)** have received this prophylaxis. These represent **64.3 %** of national coverage. Cotrimoxazole was initiated to **7381 (98.6%)** children born to HIV-positive mothers at 6 weeks of age. With regard to Early Infant Diagnosis of HIV exposed children from July 2009-june 2010, 7418 children were expected to be tested at 6 weeks of age in PMTCT program, among them **7143 (96%)** were effectively tested using PCR test. In PMTCT program, early Infant Diagnosis showed a rate of **2.6%** of HIV transmission from mother to child among the children tested at 6 weeks. For the same period, among **4,910** HIV exposed children expected to be tested at the age of 18 months, **4204** were tested for HIV and **99 (2.3%)** were HIV positive.

Graph 7: HIV MTCT rate at 6 weeks and at 18 months over years.



2.2.6. Family Planning

From July 2009 to June 2010, **10480** HIV positive women were expected in family planning services. In total, **8696 (83%)** HIV + women received contraception.

2.3. Biomedical prevention

In December 2008, a desk of biomedical and other prevention was created within the prevention department with a goal to assist in scaling up activities related to male circumcision and prevention with positives. Therefore, a comprehensive prevention strategy must include programs to assist people with HIV to take measures to avoid the possibility of exposing others to infection.

Furthermore, the Government of Rwanda recognizes and supports male circumcision as an additional and important intervention to reduce the risk of heterosexually acquired HIV infection in men and wants to promote and scale it up for immediate benefit to individuals.

2.3.1. Male Circumcision

The activities of biomedical prevention were introduced in 2008 with various interventions aiming at enhancing male circumcision as a national prevention strategy .A cascade of various activities has been ongoing since then:

- A Knowledge Attitude and Practice (KAP) study of the population on MC was carried out with the aim of providing baseline evidences on the (KAP) regarding MC in the Rwanda general population to guide medium and long term strategic program planning. The results will be disseminated by the end of July 2010.
- A selection of two pilot district hospitals of NYANZA and RUHENGARI was done for the commencement of MC and entailed the distribution of MC kits as well to the selected hospitals. The training of health providers on MC as an HIV prevention strategy in the above pilot hospitals will start on 26th/July 2010 for the duration of 10 days per each district. The training manuals on MC have been elaborated and will facilitate the Training of trainers (TOTs) on MC as part of phase 1 of national scale up.
- Elaboration of the implementation plan of MC activities at the national level is ongoing and the final draft will be available by the end of August 2010.
- The National Guideline for Male Circumcision was developed and presented within 3 MC Technical Working Group meetings. The final version was submitted to the MoH for approval with other guidelines developed by TRAC Plus/ HAS Unit. The decision by MoH was to incorporate it in the MC implementation plan.
- A Service assessment for MC activity was conducted and the database is available in Epi Info. The data analysis for this assessment is ongoing and results will be available by August 2010.
- A technical working group on male circumcision is in place since January 2008 and meets once a month. The technical group includes two sub groups: one sub group in charge of clinical aspects and one sub group in charge of IEC, which facilitates the development of communications tools and appropriate messages.

2.3.2. Prevention with positives

During the year 2009-2010, the activities of PWP domain focused essentially on the development of tools and training of trainers. The activity involved a collaboration of TRAC *Plus* with partners in organizing a workshop to harmonize and adapt to the national context, tools and documents on training of the trainers and health care providers..

The documents were elaborated according to the following domains:

- Five stages of the prevention to the positive,
- Sexually transmitted infections
- Lay counsellors
- Family planning

Two sessions on Prevention with Positives Training of Trainers (PWP TOT) involving medical doctors and nurses was held from **14th-19th December 2009** at Hilltop Hotel in Kigali, Rwanda. The TOT topics included Merged Prevention Messages, Adult Learning TOT, and Management of STIs. In addition to this training, a training of social workers from district hospitals has been carried out. TRAC *Plus* personnel were involved in providing training in the two sessions.

All the PWP tools have been developed according to the different domains and through a mentorship and dissemination of Prevention with Positives tools activity have been distributed to the district hospitals across the country.

As Male circumcision and Prevention with Positive are young in Rwanda in terms of HIV prevention, there is a need to support this desk and to advocate for this program to insure that all given targets are reached. Following the current commitment of TRAC *Plus* and partners involved in provision of technical support, PwP will be integrated at the National, District and Health Facility level. There are now a cadre of Trainers who are willing, and prepared, to sustain this cascade training scheme where National trainers provide TOTs for the Districts who will then provide TOPs (Training of Providers) at the health facility level.

The TWG for MC is a good framework for any advice in terms of implementation of male circumcision as a new and additional method to prevent HIV infection in men.

2.4. Trainings

During the year 2009/2010, the department of prevention had planned training of trainer's courses and refresher courses of the trainers (nurses) at the decentralized level. The sessions concerned the integration of the prevention and care of HIV/AIDS. One session was specific on the prevention with positives (PwP).

The objective of these trainings was to transmit the information about the new protocols of prevention and care (Guidelines: PMTCT, Sexually transmitted infections, Management ARV) and to introduce the new component of prevention, "Prevention with positives"(PwP).

2 training of the trainers (TOT), 3 sessions of refresher courses and 1 training course on PwP. All the Districts were covered and general:

- 66 new trainers were trained in prevention and care of the HIV/AIDS (June-July, 2009 and May, 2010)
- 83 trainers received refresher courses on the new Guidelines of prevention and care of HIV/AIDS (August-September, 2009)
- 33 trainers were trained in PwP (December, 2009)

TRAC Plus has in its mandate supporting decentralized levels in the activities of training providers of care. It is in this regard that the department of prevention participated in the organization and the

realization of the decentralized trainings which took place in November-December 2009 and June, 2010 in every District of the Country.

Therefore, the reinforcement of districts in the implementation of the new Guidelines and continuous mentorship is necessary in order to achieve the desired objectives.

2.5 Development of PMTCT tools

TRAC Plus in collaboration with prevention technical working group revised different tools used in PMTCT

2.5.1 Guidelines

The PMTCT standards and procedures are incorporated in the Clinical HIV Prevention Guidelines; its review underwent several changes due to the 2009 WHO recommendations which were adopted in November 2009. The National PMTCT guidelines have been developed accordingly.

2.5.2 Registers and Job aids:

PMTCT registers and job-aids are being developed in accordance with the new PMTCT protocol.

2.5.3. Studies and Evaluation:

During this period one study and one evaluation has been finalized and validated

- "Effectiveness of the national PMTCT program in Rwanda", Household survey.
- Mid term review of the PMTCT scale up plan (2007-2012)
- In addition to the mentioned studies three studies on program evaluation started in this year and are ongoing.

CHAPTER 3- CARE AND TREATMENT OF PEOPLE LIVING WITH HIV/AIDS PROGRAM

Care and treatment of people living with HIV/AIDS constitutes an important field of intervention in fighting HIV/AIDS. Effective management of HIV/AIDS involves the management of a chronic disease. All dimensions of HIV-infected people's lives should be considered in order to restore their family life, social and professional mode of life.

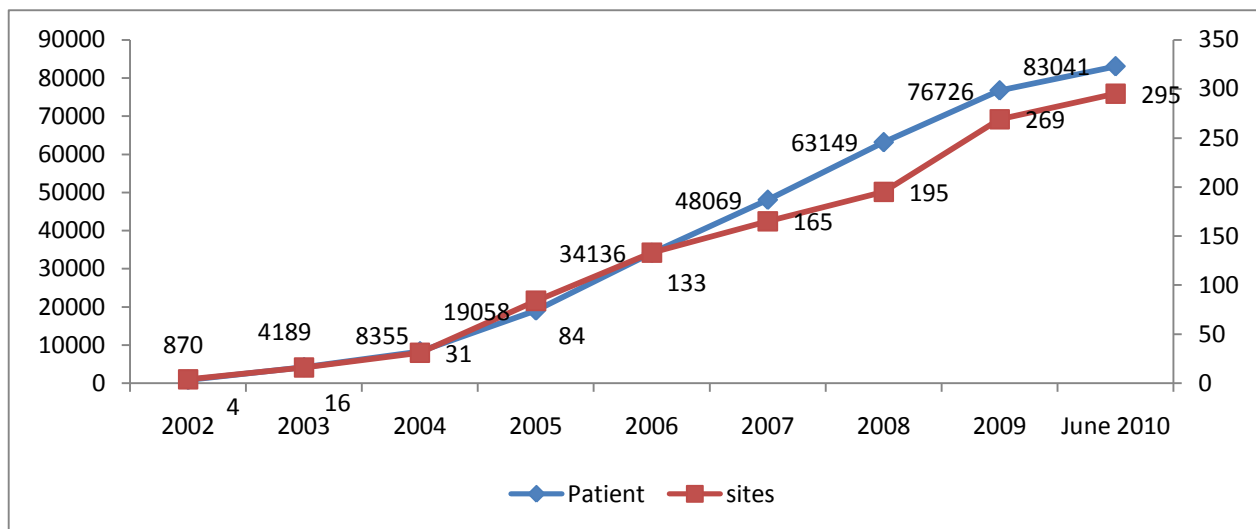
3.1. New ART sites accreditation

At the end of June 2009, 217 health facilities were offering care and treatment services to persons living with HIV/AIDS, and by the end of June 2010, 295 health facilities were offering care and treatment services. We note that there was an increase of health facilities offering care and treatment services during these last 12 months and in the same way patients increased.

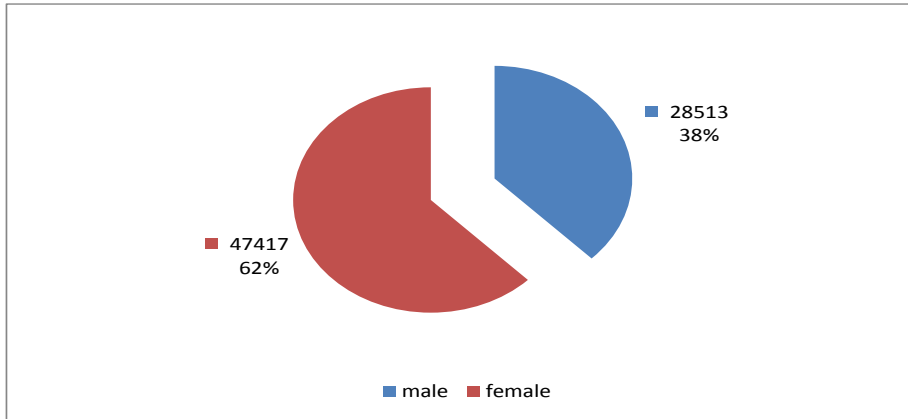
3.2. Evolution of patients started ARVs

3.2.1. Evolution of the number of patients on ARVs and FOSA (as reported to TRACnet)

Graph: Evolution of the number of the patients on ARVs and FOSAs



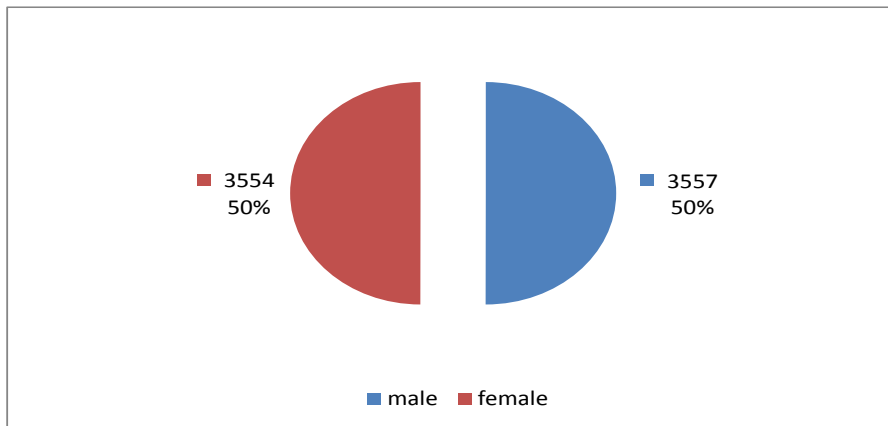
Graph: Distribution of adult patients on ARV by sex, end of June 2010



This graph shows the proportion of male comparing to female who are on ART treatment by end of June 2010.

Female on ART are nearly two times male.

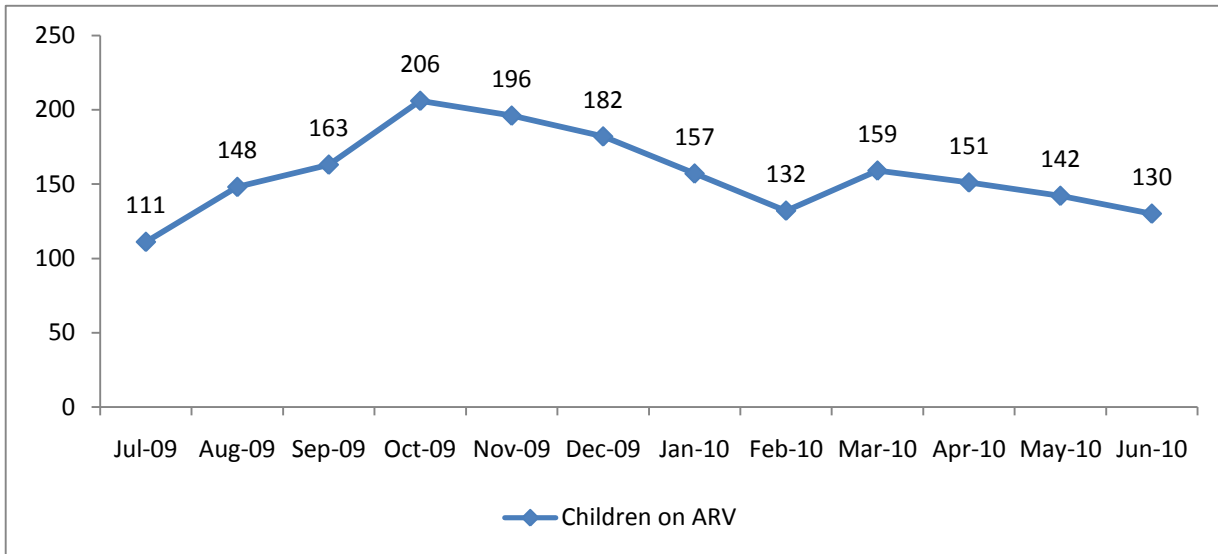
Graph: Distribution of children on ARVs by sex, end of June 2010



The graph show the proportion of male and female on ART in children by June 2010, and the two groups have a same proportion.

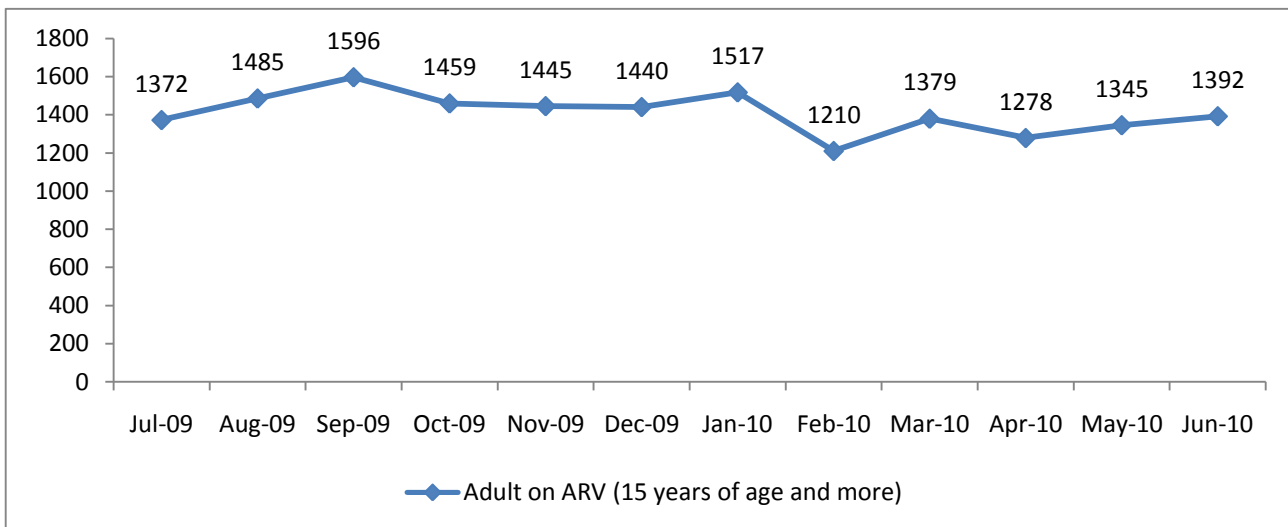
3.2.2. Initiation of patients on ARVs

Graph: New Children started on ARVs from July 2009 to June 2010



The graph shows the number of children who are initiated on ART each months in the country, the number is still low comparing to the number of sites we have in the country.

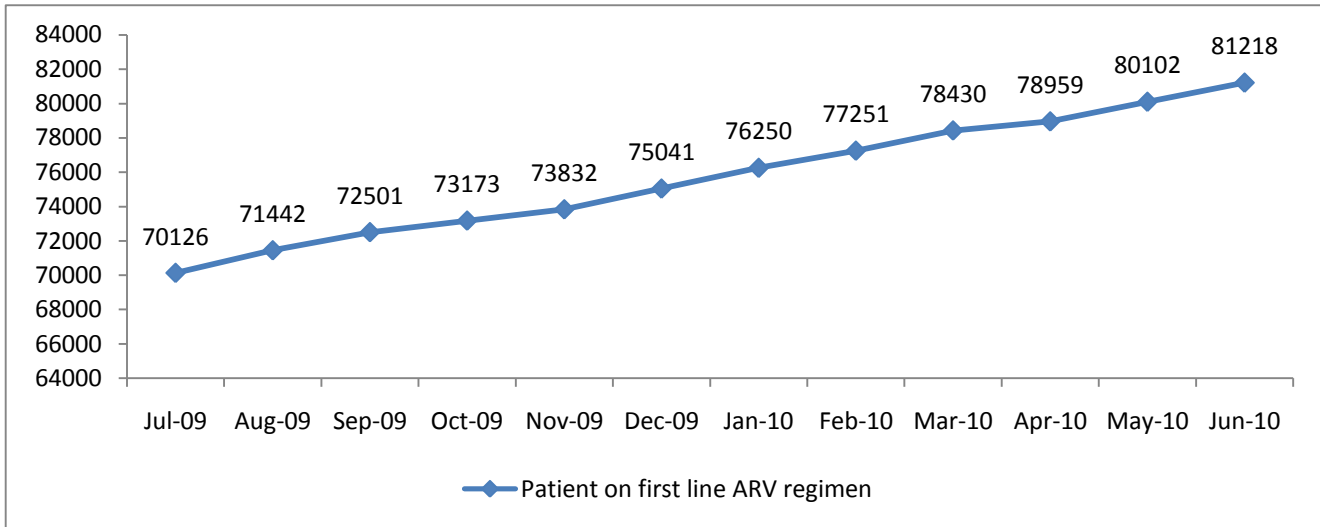
Graph: New adults' patients started on ARVs from July 2009 to June 2010



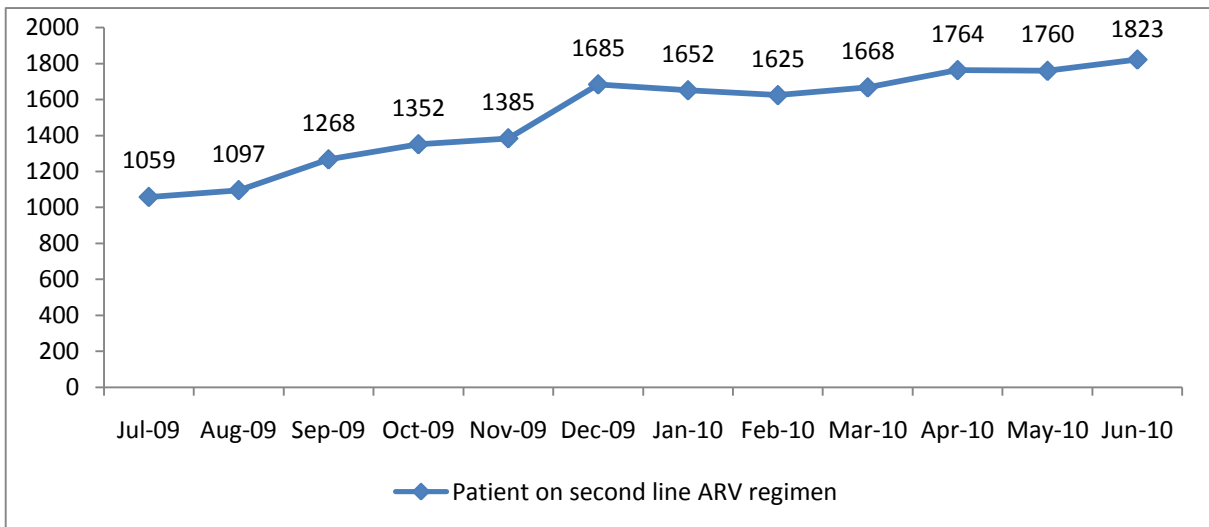
The same as graph 3, this one shows the initiation of adults patients on ARV each month in the country.

3.2.3. Distribution of patients on ARVs by regimen

Graph: Patients on the first-line ARV regimen



Graph: Patients on the second line ARV regimen



Considering Graphs 25 and 26, we note that patients on second line ARVs are only 783, compared to 62,366 patients on first line ARVs. Thus, patients on second line ARVs are 1,2% of the total.

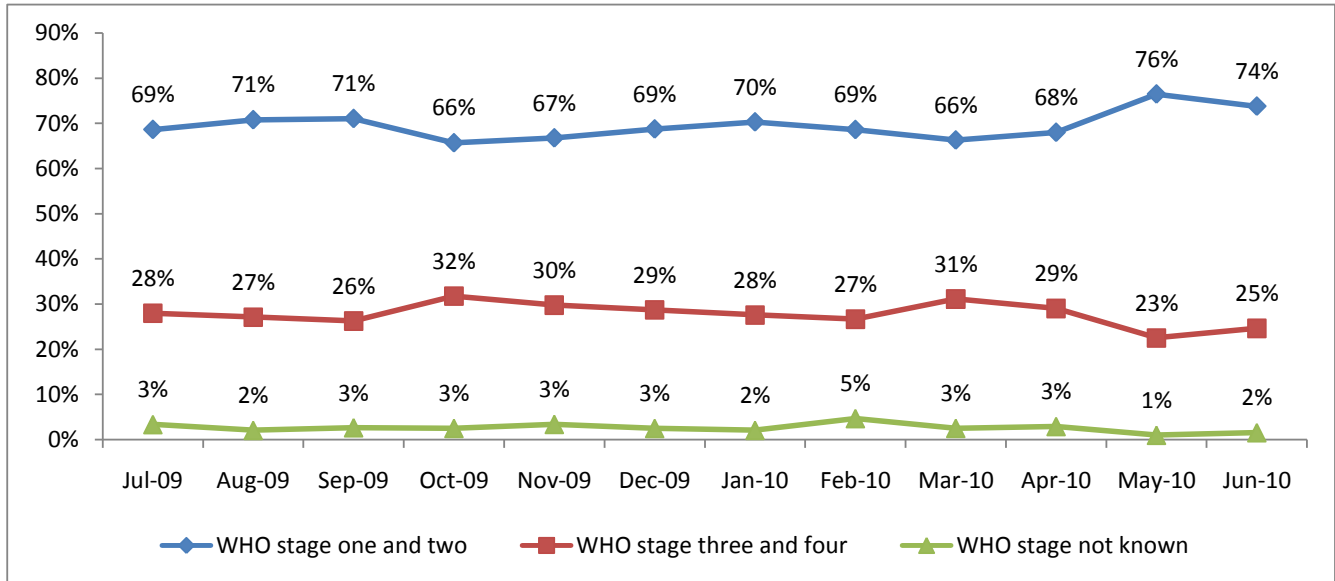
It is important to note also that among the patients on second line ARVs, 654 patients (83.5%) are in the province of Kigali city, while the percentage of all patients on ART in this province is only 32.1%.

One hypothesis for this discrepancy is that ARVs were first begun in Kigali city, and so it is more likely that patients there will be switched to second line regimens before patients outside of Kigali. Another hypothesis is that the city of Kigali contains 3 referral hospitals with specialist doctors who are more comfortable with switching patients to second line regimens. Each of these hypotheses could help to explain why a larger proportion of patients on second line regimens are found in Kigali. We are

currently beginning to undertake an evaluation of patients on the second line regimen, which may help to confirm or disprove these hypotheses.

3.2.4. WHO stage at initiation of ARVs

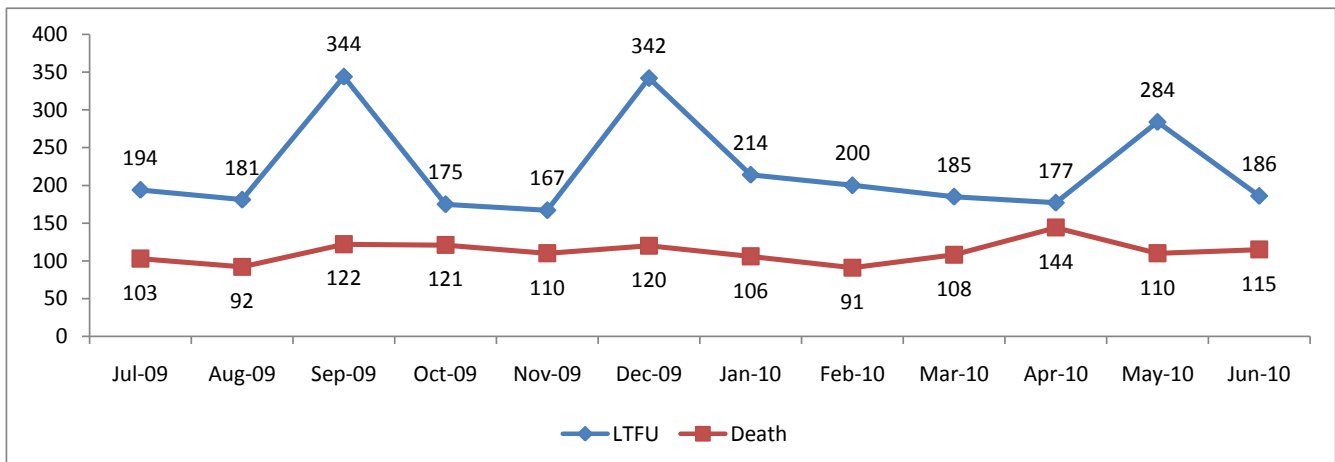
Graph: WHO Stage at Initiation of ARVs



This graph shows the percentage of patients at different WHO stages at ART initiation by months, the big proportion start ART at stage one/two and this proportion is increasing with time, that's a good indicator showing that patients get tested early so they start treatment early based to the immunological criteria.

3.2.5. Mortality and lost follow up of patients on ARVs

Graph: Lost to follow-up/mortality, by sex and month



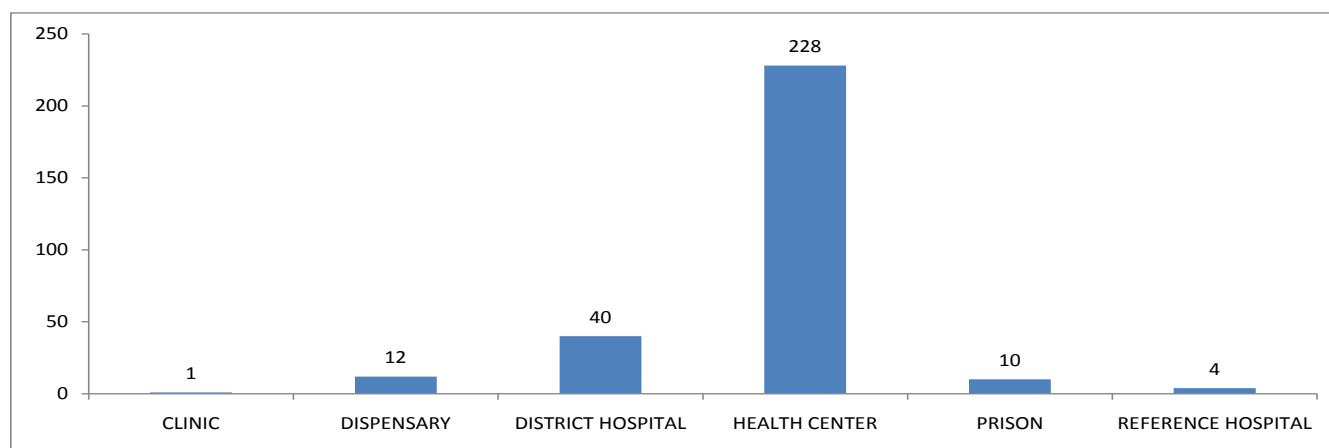
Distribution of Patients on ARVs by Implementing Partner

Table: Distribution of patients on ARVs by Implementing Partner

Partner	Number of patients	Percentage (%)
AHF_GF	3877	4.7
ARC	134	0.2
CRS	4301	5.2
CTP	317	0.4
DU	2202	2.7
EGPAF	7226	8.7
FHI	12470	15.0
GF	20740	25.0
GF_ICAP	3016	3.6
ICAP	18512	22.3
INTRAHEALTH	5403	6.5
PIH_GF	4368	5.3
PRIVE	138	0.2
UNHCR	84	0.1
WE_ACT	253	0.3
Total	83041	100.0

3.2.6. Distribution of patients on ARVs by type of FOSA

Graph: Distribution of HF by Type of FOSA



The graph shows the repartition of health facilities with ART services in the country, the majority of health facility is health center and this means that the majority of patients is at health center.

3.2.7. Distribution of patients on ARVs according to provinces and administrative districts

Table: Distribution of patients on ARVs According to Provinces and Administrative Districts

Province	Districts	Number of sites	Children	Adults	Total
EASTERN PROVINCE	BUGESERA	7	138	1662	1800
	GATSIBO	11	169	1649	1818
	KAYONZA	7	216	2046	2262
	KIREHE	10	163	1718	1881
	NGOMA	11	142	2040	2182
	NYAGATARE	10	121	1842	1963
	RWAMAGANA	10	175	2253	2428
Subtotal		66	1124	13210	14334
WESTERN PROVINCE	KARONGI	11	385	2973	3358
	NGORORERO	7	221	2000	2221
	NYABIHU	12	199	1785	1984
	NYAMASHEKE	15	507	3295	3802
	RUBAVU	6	254	2510	2764
	RUSIZI	13	282	2237	2519
	RUTSIRO	8	187	1877	2064
Subtotal		72	2035	16677	18712
NORTHERN PROVINCE	BURERA	7	181	1577	1758
	GAKENKE	14	146	1660	1806
	GICUMBI	10	188	2086	2274
	MUSANZE	11	263	2510	2773
	RULINDO	10	194	1835	2029
Subtotal		52	972	9668	10640
SOUTHERN PROVINCE	GISAGARA	10	73	767	840
	HUYE	11	251	2266	2517
	KAMONYI	5	168	1341	1509
	MUHANGA	7	240	2610	2850
	NYAMAGABE	8	233	2218	2451
	NYANZA	10	109	1604	1713
	NYARUGURU	7	98	840	938
	RUHANGO	7	170	1854	2024
Subtotal		65	1342	13500	14842
KIGALI CITY	GASABO	16	454	6585	7039
	KICUKIRO	9	331	6464	6795
	NYARUGENGE	15	853	9826	10679
Subtotal		40	1638	22875	24513

Grand Total		295	7111	75930	83041
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The table shows the repartition of patients by administrative district and province; Kigali city seems to have many patients on ART comparing to other province.

3.3. TRAININGS/CAPACITY BUILDING OF HEALTH PROVIDERS

3.3.1. Decentralized trainings

From September to December 2009, a technical assistance on care and treatment of people living with HIV/AIDS was given to train providers in 5 Provinces and 205 providers were trained during those sessions.

From 21st to 2nd July 2010, another group of 450 providers have been trained in 5 provinces on the new national guidelines of HIV global care and management.

3.3.2. Trainings of trainers (July2009-June2010)

We organized integrated TOTs for Nurses where 156 Nurses have been trained on HIV Prevention, Care and Treatment and for MDs where 150 MDs have been trained in the same area.

Psychosocial care and support trainings

Decentralized training for trainers of Health care Providers: 169 nurses and social workers from 5 provinces have been trained.

Pediatric practical trainings

Practical pediatric HIV trainings are organized each month from September 2009 for DH's providers.

At the end of May 2010, we had trained **55** participants (10 MD, 20 NURSES, 25 SOCIAL WORKERS). This training is in partnership between TRAC Plus, ICAP and CHUK to improve pediatric care and treatment nationwide.

3.3.3. Task shifting trainings

The first phase of task shifting training took place from 8th February to 2nd April 2010:

At the end of that phase, a total of **608** nurses from 305 sites (**27** district hospitals) were trained and **499 (82.07%)** nurses from them were partially validated (Score >70%) and ready to continue with the second step of training (Mentorship).

The second phase of task shifting training took place from 19th April to 11th June 2010:

At the end of that phase, a total of **248** nurses from **124** sites (**13** district hospitals) were trained and **206 (83%)** nurses from them were partially validated (Score >70%) and ready to continue with the second step of training (Mentorship).

In general, from February to June 2010, a total of **856** nurses from **40** district hospitals and their **389** health facilities were trained on task shifting and **705 (82.36%)** nurses scored more than 70% in the post test thus admitted into mentorship phase.

Table: Summary of number of trainees by HIV services available on sites

HIV services available on sites	Number of trainees	Number of Partial validation
ART/PMTCT HF	615	521
PMTCT HF	221	168
OTHER(Partners or Private)	20	16
TOTAL	856	705

3.4. SURVEYS AND STUDIES

3.4.1. TRACKING PATIENTS MISSING SERVICES

From 9th March to 18th September 2009, TRAC *Plus* /HAS Unit conducted an activity of tracking people living with HIV and exposed children lost to follow up in all ART /PMTCT health facilities of Rwanda.

The following are the main findings of that activity:

A total of **314** health facilities were visited (**2 Referral Hospitals, 40 District Hospitals, 260 Health Centers, 8 Clinics, 1 Refugee Camp, and 3 Prisons**).

By the end of April 2009 (end of the first visit), **72,559** patients were enrolled in Pre-ART services in Rwanda and **66,814** were receiving ART.

Only **3,185** under 5 years children were enrolled in HIV services (Pre and on ART)

Cotrimoxazole Prophylaxis was given to **33,763** patients in Pre-ART (**46.5%**).

From January 2007 up to December 2008, **14,542** infants were born to HIV+ women (or from discordant couples) and **20,359** HIV + pregnant women attended PMTCT services in all Health Facilities.

A total of **32,978** out of 107,460 (**30.6%**) patients were missing different services.

In pre-ART service, we had 26,500 of **72,559** enrolled people (**36.5%**) who were missing services or lost to follow up and 3613 (**5%**) among them were eligible but not yet on ART.

Patients at Clinics and Referral Hospital seem to have inappropriate follow up since **65%** and **46%** of patients are lost to follow up respectively at Clinics and Referral Hospitals. On the other hand, patients at Health Centers and Prisons have a good follow up (only **28 %** and **13%** are lost to follow up).

With the end of the second visit, **837** additional patients were put on ART and many other patients lost to follow up were back into HIV services.

This second visit started in July 2009 (Three months after the second visit).

Table: Summarized table of outcomes of the task shifting training activity

Categories of patients	Cases of Missed Services at visit 1	Received services	%
Pre ART			
Eligible Not Treated	2008	422	<i>21.0</i>
Missing CD4 Monitoring	15559	4275	<i>27.5</i>
Without WHO Staging	7602	1480	<i>19.5</i>
Eligible after CD4 count	467	252	<i>54.0</i>
Under 5 Years HIV-infected Children			
< 5yrs not on Cotrimoxazole	43	9	<i>20.9</i>
Exposed Infants In PMTCT			
Exposed Infants Missing Cotrimoxazole	305	103	<i>33.8</i>
Exposed Infants Missing HIV Test	1299	618	<i>47.6</i>

3.4.2. Studies

- Elaboration of protocol on “Assessment of second-line antiretroviral treatment outcomes in Rwanda during 2004-2009”: protocol approved, data collection will start with July 2010
- Elaboration of protocol on STIs prevalence and germs sensitivity to drugs in Rwanda: protocol development ongoing
- Elaboration of protocol on “Tracing clients lost to follow up between HIV testing services and HIV treatment services”: protocol already developed and data collection will start with August 2010
- “Pediatric program evaluation”: protocol developed and approved; data collection preparations are ongoing
- Assessment of Adolescent access to care and treatment: this study has been conducted and the results were disseminated to all concerns.
- Evaluation of access to quality comprehensive care for ALHIV :this study is ongoing

3.5. NATIONAL DATA ON SCREENING TB IN PLWHA (Second Semester 2009)

This evaluation, which was done from 10th August to 3rd September 2009, had the following objectives.

3.5.1. Main objective

To assess the level of implementation of TB screening activities at selected health facilities offering HIV care and treatment services in the country.

3.5.2. Specific objectives

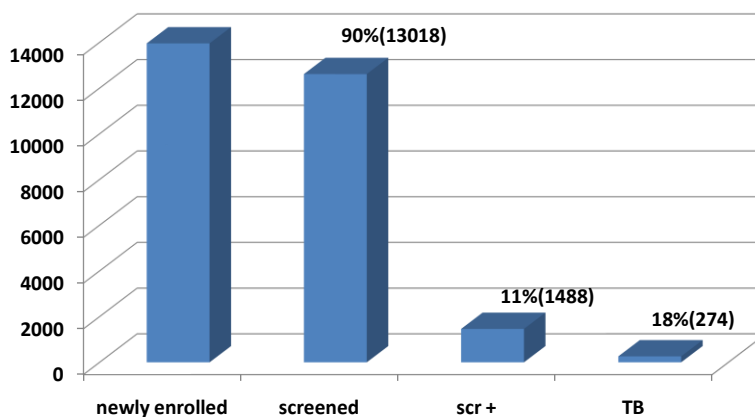
- To verify the availability of national TB screening guidelines (TB screening questionnaire, TB screening operational protocol, TB diagnostic algorithm) and tools ((pre)-ART registers, HIV patient files) at the health facilities
- To evaluate the level of knowledge of HIV care and treatment providers on TB screening
- To evaluate TB screening practices, including diagnostic follow up for those who screen positive
- To assess the quality of data collected and reported to TRAC *Plus*

The TB screening in PLWHA is done at the enrollment in care and treatment program for new patients, and at each follow up visit for those being in the care and treatment program for more than 6 months.

Therefore, data on TB screening are collected every six-month and are available at central by the end of the quarter that follows the semester reported for.

➤ TB screening data in Newly Enrolled Patients (S2,2009)

TB Screening in Newly Enrolled Patients at 219/269 (81%) HIV Care and Treatment Clinics in Rwanda, S2 2009, n=14440 (preliminary data)

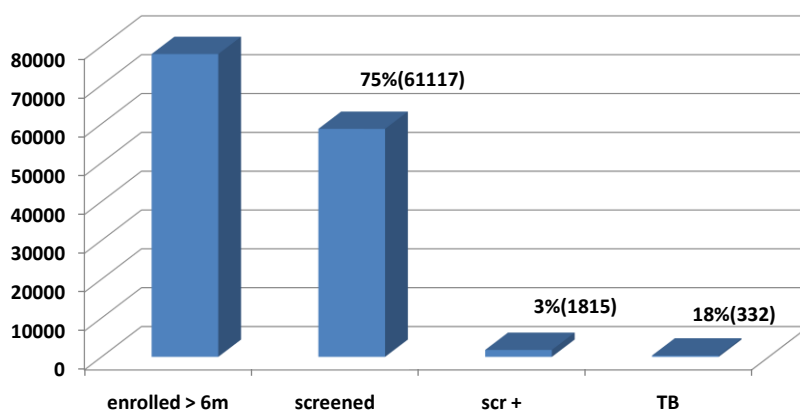


The prevalence of TB in newly enrolled screened patients was 274/13018(2,1%)

In the Second Semester 2009, a proportion of 81% (219/269) of ART sites transmitted their six-monthly reports about TB screening to the Central on newly enrolled patients. Of 14440 newly enrolled HIV patients, 13018 (90%) were screened for TB. Of people screened for TB, 1488(11%) were screened positive. Of those who were screened positive, 274 (23%) had active Tuberculosis.

➤ **TB screening data at Follow Up Visits for Patients Enrolled > 6 Months (S2,2009)**

TB Screening at Follow Up Visits for Patients Enrolled > 6 Months at 192/269 (71%) HIV Care and Treatment Clinics in Rwanda, S2 2009, n= 81084 (preliminary data)



The incidence of TB among screened pts enrolled into care for > 6 months was 332/61117) (0.54%)

In the Second Semester 2009, 75% (192/269) of ART sites had transmitted their six-monthly report on TB screening for patients enrolled into care and treatment program for more than 6 months. Of 81084 HIV patients enrolled into care and treatment program for more than 6 months, 61117 (75%) had at least one TB screening in the Second Semester 2009. Of people screened for TB, 1815(3%) have been screened positive for TB. Among people screened positive for TB, 332(18%) had active Tuberculosis.

3.6. ELABORATION OF GUIDELINES, TOOLS AND THEIR DISTRIBUTION

- Revision of national ART guidelines for Care and treatment of PLWHA: already distributed and used by health providers
- Revision of national Cotrimoxazole prophylaxis protocol: already distributed and used by health providers
- Revision of National Post-Exposure prophylaxis protocol: already distributed and used by health providers

- Elaboration of HIV/AIDS Care and treatment training manual and update of Care and Treatment training slide set: disseminated
- Elaboration of National OIs Guidelines : OIs Trainers manual and OIs Providers manual :approved by the SMM and ready for minister signature
- Elaboration of National STI Guidelines: STIs Trainers manual and STIs Providers manual and update of STIs training slide set: approved by the SMM and ready for minister signature
- Elaboration of STIs screening tool and sexual partner notification slip: disseminated
- Elaboration of psychosocial guidelines: approved by the SMM and ready for minister signature
- Elaboration of pediatric norms and procedures: approved by the SMM and ready for minister signature
- Revision of reference and counter reference sheet: disseminated
- Revision of patients file:disseminated
- Update of national HIV/STI indicators: revision in process
- Active Distribution of tools (Adult and Pediatric forms, registers, appointment cards) at District Hospital

3.7. NEW ACTIVITIES

- Creation of a desk on Adolescents Living with HIV(ALWHIV)
- Revision of VCT Policy with regard to adolescents (Guidelines on psychosocial care including HIV disclosure process & tools , A chapter on care of ALHIV within recently revised Pediatric ART norms and standards of care,)
- Creation of two functional models clinic of Adolescents living with HIV, the key elements of these models is to be extended at national wide.
- Creation of STI department (Recruitment in process)

3.8. CROSS CUTTING ACTIVITIES

3.8.1. NUTRITION

Nutrition and HIV/AIDS are strongly interdependent. Malnutrition is a common complication of HIV infection and likely to play significant and independent role in its progression, morbidity and mortality. The program of nutrition has a mission of integrate and reinforce nutritional care and support within HIV and AIDS services in particularly PMTCT and Care and treatment services in health facilities through elaboration of guidelines & protocols, norms curriculum and capacity building of health workers. In this report all activities carried out by the nutrition and HIV/AIDS program from July 2009 to June 2010 are shown.

3.8.1.1. Trainings

a. Decentralized trainings

From September to October 2009, 10 sessions of decentralized trainings were conducted in all 5 provinces: **160** health providers from health centers have been trained in Nutritional care and support for PLWHA.

b. Trainings on complementary food program and pregnant & lactating mothers program

In March 2010, **202** health providers (nurses, nutritionists and social workers) from health centers were trained about the weaning/complementary food program and pregnant & lactating mothers' food program. This training was done in 5 sessions.

c. Training of trainers

In June 2010, one session training was conducted: **43** nutritionists from district hospitals were trained about the nutritional care and support particularly in monitoring and evaluation of nutrition activities.

3.8.1.2. Supervisions

The aim of these supervisions is to supervise the implementation of the nutrition and HIV/AIDS guidelines. Fourteen (14) districts hospitals and eighteen (18) health centers with PMTCT were supervised from July 2009 to June 2010.

A joint supervision is made by the complementary food program steering committee tree (3) times a year in order to supervise the progress of nutrition activities for exposed infant, pregnant and lactating mothers. This supervision is supported by USG partners. During this year, tree joint supervisions were conducted in PMTCT health centers where the complementary food program is being implemented. In

August 2009, 34 PMTCT health centers were visited; in January 2010, 34 sites were visited and finally in May 2010, 25 sites were visited.

3.8.1.3. Revision of PMTCT Guidelines including infant feeding

A revision of PMTCT national guideline was done according to WHO new recommendations. The role of Nutrition department was to ensure that infant feeding recommendations are included in PMTCT guideline and infant feeding counselling is clear explained.

Participation in elaboration of a three years nutrition strategic plan to eliminate malnutrition: this activity was done under ministry of health.

3.8.1.4. Food supported programs

a) Food for ART program

In order to contribute to ART treatment effectiveness, food program has been considered necessary for clients initiating ART treatment for a period of six months.

The objectives of the food for ART clients are to contribute to:

Improved weight gain, nutritional status and quality of life,

Improved ART treatment adherence and acceptability, through nutritional management of side-effect(s) from medicines,

Improved ART outcomes including survival,

Enhanced nutritional awareness, livelihood skills and food-based strategies among ART clients.

This program provide individual food ration for ART clients during six month. In addition to that clients receive nutrition counselling and education.

This program is being implemented in 137 health centers with ARV services with 13.235 beneficiaries by end of 2009.

b) Weaning/complementary food program for exposed infants

This program aims at improving nutritional status of exposed infants especially during the weaning period.

- The specific objectives are the following:
- Reduce the risk of malnutrition after exclusive breastfeeding at 6 month
- Reduce the risk of HIV transmission during transition period from exclusive breastfeeding to complementary/supplementary feeding
- Help mothers to express and heat treat the breast milk
- Give support to lactating mothers in management of breast problems
- Improve adherence to cotrimoxazole

This program provide porridge for exposed infants, infant feeding counselling and make a regular follow up of children to ensure that they are getting all services needed such as immunization, growth monitoring, HIV testing and treatment.

The program is being implemented in **186** PMTCT health centers with **4,629** beneficiaries (April 2010).

c) HIV positive pregnant and lactating food program

This program aim to reduce and prevent malnutrition among pregnant and lactating mothers.

The program is providing corn-soy blend to malnourished pregnant and lactating women as well as nutrition counselling messages. It has been implemented in **186** PMTCT health centers with **1,655** beneficiaries by end of April 2010.

d) UNITAID Nutrition project

This initiative is a 2 years project which will be implemented in PMTCT sites.

It is targeting HIV-infected pregnant and lactating women, HIV-infected and HIV-uninfected children suffering from acute malnutrition.

The objectives of this project are

- Improve maternal and child health outcomes through earlier identification and treatment of anaemia and acute malnutrition;
- Reduced child mortality through diagnosis and treatment of malnutrition;
- Nutrition assessment of HIV+ women and infants within PMTCT programme;
- Counsel pregnant HIV+ women on IYCF and maternal nutrition within PMTCT programme;
- Provide therapeutic feeding to malnourished HIV+ children 0-59 months and pregnant & lactating HIV+ women.

Activities done so far:

- Quantification of nutrition commodities
- Various technical meetings on the implementation of the project
- Elaboration of the implementation plan
- Development of indicators for the monitoring of the project
- Elaboration of the protocol on the use of Plyumpynut, the therapeutic food to be used for management of severe malnutrition in the project

NB: The nutrition commodities for this project will come in Rwanda in August 2010.

3.8.1.5. Research

PHE: Assessing 18 month HIV-free Survival in Children in Kigali, Rwanda. This is a public health evaluation to be done in PMTCT health centers in Kigali were we are implementing the weaning/complementary food program for exposed infants.

The primary aim is to determine the 18 month HIV-free survival of children born to HIV-positive mothers in Kigali, Rwanda in the context of the implementation of the new WHO PMTCT guidelines.

Activities done so far:

- visit of sites which will be part of the study : completed
- The elaboration of the protocol is ongoing.

3.8.2. HIV/AIDS RELATED COMMODITIES SUPPLY CHAIN

The HIV/AIDS related Commodities Supply Chain is the one of the cross-cutting desk into the HIV/AIDS and STI Unit of TRAC Plus. It has the main responsibility to ensure the continuous availability in good quality and quantity of HIV/AIDS related commodities briefly by leading the quantification and identification of national needs, ensure the procurement on due time, regularly monitoring of stock and distribution on delivery sites level, ensure the rational use and rational management of HIV related commodities (ARVs, OIs, Lab reagents, test kits and consumables), thus to contribute to the success of the HIV prevention, care and treatment programs. The HIV/AIDS related commodities supply chain desk work in its daily activities closely with the governmental institutions like PTF, NRL, CAMERWA and their partners PEPFAR (SCMS, MSH, JSIIDELIVER, Clinical partners), UNTAID and WHO.

3.8.2.1. Coordination of the quantification committee activities

The monthly quantification committee meetings have been held, the aim of these meetings was to assess the stock status, then to identify the problem that we may face in procurement, supply plan, distribution and storage of HIV related commodities. The only alarm stock out at national level was occurred in the first quarter for Tenofovir and Lamivudine single whose consumption have increased more than what was projected. To resolve the problem some quantities were taken back from sites which have enough stock and will be re-distributed in other ART sites while waiting for the first 7CPDS shipments of TDF to arrive in the country. Some products in overstock which were recommended by Resource Management Committee last year to be given to the country in need weren't able to find the country needing them and have expired. These are Nevirapine syrup, Stavudine 15mg, Doxorubicine hydrochloride powder, Capillus.

The consumption of ARVs are monitored by analyzing the monthly reported number of patient on each ART regimen from the site level, these reports should be very useful and helpful to monitor the respect of the ART protocol and the consumption rate of drugs in case the system is strengthened by improving reporting rate (currently <70%) on time

In order to have a good monitoring of HIV commodities, a monitoring tool on which is reported the status of procurement and pipeline is filled on monthly basis.

CAMERWA validation team have been trained on how to validate ARVs products especially TDF combined with 3TC to ensure that this new product is distributed as its quantification was done.

3.8.2.2. Coordination of the quantification process of ARVs, Opportunistic Infection drugs (OIs), HIV test kits, laboratory reagents, consumables and other HIV/AIDS-related commodities

a. 7th CPDS for ARVs and 4th CPDS for lab quantification review

In August 2009, a review of the forecast done during 7th CPDS for ARVs and 4th CPDS for lab has been conducted. The aim was to update the input used in the quantification exercise as well as some changes to occur with the implementation of the new ART protocol.

b. 8th CPDS quantification for ARV and 4th CPDS quantification for lab commodities

In December 2009, an 8th CPDS quantification for ARV and 4th CPDS quantification for lab that covers the period from July 2010 to June 2011 have been conducted and presented in the RMC meeting. The main objectives of this quantification were:

- Update the quantification carried out in September 2008 and produce a forecast of national requirements from October 2009 to December 2011.
- Estimate the future consumption of ARVs, Laboratory commodities, test kits and OIs according to current patients and growth trends for the period of July 2010 to June 2011.
- Produce a 12-month supply plan from which orders will be placed to cover needs for the period of July 2010 to June 2011.
- Determine the contribution of each funding partner to the overall estimated needs.

c. Represent HAS Unit in meetings/workshop regarding the HIV commodities issues

As the HIV related commodities supply chain desk that has in its responsibilities the supply of products with good quality and quantity of HIV commodities, the desk represented the HAS unit in the different meetings / workshop and technical committees regarding the HIV related commodities:

- LMIS workshop organized by PTF and SCMS to finalize Harmonized tools to be used in laboratory reporting system
- A one week validation workshop to validate pharmaceutical documents including LMIS and pharmacovigilance documents
- Meeting organized by NRL to validate the new testing algorithm
- Planning HIV commodities in RCC and NSA proposal

3.8.2.2. Pharmacovigilance

3.8.2.2.1. Elaboration and validation of national guideline on medicine safety surveillance in Rwanda

In collaboration with Pharmacy task force (PTF), MSH/SPS and the public Health programs (HIV/AIDS, Tuberculosis, and Malaria Units), the national medicine safety guideline was elaborated and validated by different stakeholders involved in medicine management. This Guidelines on Medicine

Safety Surveillance in Rwanda provides standard operating procedures and directions for addressing all issues related to medicines and patient safety in a comprehensive manner

3.8.2.2.2. APO_TriAvir related unusual bitterness investigation

This investigation was initiated because of some complaints from patients about the bitterness of APO-TriAvir, a combination of AZT/3TC/NVP manufactured by APOTEX, Canada. Rwanda was the first and the only country to procure this drug from the company under TRIPS. The objectives of the investigation were to:

- Evaluate the tolerability of APO-TriAvir bitterness by patients
- Evaluate the impact of the bitterness on the adherence
- Evaluate the impact of the bitterness in change of ART regimen and/or change in formulation of AZT/3TC/NVP.
- The results showed that the brand name has an unusual bitterness when compared to the previous formulation that was used and some patients weren't tolerating it. This bitterness intolerance led to treatment interruption for some patients.

It was found also that fast disintegration, although beneficiary for the fast bioavailability of active ingredients might be responsible of the fast appearance of the bitter taste. The review and equilibration of disintegrating agents was one of the recommendations to the manufacturer of the product.

3.8.2.2.3. Active surveillance for HIV related drug adverse effects assessment

A cohort event monitoring protocol is being developed by HAS in collaboration with MSH/SPS. The objectives of this active surveillance are:

- Provide incidence rates of adverse events.
- Characterize known adverse reactions.
- Detect signals of unrecognized reactions.
- Detect interactions with other medicines, complementary and alternative medicines and concomitant diseases.
- Identify risk factors.
- Assess safety in pregnancy and lactation.
- Provide a measure of comparative risks between medicines.
- Provide a cohort for further safety monitoring

3.8.2.3. Challenges and recommendations

- Increase in TDF based regimen consumption more than what was projected during the first quarter of the implementation of the new ART protocol.

- HIV commodities stock status availability in CAMERWA warehouse was difficult to get on monthly basis due to the new database used: MACS, sometimes it was giving unreliable numbers.
- Lab quantification model functionality not known to quantification members which delayed the quantification process.

3.8.3. IEC-BCC ACTIVITIES

Since July 2009 up to June 2010, the IEC/BCC Desk carried out a number of activities aimed at sensitizing the population to the use of services for Voluntary Counselling and Testing (VCT), Prevention of Mother -to-Child Transmission (PMTCT), Care & Treatment of people living with HIV & AIDS, and Sexually Transmitted Infections (STIs).

3.8.3.1. Ensuring the quality and availability of communication materials for all stakeholders

Since July 2009 up to June 2010, we were able to multiply and distribute IEC materials in the areas of VCT, PMTCT, STIs, OIs, & ART. Reproduced IEC materials were sent to Health Facilities. The table below shows the number and type of IEC materials reproduced & distributed to Health Facilities Since July 2009 up to June 2010. In collaboration with Rwanda Health Communication Center, we also multiplied and distributed videotapes and DVDs with messages on HIV & AIDS, and Sexually Transmitted Infections (STIs).

Table: Reproduction and Distribution of HIV, AIDS and STIs IEC materials

Type	Domain	Quantity
Flipcharts	Prevention of Mother-to-Child Transmission (PMTCT)	350
	Antiretroviral Treatment (ART)	350
	Opportunistic infections (OIs)	350
	Sexually Transmitted Infections (STIs)	350
Booklets	Antiretroviral Treatment (ART)	30000
	Opportunistic infections (OIs)	30000
	Sexually Transmitted Infections (STIs)	1000000
Leaflets	Antiretroviral Treatment (ART)	30000
	Voluntary Counseling and Testing (VCT)	800000
	Opportunistic infections (OIs)	15000
Posters	Antiretroviral Treatment (ART)	150
	Voluntary Counseling and Testing (VCT)	150

3.8.3.2. Working with HAS partners and other stakeholders in planning IEC/CCC activities and programs related to HIV/AIDS and STIs.

The IEC/BCC Desk participated in various meetings of different steering committees:

- We participated in the monthly meeting of the National Committee for Behavior Change Communication, which is an advisory body of the National AIDS Control Commission and its partners to coordinate all the actions and interventions of the Communication for Behavioral Change in the fight against HIV & AIDS.
- We participated in the meetings of the National Condom Steering Committee, which is an advisory body of the National AIDS Control Commission and its partners in Condom programming in Rwanda.

CHAPTER 4

MONITORING AND EVALUATION OF HIV/AIDS AND STIs ACTIVITIES

4.1.1. FORMATIVE SUPERVISIONS OF HIV/AIDS AND STIS SERVICES AT HEALTH FACILITIES

Supervision must change from an activity focused exclusively on verification and quality control to an activity that covers the entire spectrum of measurement, evaluation, validation, problem identification, problem solving, performance improvement and quality improvement. And this must be emphasized especially at sites whose reports are not satisfactory in patient's management and monitoring and evaluation activities.

To achieve this, the health facilities will become active managers of quality and in integral part of the national quality management program. That's why the department of Monitoring and Evaluation organized a series fields visits with different terms of references since July 2009 to June 2010 .The general observation is that some greats progress have been achieved in comparison with previous performance and this should encourage all stakeholders not reduce effort to improve the quality of HIV/AIDS and STIs services delivered in Rwandan health facilities.

4.1.2. Main terms of References during formative supervisions

- Increasing the capacity of District hospital supervisors in HIV/AIDS activities
- Improving the quality of HIV/AIDS services which are offering to clients
- Routine data quality assessment
- Data quality assessment in PEPFAR sites
- Data quality assessment in framework of MOH data quality team
- Giving feedback on monthly reports data to Districts Hospitals
- Coaching the sites how to fill properly data collection tools(reporting tools)
- Distribution of TRACPLUS new tools
- Preparations of upcoming decentralised training on TRACnet new indicators, HIV monitoring tools
- Participate in training in Task shifting as Trainers
- Prevention with positives implementation and tools distribution
- Mentorship in ART sites
- Integrated supervision with others MOH departments
- Participating in data quality assessment conducted by LFA team in sites supported by GF
- Participating in different transition assessments
- Participating in Male circumcision study data collection

- Collecting of TB screening Data

Table: health facilities visited

Quarter	TOR	SITES
I (July-September 2009)	Formative supervisions	9 DHs and 5 HCs
	DQA	7 DHs 13 HCs
II (October-December 2009)	Routine DQA	7 DHs 9 HCs
	Data audit in GF sites With LFA team	16 HCs
	Formative Supervisions	DHs:8
	Transition assessments	DHs:3
	DQA in USG sites	DHS:29 HCs:27
III (January-March 2010)	Formative supervisions	DHs:9 HCs:13
	Transition assessments	DHs:3 HCs:4
	Task Shifting	DHs:17
	Male Circumcision Study	7 Districts covered
IV(April-June 2010)	Task Shifting	Dhs:2
	Formative supervision	DHs:23 HCs:8
	TB screening data collection	DHs:10 HCs:8
	Transition assessments	DHs:4 HCs:4
	MOH DQA	DHs:7 HCs:14
	Prevention with positives implementation and tools distribution	DHs:16
	Preparations of upcoming	DHs:40

	decentralised training on TRACnet new indicators, HIV monitoring tools	
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4.1.2. Results

1. Strengths

- Quality of care in different HIV/AIDS services have improved and is good but effort must be done in Children care and treatment. We can say that due to TASK SHIFTING trainings and others TOTs we have improvement in HIV services.
- Patients files are well conserved
- In some sites like Kibogora and Bushenge DH, lost to follow up are very few
- The new ART guideline version 2009 has been implemented successfully in all ART sites
- Good management of ART drugs
- Increase of number of medical doctors and nurses trained in ART management and especially in new ART protocol version 2009
- ✓ In general, the quality of data is good: Following the distribution of new M&E tools and different trainings, we have many providers who are doing well in data management.
- ✓ Availability of new TRAC Plus /HAS Unit tools like patients files, ART registers, HIV prevention registers in many sites; this is ongoing activity.

2. Challenges

- The ART national protocol 2009 is not respected in some sites in terms of CD4 control, putting all HIV patients on CXT
- The screening of STIs is not done systematically in all health facilities
- The follow- up file and registers are not correctly complete and updated: PMTCT, VCT and ART services
- In some places, there is no PMTCT registers
- No nutritional support for PLWHIV in some sites
- Follow up of exposed infants is not done according recommendations from TRAC Plus
- Patients in Pre-Art don't consult regularly (every 3 months) as recommended by in national guidelines
- HIV status disclosure not made for all the children of more than 8 years in some sites
- We still have many lost to follow up patients in ART service
- No support groups for psychosocial management mostly in children in many sites
- There are no paediatrics consultations in some sites

- Follow up of exposed infants is not done according recommendations from TRAC Plus
- Discordance of data in many sites especially for VCT and PMTCT indicators
- Lack of M&E tools especially ART registers and patients files in some sites
- Health Centers are not supervised regularly by DHs supervisors
- In paediatric care , the weight and the height, are don't taken and if it's the growth curve is not done for better clinical follow up
- No nutritional support for PLWHIV in many sites
- Some District Hospitals M&E officers/ supervisors don't give feed back to Health Facilities
- There is some DHs which don't give report for maternity data and PIT to TRACPLUS

3. Recommendations

- Take the weight and the height, put them on the growth curve for better clinical follow up(ART responsible)
- Improve care and treatment of exposed infants
- Supervising HIV activities in HCs regularly by supervisors from DHs not only for PBF activities (DHs supervisors)
- Have a planned Distribution of new programmatic tools (TRAC Plus)
- Conduct follow up activity for nurses trained during TASK Shifting programme
- Organize trainings of HIV/AIDS health providers new M&E tools
- Put in place nutrition services for PLWHA (DHs, IPs)
- DHs M&E officers must give feedback on programmatic data to HCs and conduct data quality assessment
- Correct all discordant data and send to partners new corrected reports(TRAC Plus ,GF, EGPAF.....etc)
- Improving completeness of registers and other tools
- Supervisors and data managers are requested to make a data audit in their area
- Respect the deadline of monthly report(VCT/PMTCT/ART)
- We recommend doing integrated supervision once a quarter; this will allow many people to participate and to do a good organization before leaving for the field.
- Review the supervision checklist used in Integrated supervision

4.2. REPORTING , COAG AND PROJECTS MANAGEMENT

The reporting system is done within HAS Unit. The COAG and other projects are managed.

The following are the achievements during the year 2009/2010:

- Development of Semi Annual Program Results of PEPFAR indicators report (October 2009 – March 2010) done and submitted to MEMS, USAID and CDC
- TRAC Plus/COAG-CDC fourth, first, second and third quarterly reports elaborated and submitted to CDC

- Annual Report 2009 of Universal Access on HIV prevention, care and treatment of people living with HIV/AIDS done and submitted to WHO
- Annual Report 2009 of UNGASS indicators done and submitted to UNAIDS
- Development of annual report of TRAC Plus/COAG COP 08 (October 2008 – September 2009) done and submitted to CDC
- Elaboration of TRAC Plus semestrial report (January 2009 – June 2009) and submitted to MOH.
- Elaboration of TRAC Plus quarterly progress reports of year 2009/2010 and submitted to MOH
- Elaboration of HAS Unit quarterly progress reports of year 2009/2010 and submitted to CNLS.
- Elaboration of HAS Unit quarterly progress reports of activities funded by ICAP/SCMOH have been done and submitted
- COAG project is managed

4.3. PROPOSALS AND WORKPLANS ELABORATIONS

Elaboration of TRAC Plus/COAG-CDC proposals and workplans of COP 09, FOA Y1, COP 10 done and submitted to CDC; The COP 09 and FOA Y1 have been approved by CDC/Atlanta and their activities implementation is in progress

Review of COAG/FOA (Funding Opportunity Application) Application done and approved by CDC/Atlanta

- Application for No-Cost extension of COP 09 done, submitted and approved by CDC/Atlanta
- Elaboration of all documents required for releasing the TRAC Plus/COAG restricted funds done and submitted to CDC/Atlanta. The restricted funds to be released have been lifted by CDC/Atlanta and the activities are carried out.
- Data (VCT, PMTCT and ART) reliability and validity protocol at national level developed and approved by CDC/Atlanta.
- Participation in evaluation of sites supported by AIDS RELIEF & ICAP to be transferred to government in **3 DH**

4.3. TRAININGS

Training of supervisors/M&E officers from District hospitals has been conducted where **35** out **40** supervisors/M&E officers from District Hospitals have been trained on M&E of HIV services, tools. These supervisors from DH have the task of training the health centers health providers respecting their catchment areas.

- Participate in organization and conduct of training on TRACnet and data use for **101** District hospital supervisors/data managers from all district hospitals co-organized with SBI Unit, Voxiva and School of public Health. (December 2009 session).

- Training of trainers at central level and District Hospitals level on VCT/PMTCT and ART modules in TRACnet and on new tools: **45** District hospital supervisors from all district hospitals and **27** participants from Implementing Partners, MOH and TRAC Plus staff were trained in HIV&AIDS monitoring tools (registers, indicators) and TRACnet reporting (March 2010 session) in collaboration with SBI Unit, VOXIVA and School of Public Health.
- New indicators finalized and they are included in HAS M&E plan; presented and validated in Technical working group

4.4. GF PROJECT MANAGEMENT

The GF projects have been managed with HAS Unit and the following are the results which are mainly the development of proposals, reports and follow up of GF sub-recipients activities.

1. Preparation and transmission of GF projects progress quarterly reports
2. Preparation of GF projects audit by the Office of General Inspection
3. Preparing the evaluation of GF Round 7 Phase I HIV
4. Preparation of the Action Plan of GF HIV project Round 7 Phase II
5. Supervision of the GF Round 6 and 7 projects Sub Recipients
6. Participation in elaboration of ending documents of GF Round 3 project HIV closure
7. Elaboration of the bridge fund and reallocation of GF Round 3 and 7 HIV project funds
8. Organize the coordination of technical meetings of sub recipient institutions of GF funds
9. Participation in the development of GF RCC Round 3 HIV project
10. Participation in the development of NSP and NSA HIV part
11. Certification of new sites
12. Participate regularly in the CCM meetings
13. Preparations of requests for GF projects
14. Participate in the development of TRAC Plus / HAS Unit consolidated action plan

4.5. NATIONAL HIV/ AIDS DIGITAL LIBRARY

The Rwanda National HIV/AIDS Digital Library is a digital library which contains the diverse documentation on HIV/AIDS.

72 institutions have been visited and among them **37** give **710** documents (memoirs, Activities Reports, Studies, Surveys etc...) in which **264** soft copies and **446** hard copies). **446** documents were scanned. **610** documents have been analyzed and classified.

The documentations are available on the website of TRAC Plus at the following:
www.tracrwanda.org.rw

ANNEX 1:

Table 5: Capacity building of HAS Unit staff (Master's, Participation in trainings, conferences, seminars, workshops, field study, at national or international level)

Type of capacity building	Topic	Place	Date	Number of HAS Participants	Organiser (Institution, Organism)	Comments
Global consultation on services provision for adolescents living with HIV	Responding to the needs of adolescents living with HIV	Kampala	24-28 May 2010	1	UNICEF /WHO	Recommendations given in mission report
GLIA Protocol harmonization	Protocols harmonization	Uganda	29-31 March 2010	2	GLIA	Recommendations given in mission report
HIVQual Study tour	To improve the quality of care of PLHIV	New York/USA	05-12 June 2010	2	HealthQual International	Recommendations given in mission report
Quality Management of Concurrent infections control of TB/HIV for Africa (Nile Basin Countries)	Quality Management of Concurrent infections control of TB/HIV for Africa (Nile Basin Countries)	Ismailia, Egypt	26 April to 20 May 2010	1	JICA	Recommendations given in mission report
Training on Monitoring and Evaluation of HIV programs	Monitoring and Evaluation of HIV programs	CESAG Dakar/ Senegal	6-22 February 2010	2	Measure and Evaluation	
Workshop	Development of	Musanze	19-23 July 2010	2	Ministry of	

	SOPs on data management	District/Rwanda				Health	
Training	Training of trainers on Monitoring & Evaluation 101	Rubavu District / Rwanda	12-16 July 2010	2		Measure and Evaluation	
Training	Training on TRACnet modules	Kigali City Rwanda	29 March-2 April 2010	10		VOXIVA	
Workshop	HIV/AIDS Planning Monitoring and Evaluation Technical Working Group meeting	Kigali Rwanda	27 April 2010	1		CNLS	
Training	Continuous Quality Improvement Level I of people living with HIV/AIDS (PLO: Patients Level Outcome and quality assurance)	Cyangugu/Rwanda	25 January - 28 January 2010	2		AIDS RELIEF	
Workshop	Presentation of 'national Statistical book year 2008'	Butare/Rwanda	March 2010	1		Rwanda National Statistical Institute	
Training	Designing protocols for population based and clinical based HIV surveillance	Zagreb-CROATIA	16-20 November 2009	1		WHO-training center-public health University/Zagreb	

Workshop	2009 HIV & STIs surveillance network meeting	Addis Ababa Ethiopia	1-3 July 2009	1	WHO for African Region	
Workshop training	Qualitative Research	Yaounde/ CAMEROUN	3-14 August 2009	4	IRESKO Sponsored by FHI	
Training	Regional training of size estimation of Most at Risk population	Dar Es Salam/ TANZANIA	2-5 March 2010	3	CDC Sponsored by Measure and Evaluation	
Conference	National Pediatric conference	Kigali/ Rwanda	16-18 November 2009	6	CNLS	
Conference	National research conference on HIV and AIDS	Kigali/ Rwanda	01-02 October 2009	6	CNLS	
Workshop	National Nutrition Summit	Kigali/ Rwanda	24-26 November 2009	3	MOH	
Workshop	4 th partnership forum on HIV and AIDS	Rwanda	8-9 June 2010	1	CNLS	
African Workshop on CVCT	To share country based experience on CVCT	Kigali	23-25 September 2009	2	PSF	This training allowed participants to get informed about the experience of other country in CVCT. Rwanda was the country with more achievements in HIV Couple

						counselling and testing.
Training on STATA	STATA	Kigali	March 2010	1	TRACPlus /IC AP	STATA is a program which will help in research.
International Training on PCC	HIV Personalized Cognitive Counselling	San Francisco/ University of California (USA)	29April-08 May 2010	2	TRAC <i>Plus</i> in collaboration with FHI Rwanda	This new approach of Counselling will help in reducing new infections of HIV
Masters	Master's in Public Health	Kigali/Rwanda	2009-2010	5	TRAC Plus/ NUR-SPH	

