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Mary Balikungeri
Program Coordinator
Rwanda Women Network
1, Avenue du Commerce
P.O. Box 3157
Kigali, Rwanda

Dear Ms. Balikungeri,

Thank you for your letter of April 14th, 2000, which included the proposal for your project to increase HIV/AIDS awareness, prevention, and care through the existing Polyclinic of Hope. The project you propose emphasizes a need to address the issue of the quality of care that women, children and youths receive.

Unfortunately, the Office of National AIDS Policy is unable to allocate funding for specific projects or programs. We do however applaud your efforts to improve the lives of women, children and youths, and will definitely forward your proposal to our colleagues. We wish you much success in your work.

Thank you again for you letter.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

RWANDAN WOMEN COMMUNITY DEVELOPMENT NETWORK
RWANDA-WOMEN-NET for economic justice

1, AVENUE DU COMMERCE
P.O. Box 3157, Kigali - Rwanda
Tel: 0250-~~77213~~ 08300984
TEL/FAX: 0250-77199
Email: rwanet@rwandatel1.rwanda1.com

Mary BALIKUNGERI
PROGRAMME COORDINATOR

Kigali, 14th April 2000

Sandra L. Thurman,
Director,
Office of National AIDS Policy,
The White House,
Washington, D. C. 20006.

Dear Sandra,

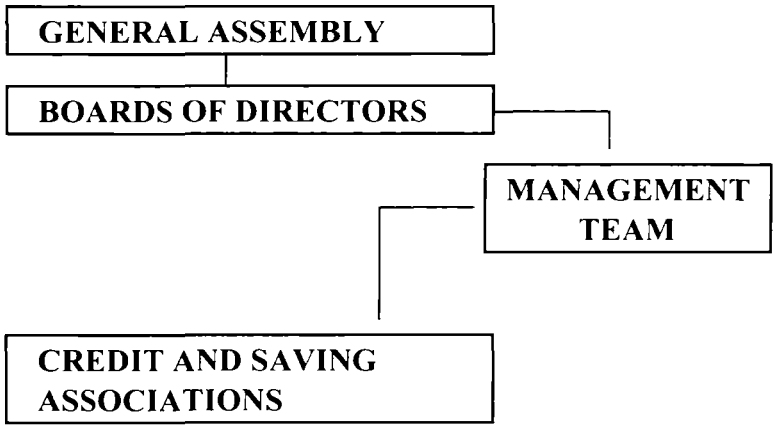
I missed you when I was in USA for the international visitors program for Women as partners for Peace initiative but I sent documents regarding our work. Since I have not received any response from your good offices, I am resending our information on HIV/AIDS program for your approval and support.

Looking forward to hearing from you.

Yours sincerely,

Mary Balikungeri,
Program Coordinator,
Rwanda Women Network,
(For Economic Justice).

ORGANIZATIONAL STRUCTURE



General Assembly:
made up of Representatives of various groups.
Board of Directors:
A policy making body made up of people with business and development background and leaders of Women Groups.
Management Team:
Headed by a program Director assisted by a Project Coordinator, A Financial Advisor, 1 or 2 social workers and an Accountant.
Credit and Savings Association:
30 to 70 poor women indulging in productive economic activities. Run by a Chairlady, a Treasurer, a Secretary, plus 3 elected Assistants.

THE CREDIT MECHANISM

CREDIT SYSTEM	LOANS		SAVINGS	REPAYMENTS
	Principles	5% interest	20% Principle	Principle+Interest
Initial Loan	$ 80	$ 4	$ 16	$ 84
2nd Loan	$ 96	$ 5	$ 19	$ 101
3rd Loan	$ 115	$ 6	$ 23	$ 121
4th Loan	$ 138	$ 7	$ 27	$ 145
5th Loan	$ 165	$ 8	$ 33	$ 173
6th Loan	$ 198	$ 10	$ 40	$ 208
7th Loan	$ 238	$ 12	$ 48	$ 250
8th Loan	$ 286	$ 14	$ 57	$ 300

Access to credit will be linked to savings and the amount of subsequent loans will increase according to the amounts members have accumulated in savings.

Priority will be given to groups and associations that CWS-Rwanda has worked with.

CONTACT

Mary Vuningoma-Balikungeri
Programme coordinator
Someca Building
Boulevard de la Révolution 12
P.O. Box 3157
Tel. 77213 Fax. 77199
Kigali, Rwanda

WOMEN - NET ... WOMEN NO

NO TO APATHY

NO TO CHARITY

NO TO POVERTY

TAKING UP THE TORCH FROM CWS-RWANDA TO HELP RWANDAN POOR WOMEN AND WIDOWS LIVING IN RURAL AND URBAN AREAS TO TAKE UP THE CHALLENGE FROM THE NEW CLEAR EFFECTS OF THE 1994 GENOCIDE

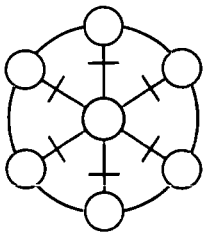
RWANDAN WOMEN COMMUNITY
DEVELOPMENT NETWORK
WOMEN-NET
for economic justice

A self socio-Economic Advancement NGO

of Rwandan women

for Rwandan women

by Rwandan women



ORGANIZATIONAL STRUCTURE

CREDIT MECHANISM

PREAMBLE

The Rwandan Women Community Development Network has been established in recognition of the following simple, but fundamental facts.

The majority Rwandan population consists of women who are essentially farmers and grazers.

Each Rwandan citizen has an obligation to contribute towards the affinity among the Rwandan people.

The tragedy that affected our country should be taken up as a challenge, and not as a point of despair.

MISSION

To promote and empower Rwandan women to be effective participants in the development of their country at all levels.

GOALS

Economic empowerment of poor women and widows living in rural and urban areas through competent financial and managerial systems and structures that integrate to easily deliver credit to individuals and to foster economic and social growth within households and communities.

OBJECTIVES

Encourage participation of poor women in their own economic development.

Help poor women and their families attain economic and social benefits.

Make easily accessible to poor women.

Encourage asset accumulation.

Facilitate the advancement of poor women to effectively meet their household needs.

Foster growth of viable economic activities among the poor women.

Train women leaders to be better managers.

Serve as an intermediary for women of national and international organizations.

The focus of the organization activities will be the family unit and individual poor women. Greater emphasis will be on providing groups or association members and ultimately individuals of those groups with access to credits. Credit and Savings program will be a major component of the organization's activities.

TRAINING

Economic empowerment without capacity for project sustainability only yields short term benefits. An integral part of the organization's activities will be capacity building through appropriate skill acquisition for the members of the women groups and associations. Training in leadership will be undertaken for women leaders of various groups.

ORGANIZATION

The organization will be headed by General Assembly made up of representatives of various groups such as associations and women groups, activity committees, the ministry of social services, other NGO's, business persons and clergy men. A Board of Members, selected by the General Assembly, shall promulgate policies for the management of the organization.

CONTACT

Mary Vuningoma-Balikungeri
Programme coordinator
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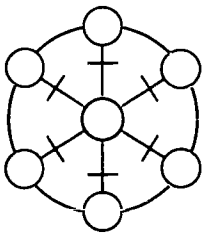
Boulevard de la Révolution 12
P.O. Box 3157
Tel. 77213 Fax. 77199
Kigali, Rwanda

RWANDAN WOMEN COMMUNITY DEVELOPMENT NETWORK WOMEN-NET

for economic justice

A Non Profit Making Organization
(NGO)
for the Promotion and Empowerment
of the Rwandan Woman and Family
through Appropriate Training and
Income Generating Activities
for Self Reliance and
Economic Independence



MISSION

OBJECTIVES

ORGANIZATION

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IONAL COUNCIL OF THE CHURCHES OF CHRIST IN THE U.S.A.
[URCH WORLD SERVICE & WITNESS
RWANDA-PROGRAMME

SOMECA Building
Boulevard de la Révolution, 12
P.O. Box 3157, Kigali - Rwanda
Tél. 77213 - Tél. / Fax 77199

NATIONAL COUNCIL OF THE CHURCHES OF CHRIST IN THE USA

CHURCH WORLD SERVICE (USA)

RWANDA-PROGRAMME

CWS-RWANDA STAFF WITH ITS ACTIVITY COMMITTEE MEMBERS.

A TWO YEAR ACTIVITY REPORT
1995-1997

MAY 1997

RWANDAN WOMEN COMMUNITY DEVELOPMENT NETWORK

RWANDAN - WOMEN - NET for economic justice

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Mary BALIKUNGERI
PROGRAMME COORDINATOR

POLYCLINIC OF HOPE

A Centre for Women Victims of Violence

A project of Rwanda Women Network

Mary BALIKUNGERI
FOUNDER & DIRECTOR

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RWANDA WOMEN COMMUNITY DEVELOPMENT NETWORK.
(RWANDA WOMEN-NET-for economic justice)

A PROJECT PROPOSAL ON HIV/AIDS PREVENTION, CARE AND SUPPORT BY POLYCLINIC OF HOPE; CENTER FOR WOMEN VICTIMS OF VIOLENT CRIMES.

CONTACT.
Mary Balikungeri.
Program Coordinator,
Rwanda Women Network,
PO Box 3157 Kigali-Rwanda.
Tel/Fax +250-77199
email. rwawnet@rwandatel1.rwanda1.com

EXECUTIVE SUMMARY.

Project Name:	HIV/AIDS awareness and sensitization.
Project Coverage:	This project shall cover Kigali urban and Kigali rural Prefectures through Polyclinic of Hope.
Project Contact:	The Program Coordinator, Rwanda Women Community Development Network.
Beneficiaries:	This project will target Polyclinic women victims of violent crimes and their families with emphasis on women, children and youths.
Goal:	The primary goal of this project is to improve and increase on the existing polyclinic of hope effort on HIV/AIDS prevention and care.
Objective.	The objective of this project is to promote and strengthen HIV/AIDS prevention and care activities at the polyclinic of hope focusing on HIV testing, counseling, home based care, pre-testing and post testing psycho social support to the people living with HIV/AIDS.(PLWH/A)
Total Budget.	**US. Dollars 569,239.00**

EXECUTIVE SUMMARY.

Project Name: HIV/AIDS awareness and sensitization.

Project Coverage: This project shall cover Kigali urban and Kigali rural Prefectures through Polyclinic of Hope.

Project Contact: The Program Coordinator, Rwanda Women Community Development Network.

Beneficiaries: This project will target Polyclinic women victims of violent crimes and their families with emphasis on women, children and youths.

Goal: The primary goal of this project is to improve and increase on the existing polyclinic of hope effort on HIV/AIDS prevention and care.

Objective. The objective of this project is to promote and strengthen HIV/AIDS prevention and care activities at the polyclinic of hope focusing on HIV testing, counseling, home based care, pre-testing and post testing psycho social support to the people living with HIV/AIDS.(PLWH/A)

Total Budget. **US. Dollars 569,239.00**

INTRODUCTION

Rwanda Women Network (RWN) is an offspring of Church World Service (CWS), an international NGO that started a two-year program in Rwanda after the 1994 genocide. the two-year CWS program started with an intetion to transform the organization into a local organization after the two years, thus the birth of RWN. The organization conceptual frame work is such that; RWN organizes, empowers and transforms through facilitating individual access to financial credit to engage people in income generating activities i.e. micro-credit finance, shelter construction, human rights education, publication, human resource training and HIV/AIDS awareness programs. RWN was therefore established with the mission to promote and empower Rwandan women to be effective participants in the development of their country at all levels. RWN activities focus on women, especially widows and survivors of violent crimes.

BACKGROUND

The 1994 war and genocide in Rwanda combined all the worst crimes against humanity. The female folk and children were the outstanding victims of war and other acts of violence, the majority of them are HIV positive and others live in incomplete houses, others are widowed and orphan fostering yet without the means to confront the daily life challenges, nost of these families lost their dear ones as well as property. Rape and sexual harassment was "a reliable weapon" during the genocide, thus the only single explanation to the birth of bug numbers of unwanted babies, HIV/AIDS infection and other related consequences.

Currently in Kigali there is one testing center CHRIS which has more clients than it can handle. There is no Clinic that provides HIV testing and counselling that focusses on the specific needs of women and especially those who have experienced rape/violence either during/after the genocide.

DESCRIPTION OF PROGRAM

IMPROVEMENT AND EMPOWERMENT OF WOMEN MEMBERS THROUGH EMPLOYMENT AT THE CENTER TO IMPLEMENT THE CONSELING AND TESTING SERVICES, SUPPORT GROUPS ETC.

As much as is possible, the staff to run the HIV/AIDS program will be selected from the female members of the Polyclinic of Hope who have either sufficient education or intellectual capacity to be trained for the various posts or who already are qualified for the positions. Otherwise qualified individuals from outside the clinic will be employed.

EXPANSION OF HIV TESTING SERVICES

Increase the number of clinic members and their sexual partners who go for HIV tests. Of the 504 women victims of violent crimes registered with the polyclinic, only a very small percentage have been tested, yet 177 are rape victims and all are or have been sexually active. Of those tested twenty are HIV positive. In order to increase the number of members to agree to testing, pre-testing and post testing counseling services will be offered, information concerning testing and encouragement to do so must be given to each woman when she comes to the clinic for any service. The service providers will be trained to provide this information in an effective manner.

A system for effective partner notification, where possible, has to be developed taking into account that the men with whom these women have had sexual relations with may not reflect amicable relations. There is also great reluctance for the members to communicate with their sexual partners even in cases where this would be possible. Reasons for this reluctance and strategies to overcome it need to be developed and incorporated in this counseling held with women when they come in for other services. Strategies such as third party notification may be appropriate for notifying men with whom a woman has had undesired sexual intercourse.

Increase rapidity of results communicated to clients . Currently the Polyclinic provides a limited HIV testing service to clients in that blood specimens are taken and sent to the National Retroviral Laboratory for testing. A fund will be established for clients so that they may have the service free of charge or for a very minimal fee, possibly on a sliding scale. Provisions will be made to assure rapid results either through improving the linkage with the National Retroviral Clinic, or through the provision of rapid testing kits for the Polyclinic so that the medical personnel can do the testing themselves. The best way to do this will be determined with the guidance of the National AIDS Control Program.

Increase medical personnel capable of conducting HIV tests. The number of medical personnel to implement the testing (who can take blood and process it to be sent to the laboratory or be trained to use rapid testing kits) will be increased.

Provision of private rooms for testing and pre- and post counseling. Additional space is required to provide private rooms for testing and counseling with appropriate furnishing. Space must be arranged such that there is privacy for the female and male clients so that they are not necessarily visible to one another. As part of the effort to encourage the male partners to come to the clinic for testing and counseling private rooms and a male counselor must be provided for the male sexual partners for testing and counseling.

IMPROVE COUNSELING SERVICES

Adaptation /development of HIV/AIDS pre and post-test counseling modules for specific needs of women victims of sexual violence. In order to develop or adapt the counseling modules to the specific needs of the clients of the Polyclinic of Hope, preliminary preparation will be needed. First an analysis of the quality of counseling and testing currently being implemented in the clinic will be conducted. Secondly participatory research will be conducted to identify sexual behavior, knowledge of

AIDS/HIV, psychological problems, life style of the clients etc.. Based on the results of the quality analysis and participatory research, HIV/AIDS pre- and post-test counseling modules will be adapted or developed for the specific needs of the women victims of rape/violence who are clients of the clinic. Modules will be developed both for individual and group peer counseling, the modules will be translated into Kinyarwanda to facilitate easy understanding of the message.

Training of team of peer counselors. Appropriate members of the clinic will be selected to be trained as peer counselors and taught how to use the adapted modules for individual HIV/AIDS counseling of women victims of rape/violence as well as facilitate group counseling sessions.

Quality control for counseling services. A system will be established to assure the quality and effectiveness of the counseling with regular monitoring and feedback from the clients. The counseling modules will be up-dated periodically according to the results of the feedback.

Support groups for HIV positive clients. Support groups will be formed of willing clients who tested HIV positive and will be facilitated by a trained peer. The support groups will provide a structure for several types of activities including peer group counseling to help them deal with their HIV status. It can be the basis for a self help program, home care training for themselves and their older children dependents, safe sex education program to prevent further transmission, and training for communicating with their children dependents concerning AIDS prevention and safe sex., especially promoting condom use. The members themselves will determine other activities including IGA's(income generating activities) to raise money for their needs. Support groups will also provide the basis for dealing with the problems concerning partner notification and developing strategies which would encourage the women to do so. The support group will also help the members to develop strategies to deal with aggressive males, self-defense, etc.

Support groups for clients who tested HIV negative. There is evidence indicating that often after an individual has been tested negative for HIV, she or he believes that there is no longer anything to be concerned about. They neglect to recognize that they can still contract the virus through un-protected sex with an infected person. They also do not realize that testing negative at one particular time does not mean that they have not become positive if they had sexual intercourse with an infected person after they gave blood for their test. Therefore, it is important to initiate a vigorous counseling and information program to assure that HIV negative people who continue to be at risk understand the meaning of their status and are encouraged to practice safe sex, especially condom use. This group could be established as a sort of anti-aids prevention group where the members help themselves develop or maintain safe sex and they provide support to their peers who are already infected. The support group will also help the members develop strategies to deal with aggressive males, self-defense, etc. The members would develop their own activities and a trained peer would facilitate the group. Where appropriate and desired, the members of both types of support groups, for positive and negative tested women will conduct activities together.

Provision of condoms in all services of the Polyclinic of Hope. Condoms will be made readily available in all services of the clinic and service providers will be trained to demonstrate and encourage condom use with all clients who come for any type of service. A partnership can be established with PSI for members to sell condoms and, if possible, condoms can be procured from the Ministry of Health to be distributed free of charge within the clinic.

Development of strategies for the notification of irregular sexual partners to obtain HIV tests. The clients of the Polyclinic of Hope are mainly single women who do not have regular sexual partners. At this point, little is known of the actual sexual behavior of each woman, but it can be assumed that they have sexual relations for various reasons, sometimes voluntarily for pleasure, at times out of economic pressure or forced into it either through physical or psychological force. During individual and group counseling sessions, participatory research will be conducted with the members on their sexual lives, the types of sexual practices in which they are engaged and the types of men with whom they have sexual relations. The information they gather will be used as a basis for the development of strategies for the notification of the various men with whom they have had sex to come to the clinic for HIV testing and counseling. The women will help each other experiment with these strategies. If enough men begin coming to the clinic, a male counselor could be hired especially to work with the men.

CARING AND SUPPORT SYSTEM FOR PEOPLE LIVING WITH HIV/AIDS.

The women living with AIDS will be empowered to help themselves and others as long as they are physically able. Also, members of the support group who tested HIV negative will participate in home visits on a voluntary basis. They will receive training for home care and make home visits to those members who are too sick to care for themselves. A special fund will be established for home care needs. Funding will also be provided for income generating activities where the funds generated will be used for HIV/AIDS care. The older children dependents of the members will be trained in HIV/AIDS home care and will also be included in income generating activities to raise funds to care for their sick guardian.

CHILDREN'S COMPONENT.

Currently, all the 504 women victims of violent crimes registered with the polyclinic are are widows and are guardians of an average of five children each. Over one third of the children are fostered orphans. Because of the difficult financial, material and emotional/psychological conditions of the mothers, many of these children are neglected, left to run about in the streets, some requested by the mothers to beg in order to furnish the household with a bit of money. Only a very few attend school. The polyclinic will develop a program to encourage the mothers to no longer send the children to the streets to beg and to provide funds so that the children can attend primary or secondary school or be enrolled in appropriate vocational training. Funds should be provided to train mothers who are literate and have some schooling to help their children with their school work and provide a tutoring service for the other children whose mothers are illiterate.

These activities can take place in the context of the support. Additional groups of mothers who did not chose to be HIV tested can be formed for this activity as well.

EMPOWERMENT OF WOMEN MEMBERS THROUGH EMPLOYMENT AT THE CENTER TO IMPLEMENT THE CONSELING AND TESTING SERVICES, SUPPORT GROUPS ETC.

As much as is possible, the staff to run the HIV/AIDS program will be selected from the female members of the Polyclinic of Hope who have either sufficient education or intellectual capacity to be trained for the various posts or who already are qualified for the positions. Otherwise qualified individuals from outside the clinic will be employed.

RWANDA WOMEN-NET POLYCLINIC OF HOPE BUDGET FOR AIDS COUNSELING, TESTING ,CARE & PATIENT SUPPORT
BUDGET FOR THE YEAR 2000-2001 IN US DOLLARS..

PARTICULARS	NO.UNITS/ QTY.	UNIT COST USD	NO.OF MONTHS	TOTAL VALUE USD
ADMINISTRATION COSTS:				
PERSONNEL				
1-Project coordinator	1	500.00	12	6,000.00
2-Supervisor HIV/AIDS Counseling & testing	1	450.00	12	5,400.00
3-Councillors	4	350.00	12	16,800.00
4-Data Systems Analysts	1	300.00	12	3,600.00
5-Facilitators of Support groups	3	300.00	12	10,800.00
6-Nurses	4	250.00	12	12,000.00
7-Bookkeeper/administrative assistant	1	350.00	12	4,200.00
8-Trainers	4	400.00	12	19,200.00
9-Research Officer	1	450.00	3	1,350.00
TOTAL Personnel of Polyclinic				**79,350.00**
NON EXPENDABLE:				
1-Vehicle(Pick up Doublecabin 4x4)	1	17,000.00		17,000.00
2-Computer	2	4,500.00		9,000.00
3-Video System	1	2,800.00		2,800.00
4-Video Camera	1	1,800.00		1,800.00
5-Tapes	20	5.00		100 00
6-HIV Testing Kits(cartons)	40	1,000.00		40,000.00
TOTAL NON EXPENDABLE				**70,700.00**
EXPENDABLE:				
Testing & Counseling				
1-Stationary	3	160.00	12	5,760.00
2-Test Tubes	500	3.50	12	21,000.00
3-Gloves	500	1.00	12	6,000.00
4-Cotton Wool	500	1.00	12	6,000.00
5-Syringes	1,000	1 00	12	12,000.00
6-Needles	1,000	1 00	12	12,000.00
TOTAL TESTING & COUNSELING.				**62,760.00**
RESEARCH				
1-Stationary	4	160.00	12	7,680.00
2-Accomodation/Padeam (Trainers)	4	50.00	12	2,400.00
TOTAL Research				**10,080.00**
RENT:				
1- Polyclinic Rent(extention)	1	350.00	12	4,200.00
2-Rental for Training Rooms	4	350 00	12	16,800.00
TOTAL Rent				**21,000.00**
OTHER EXPENDABLES:				
1-Home care	250	50.00	4	50,000 00
2-Income generating activities	250	200.00	4	200,000.00
3-Development of counseling modules & research				16,800 00
4-Training materials				5,000.00
5-Binding Services				1,800.00
TOTAL Other expendables				**273,600.00**
TOTAL EXPENDABLE				**367,440.00**
TOTAL OUTFLOWS				**517,490.00**
RWN 10 % Overheads				**51,749.00**
TOTAL BUDGETED				**569,239.00**

REPORT ON POLYCLINIC OF HOPE

Polyclinic of hope is a center for the women victims of rape/violence during the 1994 genocide in Rwanda. The center was established mid 1995 by Church World Service and Witness(CWS)-USA. CWS an international Christian non-government organization begun a 2 year program in the aftermath of the1994 genocide with a mission to place the war and genocide orphans into Rwandan caring families and facilitating such foster families and communities towards economic sustainability through credit schemes. The 2-year CWS program in Rwanda started with an intention to transform the organization into a local NGO after the 2-years term in Rwanda thus the birth of Rwanda Women-Net(RWN) in 1997. Rwanda Women-Net, the offspring of CWS has a mission to build from where CWS signed off, promotion and empowerment of the Rwandan Woman and family so as to become effective and equal participants in the social ecomomic activities of their own communities and societies through appropriate training, provision of shelter and credit facilities.

How Polyclinic started.

At the end of the 1994 genocide, Rwanda was left with big numbers of widows and orphans, these had suffered the worsed inhumanity ranging from rape, torture and mutilation since this was a reliable weapon during genocide. In late 1995, a small number of women from the existing Church World Service network i.e women credit associations gathered strength to narrate their odeal during genocide to Ms Mary Barikungeri, the coordinator of Church World Service then. In response to the women's plight, the polyclinic of hope center was established to address the following needs:

- Free medical services.
- Psycho-social support and counseling.
- Trauma-counseling.
- Referral medical cases.
- Credit facilities for income generating and subsequently self sustainability.
  102 women victims organized in small groups of 10 engaged in sale of food in central Kigali market.
- Shelter construction.

The center todate has 504 members registered and the number is ever increasing due to new entrants. However, due to limited facilities/resources and the countrywide distribution of the women victims, not all the registered members benefit from the clinic facilities. Priority goes to those who are HIV positive, those that were raped and or mutilated, the traumatised and those without own shelter. The most common single characteristic to the polyclinic of hope project beneficiaries is that all of them are heads of widowed orphan fostering households.

Description/status of polyclinic of hope beneficiaries.

The total number of polyclinic of hope beneficiaries is 504 women victims of violent crimes and these have different health status and localities which determine and or influence their ability to benefit from the polyclinic facilities regularly. Following is the description/status of the beneficiaries at the time of filing this report:

* All the(504) women victims of violent crimes registered with polyclinic are widows and foster on average 5 orphans each and some of these are traumatised.
* At the time of compiling this report, statistics on children supported by the women victims of violent crimes were taken on 123 families i.e a total of 590 children are supported of which 179 are fostered orphans and 411 being own children.
* Out of the 504 women victims, a total of 177 are rape victims.
* Twenty(20) are HIV positive.
* The remaining 307 are victims of physical torture, mutilation and the other forms of sexual harassment.
* The children under the women's support include; own children and fostered orphans. The own children also include; products of the unwanted pregnancies resulting from gang rapes, this has the greatest social impact among children themselves, parents, families and communities. This is without considering the general discrepancy on the social welfare of these children and their families, maintaining such good relations among children of different history, families and communities is yet another challenge to RWN. Abject poverty and living below the poverty line is the most single cause of such poor relationships within communities.

Based on the visual health status and the stories told by some of the women at the time of genocide, it is most probable that more than the numbers indicated above suffered rape and are HIV positive, the stigma and social impact that goes with this however, is the single cause of the unwillingness on the part of women to reveal their ordeals during genocide and go for HIV diagnosis, this is the greatest challenge to Rwanda Women-Net for courage, confidence, trust, solidarity and a sense of belongingness has to be created among the women victims so that they accept HIV tests. This is a time taking process but RWN is determined to pursue it to the end no matter what.

Achievements.

- establishing the clinic.
- financing, mobilizing and grouping some of the women victims of violent crimes for income generation. i.e food selling in central Kigali market, 102 members benefited from the initial fund disbursement.
- provision of free medical services.
- Psycho-social counseling.
- human and legal rights education.
- rehabilitation of 50 housing units for 50 families.

Current Needs.

* Construction of a big center for the women so as to deliver better services. This shall include clinic premises with treatment rooms, offices, laboratory, stores and social center hall.
* Shelter construction/rehabilitation for the homeless women victims of violent crimes.
* Micro-credit financing for the women's income generating activities. i.e those who did not benefit from the initial credit facilities.
* Medical supplies i.e the existing stock of medicine is being exhausted.
* Vocational training activities for the women victims of rape/violence and their fostered orphans in areas like tailoring, carpentry, poultry farming and bee farming with an objective to facilitate them towards self sustainability.
* Equipping the polyclinic laboratory with more modern equipment so as to generate income for self sustainability by offering services to the public for a fee.
* Establishing a child care unit within the clinic.
* Provision of basic needs to the children i.e education, clothing, medcare and shelter for those families that occupy demolished structures or tents.

Method of work at the clinic.

The overall coordination and management of the polyclinic activities is done by the parent organization.i.e Rwanda Women-Net(RWN). The management team at the clinic is composed of One professional doctor, Two nurses, laboratory technician, social worker and a cleaner/messenger. The doctor at the clinic is the overall manager for the clinic activities assisted by the two nurses, these are answerable to the program coordinator RWN. The women victims of violent crimes are also involved in management of the clinic activities, they are given weekly forums in which they meet to discuss their needs and how best these needs could be addressed. The weekly forums at the clinic are meant to create solidarity, confidence and involvement of the women victims in need identification and management of the project activities.

Role of polyclinic management team.

- Medical treatment services to the women victims,
- Psycho-social therapy,
- Trauma counseling,
- To aid referral cases(patients) for complicated cases to big hospitals.
- Facilitating the weekly meetings conducted every Thursday.
- Distribution of the food aid and
- To make simple quarterly situation reports to Rwanda Women-Net.

Role of RWN.

- RWN being the parent organisation, lobbys for funding to the clinic activities,
- Providing technical support to the clinic activities i.e management/administrative, evaluation, monitoring and reporting on the polyclinic activities,
- Reporting to the funding partners,
- Mobilization, organization and training the women for simple income generating activities,
- Representing the women's center (polyclinic of hope) on national, regional and international levels.

Contact.

Mary Balikungeri,
Rwanda Women-Network,
Programme Coordinator,
BP 3157 Kigali-Rwanda
Tel/Fax (+ 250) 77199.
Mobile Phone (250) 083-00984.

RWN PROJECTS ACTIVITIES UPDATE AND FOCUS

1. Gahini Shelter Project. (NCA funded)

Achievements.

- Completion of 150 housing units for 150 survivors/returnee families, official handover ceremony to the local authorities held on 14th July 1999.
- Mobilization and organization of shelter beneficiaries into associations for income generating.

Needs.

- Distribution of seeds and tools for agricultural/forestry activities.
- Construction of 50 more houses for those that did not benefit from the first phase shelter project.
- Provision of safe water in the village.
- Financing small income generating projects.

2. Polyclinic of hope: Center for women victims of rape/violence.

Achievements.

- Establishing the clinic.
- Mobilizing and grouping the women victims of rape/violence under the clinic.
- Free medical services to the women.
- Psycho-social therapy/counseling.
- Economic empowerment through micro-credit financing.
- Rehabilitation of 50 housing units for 50 families, this project was funded by NCA.
- Equipping the Polyclinic of Hope with some basic laboratory equipment worth USD 15,000, this project is funded by NCA.
- Construction of 20 houses for the women victims of violent crimes in the process. funded by USA State Department/PACT.

Needs.

- Construction of a big center for the women so as to deliver better services, see the Rwanda Women Network HIV/AIDS 2000-2003 plan of action document.
- Shelter construction/rehabilitation for the homeless women victims of rape/violence. i.e. 80 housing units.
- Micro-credit financing for the women's income generating activities.
- Training, education and awareness programs on HIV/AIDS, micro-credit operations, human/legal rights and gender based issues.
- Establishing a child-care unit in the clinic/center for AIDS orphans and genocide orphans.

3. Rugende coffee/animal feeds processing plant.

Achievements.

- Mobilization and organization of the 36 beneficiaries, women and men.
- Installation of the required plant machinery.

Needs.

- Initial operational capital to purchase the input(coffee)
- Construction of stores/office block next to the plant.

4.Gwiza bee farming.

Achievements.

- Establishment of a modern bee farming project with 100 modern bee hives.
- Mobilizing and organizing the 31 association members.

Needs.

- Capital to buy modern packing equipment for the product.
- Construction of a small shop (kiosk) in Kigali ville from where the product could be sold (honey).
- Growing sunflower near the bee farming area to provide nectar so as to produce standard honey of improved quality and quantity.
- Purchasing covered plastic drums for honey storage.
- Honey harvesting equipment.
- Purchase of more beehives(50)

5.Nyamata high school.

Achievements.

- Construction of a dormitory block.
- Providing furniture to the school.
- Construction of a poultry house.
- Stocking the poultry house with 100 layers.

Needs.

- Provision of clean tap water.
- Construction of shelter (shade) for 5 fresian cattle.
- More classrooms and dormitories due to the increasing number of students.
- Construction and equipping the library.
- Furniture for the new dinning hall and kitchen.
- Construction of staff houses (10).

6.AVEGA-Gikondo
Achievements

- Establishment of a cooperative whole sale shop (credit) for the AVEGA widows, Gikondo section.
- Engaging the members into income generating activities.

Needs.

- More credit to finance those AVEGA members who did not benefit from first phase financial credit.
- Shelter construction for those who occupy other people's houses or destroyed structures during the 1994 war and genocide.(100 houses)

7. Kanombe Poultry Project.
Achievements.

- Construction of a big modern poultry house.
- Provision of 500 layers to begin with.

Needs.

- More credit to expand on their current activities.

8. Hope cooperative and Intambwe Kuyindi projects.
These 2 projects are to be rejuvenated now that security in the northern part of the country is restored i.e. Ruhengeri and Gisenyi prefectures.

Achievements.

- Tie and dye project
- Credit to operate a cooperative specialized in agricultural produce i.e. bulk buying and selling.

Needs.

- More financial credit to expand on their business.
- Construction of 40 houses for the association widows.

RWANDA WOMEN NETWORK

(FOR ECONOMIC JUSTICE)

RWN MISSION STATEMENT:

ORGANIZE, EMPOWER, NETWORK, AND TRANSFORM:
A PROCESS TOWARDS PEACE AND RECONCILIATION

AT-A-GLANCE

OUR HISTORY

Rwanda Women-Net (RWN) is an offspring of Church World Service (CWS) USA. The parent organization executed a 2 year programme in Rwanda 95-97 and later on gave birth to RWN to continue where CWS signed off.

OUR ACCOMPLISHMENTS

* Shelter construction of 150 houses for 750 beneficiaries in Rukara-Umutara Prefecture.
* Shelter Rehabilitation for 50 families of women victims of rape during genocide in P V K.
* Micro-credit financing to women's associations and groups fostering orphans in 5 Prefectures (1995-1997).
* Grants to Agricultural and educational oriented activities.
* Supply of Relief Aid during massive return of refugees from Zaire and Tanzania 1996.
* Coordination and mobilization of local women's groups and church groups a challenge of reconciliation
* Established a Project (Polyclinic of Hope) in support of the women victims of violent crimes during 1994 genocide.
* Championing a Professional Women's forum.

Acknowledgements to the following who have made our successes possible; Rwanda government, Board members, members of staff, and beneficiaries.

Sincere thanks to our donors for their support
- CWS - Nairobi & New York
- NCA - Nairobi & Oslo
- Canadian Cooperation.
- US Embassy - Kigali
- USA State Department
- World Association for Christian Communication- UK
- Global fund for Women - USA
- MADRE Inc and Individuals in the USA
- Swiss Cooperation.
- WHO / PNLS
- PACT - USA.
- FARG - Rwanda
- Mama Cash

OUR CHALLENGES

- Maintaining momentum in empowering women
- Fundraising and mobilising the International/national community.
- Call to government to continue to give guidance and support.
- Call to local NGOs to team up and coordinate better.
- Clear identification of partnerships guided by priorities to create positive impact.
- Call to beneficiaries to keep up with the pace and break through the dependency syndrome.

OUR PERSPECTIVES

- Sustainability.
- Meaningful partnerships.
- Women's empowerment and equal participation.
- Programme activities/focus/priorities
  - Shelter construction / rehabilitation
  - Micro-credit financing
  - Training, education and awareness programmes focusing (AIDS, legal and human rights, health care,etc)
  - Publication of a Quarterly Magazine titled "Visions and Voices: Rwanda Women Speak".
- Lastly to achieve and work towards peace building and reconciliation in our nation.

"If development is not engendered, it is endangered, and if poverty reduction and eradication strategies fail to empower women, they will fail to empower society"

Contact Person:
Mary BALIKUNGERI
Program Coordinator.

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Tel/Fax: +250-77199. Mob.: 083-00984
Email: rwawnet@rwandatel1.rwanda1.com

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Leslie Bharadwaja

FROM: Cheryl Barnette

COMPANY:

DATE:

FAX NUMBER: 213-830-1180

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hi Leslie - here is the information you requested from us long ago (sorry!) Pls. let me know if we still need to arrange a phone call - this friday would be our best opportunity. She leaves saturday for 1½ wks (her 3rd international trip in 2 months!)

Thanks again Cheryl

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

(202) 456-2959

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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

(UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, World Bank)

Composition of the Programme Coordinating Board 2000

Member States

1. Algeria
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6. France
7. Gabon
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13. Luxembourg
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4. UNDCP
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6. WHO
7. The World Bank

Representatives of NGOs/people living with HIV/AIDS

1. Africa - WOFAK
2. Asia/Pacific - Malaysian AIDS Council
3. Europe - AIDES Fédération Nationale
4. Latin America/Caribbean – Centro de Estudios de la Sexualidad
5. North America – Global Network of People Living with HIV/AIDS (GNP+)

United States General Accounting Office

GAO Fax Transmittal Sheet

To: Cheryl Bauerle
Sandra Thurman
Date: 5/2/00

From: Leslie Bharadwaja (tel: 213-830-1013) FAX: 213-830-1180

Los Angeles Regional Office

Subject: Follow-up questions

Additional Information:

Hi Cheryl,

Per our conversations, I am faxing you some additional questions for Sandy. Please fax (213-830-1180) or email (bharadwl.laro@gao.gov) her responses. If possible, I would like her reply by the end of the week. If you need more time, please let me know.

Thank you for your help!

Leslie

Acknowledgement Requested:

1. ☐ Yes ☒ No
2. 2 pages, including this cover sheet, are being transmitted.
3. If all pages are not received, please call 213-830-1013
4. To transmit any return information by fax, please call 213-830-1180

Follow-Up Questions for Sandra Thurman

1. You told us that 70% of HIV infections in Africa are transmitted through heterosexual contact, with the next greatest number of transmissions through mother-to-child-transmission. What is the percentage of HIV cases from mother-to-child-transmission?

2. How is your office working with the other G8 partners to address the AIDS crisis?

3. Is the Global AIDS Emergency Working Group still meeting? If so, what are its primary objectives? How does this group relate to the Interagency Working Group?

4. What specifically do you think the Department of Defense should be doing to combat AIDS in Africa? Why did the DOD not get the $10 million that was to be allocated through the LIFE Initiative?

5. You told us that you felt that the State Department was not doing enough. We spoke with Nancy Carter-Foster at State and she said that they have made significant accomplishments. What do you think that State should be doing that they have not been doing?

6. In our interview with you on April 20, you mentioned the following documents. Can you please provide us with a copy of them?

   - written information about the Zambia debt relief program
   - list of donor contacts on the planning board of UNAIDS
   - contact information for Nills DuLave, CEO of the Global Health Council

Thank you very much for your help!

GAO

Fax

To:	Cheryl Bauerle	**From:**	Leslie Bharadwaja
Fax:	202-456-2439	**Pages:**	1
Phone:	202-456-2959	**Date:**	05/03/00
Re:	Follow-up Questions	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☒ **Please Reply** ☐ **Please Recycle**

• **Comments:** Hi Cheryl,

Sorry to bother you again. I thought of one more question for Sandra:

> During our conversation, she mentioned that the private sector was interested in funding programs to reduce mother-to-child-transmission. Other than the Gates Foundation, what private foundations are interested in this issue and other AIDS issues?

Please take your time in getting back to us.

I also gave you my incorrect email address yesterday. The correct one is bharadwajal.laro@gao.gov. Please call me if you have any questions – 213-830-1013.

Thank you for your help!

Leslie

Follow-up Questions

Sandra L. Thurman
Office of National AIDS Policy
The White House

1) You told us that 70% of HIV infections in Africa are transmitted through heterosexual contact, with the next greatest number of transmissions through mother-to-child transmission. What is the percentage of HIV cases from mother-to-child transmission?

80% of the 14 million HIV-positive women of childbearing age worldwide reside in sub-Saharan Africa. In many areas throughout the region, pregnant women have astronomically high rates of HIV infection including 73% in Beit Bridge, Zimbabwe and 43% in Francistown, Botswana. Nine out of every ten infants (or 90%) of infants infected with HIV at birth and through breastfeeding live in sub-Saharan Africa – with nearly 600,000 new infections each year among babies.

2) How is your office working with the other G8 partners to address the AIDS crisis?

3) Is the Global AIDS Emergency Working Group still meeting? If so, what are its primary objectives? How does this group relate to the Interagency Working Group?

4) What specifically do you think the Department of Defense should be doing to combat AIDS in Africa? Why did the DoD not get the $10 million that was to be allocated through the LIFE Initiative?

The Department of Defense must play a critical role in combating AIDS in Africa, where HIV rates in military and uniformed populations often exceed the rates in the civilian populations. As these troops participate in an increasing number of regional interventions and peacekeeping operations, the pace of the epidemic is likely to accelerate. Extremely high levels of HIV infection among senior officers could lead to rapid turnover in those positions. In countries where the military plays a central or strong role in government, such rapid turnover could weaken the central government's authority and for those countries in political transition, instability in the military and security forces could slow or even reverse the transition process.

Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessing the risk including behaviors, knowledge and attitudes can be done while maintaining confidentiality and with a high level of voluntary participation. Assessing the particular components of HIV risk in African military populations will help to develop and guide prevention activities. Based on this understanding, the Department of Defense will focus on primary prevention activities including regional specific military-based education and enhanced military education of African UN Peace Keeper forces.

$$$$???

5) You told us that you felt that the State Department was not doing enough. We spoke with Nancy Carter-Foster at State and she said that they have made significant accomplishments. What do you think that State should be doing that they have not been doing?

6) In our interview with you on April 20, you mentioned the following documents. Can you please provide us with a copy of them?

Please see attached documents as requested.

Government of the Republic of Zambia
and Cooperating Partners Initiative

Combating the Zambia HIV/AIDS Pandemic Through a Multidonor 'Debt for Development' Agreement

(draft proposal as of 18 May 1999)

CONTENTS

I. GOAL

To support an expanded multisectoral response to the Zambia HIV/AIDS pandemic to scale-up the delivery of effective interventions by Government, NGOs, and the private sector.

II. CONTEXT

Devastation of HIV/AIDS in Zambia

Zambia has one of worst HIV-AIDS pandemics in the World, with an estimated 20% of the adult population HIV-positive. AIDS-related deaths are rapidly escalating, and expected to peak in 2005. Life expectancy is plummeting, with the average Zambian lifespan dropping from 54 years to 37 years. The pandemic is also leading to an unprecedented AIDS orphan crisis, with an estimated 1, 000,000 orphans by the year 2000, representing approximately 10% of the total population of Zambia. A secondary tuberculosis pandemic is also debilitating the economically productive work force. Historic improvements in child survival are also being lost in the specter of HIV/AIDS. In summary, the Zambia HIV/AIDS pandemic seriously threatens the country's prospects for sustainable economic development as it depletes the country's most educated, energetic, and productive population.

Zambian Response

To combat this crisis, President FJT Chiluba announced in March 1999, a new commitment to rapidly expand the national response with a war against AIDS when he said, "We must all unite in the fight against AIDS." The GRZ is in the final stages of planning for the implementation of a new National HIV-AIDS Council and an HIV-AIDS Secretariat which has been designed to support an expanded multisectoral response.

Debt Burden Hinders Effective Response

A major factor hindering an effective HIV/AIDS response in Zambia response is the macroeconomic situation and the unsustainable debt burden. During 1998, the real gross domestic productivity (GDP) per capita is estimated to have declined by 5%. Inflation rose from 18.6 percent at the end of 1997 to 30.6 percent at the end of 1998. Interest rates rose sharply while the Kwacha depreciated rapidly. These factors led to tight fiscal constraint as revenues were below targets, while expenditure pressures increased.

The 1998 GRZ debt servicing obligations of $123 million paid to the Paris Club Members and the multilateral institutions was equivalent to 69% of the amount budgeted by the GRZ from its own resources for the social sectors. For example, District Health Boards only received 30% of their expected budget in 1998, therefore they were unable to effectively implement HIV-AIDS prevention and control activities, TB control, or control of sexually-transmitted infections. The GRZ currently has no

formal mechanism for providing financial support to civil society NGOs that are at the front lines in the battle against HIV/AIDS. The debt burden severely compromises the ability of GRZ and the civil NGO sector to effectively respond to the HIV-AIDS crisis.

III. DECLARING WAR ON HIV/AIDS BY SCALING-UP RESPONSE

Accelerating Action Through a Multidonor 'Debt for Development' Agreement

Expanding the resource envelope is a critical step needed to enable the Zambian people to effectively respond to the crisis. To accelerate the Zambia development process, by accelerating the national response to the HIV-AIDS pandemic, a multidonor 'Debt for Development' Agreement is proposed. This agreement is based on the following implementation steps:

- **Plans of Action:** Government of the Republic of Zambia (GRZ) and non-governmental organizations (NGOs) finalize HIV-AIDS Response Plans of Action (GRZ Ministries and NGO Response Plans). These plans will include a multiple year strategic plan, budget, and a monitoring and evaluation framework;

- **HIV/AIDS Response Fund:** GRZ establishes a "HIV/AIDS Response Fund" to receive agreed upon resources from creditors. The implementation of this fund shifts resources towards ***supplementary*** domestic investment in the national HIV-AIDS response. Actual GRZ and NGO expenditures will serve as the baseline for monitoring supplementary investments in the HIV/AIDS response;

- **Performance Milestones:** The "HIV/AIDS 'Debt for Development' Agreement" will be based on agreed upon performance milestones that support the implementation of the Zambia HIV-AIDS Plan of Actions. Performance milestones will be developed to establish targets for legal, policy, technical performance, and people-level impact, as well as, the establishment and implementation of systems of financial accountability;

GRZ-Cooperating Partners Implementation Principles

- **Leadership:** Zambian political and programmatic leadership in the design and implementation of the HIV/AIDS Response is critical.

- **Accountability:** Compliance with International accounting principles and practices is critical. The GRZ and all implementation partners will promote a zero tolerance for corruption.

- **Partnership:** GRZ and all partners will promote strong partnerships in the design and implementation of the HIV/AIDS Response.

- **Continuous Learning:** The GRZ and all partners will develop and implement a

rigorous monitoring and evaluation framework to monitor people-level impact and for modifying the HIV/AIDS implementation strategies as the pandemic evolves.

- **Sustainability:** The HIV/AIDS Programmatic Response will be designed and implemented in ways that promote financial and institutional sustainability, commensurate with Zambia's projected economic growth over the next decade.

Options for Creditors

Bilateral and multilateral cooperating partners will have different options for channeling resources into the "HIV/AIDS Response Fund." These include, but are not limited to:

- **Debt Servicing Swap:** so that principle and interest due to creditor countries would be paid into the HIV/AIDS Response Fund instead of to creditor countries;

- **Debt for Development Mechanisms**: creditor can transfer debt obligations into the HIV/AIDS Response Fund;

- **Direct Contributions**: creditors or donors can provide direct contributions to the HIV/AIDS Response Fund as part of their overall assistance to the GRZ.

IV. ORGANIZING FOR ACTION

Task Force for the Multidonor 'Debt for Development' Agreement to Accelerate Action to Combat the Zambia HIV/AIDS Pandemic

The GRZ has formed an Interagency Task Force to support the development, implementation, and monitoring of the multidonor HIV/AIDS 'Debt for Development' Agreement.

GRZ Institutional Oversight

The GRZ is in the final phase of establishing a National HIV/AIDS Council and a National HIV/AIDS Secretariat which is charged with the responsibility of coordinating a multisectoral response to the HIV/AIDS pandemic. The National HIV/AIDS Council and Secretariat are the proposed GRZ institutions that will be responsible for the development, implementation, and monitoring of the proposed HIV/AIDS Multidonor 'Debt for Development' Agreement. The National HIV/AIDS Council and Secretariat would make recommendations on funding priorities to be supported by the HIV/AIDS Response Fund.

GRZ-Cooperating Partners HIV/AIDS Response Fund Steering Committee

A joint "GRZ-Cooperating Partners HIV/AIDS Response Fund Steering Committee" would be formed from various interest groups, such as Government, Cooperating Partners (including creditor countries and multilateral agencies, NGOs and other interest groups. The Steering Committee would make final decisions on resource allocation disbursements, monitor the performance of the implementation institutions against the agreed upon milestones. The National HIV/AIDS Secretariat would be responsible for managing the proposed "GRZ-Cooperating Partners HIV/AIDS Response Fund Steering Committee."

Banking Methods

The GRZ proposes that the "HIV/AIDS Debt Swap Agreement" funds be held in a separate account at the Bank of Zambia. This account will be subject to routine audits by the GRZ Auditor General and by external auditors, as necessary.

V. Programmatic Priorities for the "HIV-AIDS Response Fund"

The programmatic priorities for the HIV/AIDS Response Fund is an evolving iterative process. Finalization of priorities will be described in the final Agreement and will be approved by the HIV/AIDS Response Fund Steering Committee.

Intervention Priorities

The following interventions have been prioritized by the GRZ National AIDS Control Program:

1. Behaviour Change: abstinence, mutual faithfulness or condom use;
2. STD prevention and control;
3. Reduction of High Risk Behaviours (e.g. multiple partners, ritual cleansing);
4. Destigmatization of HIV/AIDS (e.g. red ribbon campaign, political advocacy);
5. Voluntary Counseling and Testing;
6. Improved home-based care and support for people living with HIV/AIDS;
7. Community-based support for orphans and vulnerable children;
8. Improved drug supply for STD prevention, TB control and HIV-positive Zambians;
9. Improved hospital-level care;
10. Mobiliation of a multisectoral response.

Institutional Response

NATIONAL HIV/AIDS COUNCIL AND SECRETARIAT

Over the past 18 months the GRZ has been working to establish a new multisectoral institutional framework for expanding the national response against HIV/AIDS. The new structure will consist of a National Council whose role is to provide policy development guidance, and a Secretariat who will provide technical back-up. The formation of the Council and Secretariat is expected to be approved in the near future.

Goal: To ensure the effective coordination of the multisectoral response to HIV/AIDS.

Objectives:

1. To develop and coordinate the implementation of the National HIV/AIDS Strategic Plan (1999-2001);
2. Public advocacy for HIV/AIDS/STD/TB;
3. Advocate for intersectoral co-operation;
4. Policy setting and guidance to all sectors involved;
5. Advising the different on responses according to their comparative advantage;
6. Resource mobilisation;
7. Approval of budgets;
8. To monitor and evaluate the multisectoral response to HIV/AIDS.

Specific activities of the National HIV/AIDS Council and Secretariat are:

A. Strategic Planning for an Accelerated Response: The interim HIV/AIDS Program has worked over the past year to implement a national multisectoral strategic planning process with GRZ Ministries, NGOS, and the private sector. Debt -swap resources are needed to translate these plans in Action. More importantly, planning exercises need to be carried out at the provincial level. All these units will then require intensive technical support to ensure that the interventions carried out are leading to the desired impact. Only five of 72 districts have received any capacity building in strategic planning for responding to HIV/AIDS. This effort needs to be dramatically scaled up.

Status: *Detailed Workplan and Budget to finalized by June 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $500,000

B. The Communications Working Group is a broad-based effort to expand Information, Communication and Education regarding the HIV/AIDS pandemic. A first sub-working group is actively developing a "Mass Media Campaign for Reducing Sexual Transmission of HIV Among Youth." Unfortunately, the currently committed funding available from cooperating partners will not be sufficient to go-to scale with this campaign.

Status: *Detailed Workplan and Budget to finalized by June 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $500,000

C. The Maternal-to-Child-Transmission Working Group is overseeing the implementation of several initiatives to expand access to voluntary counseling and testing (VCT) at clinics and to give mothers who test positive alternatives feeding options if they choose not to breastfeed. Recent studies show that there is pregnant mothers have a strong desire to know their HIV status. The current level of support available is introducing these interventions is only beginning in four sites nationally.

Status: *Detailed Workplan and Budget to finalized by June 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $500,000

D. Monitoring and Evaluation Working Group: Zambia is known regionally as having the most robust HIV/AIDS monitoring and evaluation framework. Studies recently implemented are the UNAIDS-WHO-USAID supported prevention indicator surveys, a repeat of the national sentinel surveillance data, and the 3-compound population-based surveys. These data are being analysed/modeled in order to establish a baseline for the HIV/AIDS Council/Secretariat, and can be useful in determining priority targets in the general population. Innovative efforts to develop and implement district-level monitoring and evaluation activities are being launched in Zambia. Once piloted, these district level efforts can be replicated throughout Zambia.

Status: *Detailed Workplan and Budget to finalized by July 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $250,000

E. Home-based Care and Support Working Group: The Council recently formed this working group to consolidate efforts to ensure high quality care is provided at the household and community levels. While there has been a large expansion in the number of these groups in urban areas, the quality of care remains in question.

Status: *Detailed Strategic Plan and Budget to finalized by July 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $100,000

F. HIV Vaccine and Treatment Working Group: The HIV/AIDS Secretariat has convened a Working Group to review efforts to expand access to HIV/AIDS drugs and to initiate vaccine trials in Zambia.

Status: *Detailed Strategic Plan and Budget to finalized by July 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $100,000

G. Political Advocacy for the War to Combat HIV/AIDS: In December 1997, the GRZ published the AIDS Impact Model (AIM) which reviews the background, projections, impacts, and interventions of response. The AIM is a policy advocacy tool that has been distributed widely in urban areas.

Status: *Detailed Strategic Plan and Budget to finalized by July 1999. Estimated Annual HIV/AIDS Response Fund Request: $50,000*

H. Destygmatisation of AIDS: A major barrier to mobilising a robust response to the epidemic is the conspiracy of silence about AIDS. Now that all Zambians are being affected by the pandemic, renewed efforts are required to destymatise AIDS. NGOS, led by the Family Health Trust, have established the Red Ribbon Campaign which is designed to promote solidarity in the fight against HIV/AIDS. Debt-swap resources are needed to expand the successful Lusaka pilot activity throughout Lusaka and to the rest of Zambia.

Status: *Detailed Workplan and Budget to finalized by July 1999. Estimated Annual HIV/AIDS Response Fund Request: $50,000*

I. Control of Sexually Transmitted Infections(STIs): Data from Tanzania show the well supported STI interventions can reduce HIV transmission by up to forty percent. Effective implementation requires sufficient STD drugs, capacity building and training of health workers, training of pharmacists in the public and private sectors, etc. The GRZ implemented qualitative and quantitative reviews of STD management during 1998. During 1999, efforts to develop and implement improved STD management are being implemented through a variety of Initiatives, including the Central Board of Health's Plan of Action for Integrated Reproductive Health.

Status: *Detailed Workplan and Budget to finalized by July 1999. Estimated Annual HIV/AIDS Response Fund Request: $50,000*

J. Improving Access to Voluntary Counseling and Testing: The demand for VCT is rising as more and more people are experiencing the impact of the AIDS Pandemic. A recently started pilot initiative is introducing a standard approach to VCT in 30 sites throughout Zambia.

Status: *Detailed Workplan and Budget to finalized by July 1999. Estimated Annual HIV/AIDS Response Fund Request: $3,000,000*

K. Strengthening the Response to TB: WHO and UNAIDS are promoting the full scale implementation of the DOTS (Directly observed therapy short-course). While there are several successful pilots in urban areas, there is very little progress being made in rural areas.

Status: *Detailed Workplan and Budget to finalized by July 1999. Estimated Annual HIV/AIDS Response Fund Request: $50,000*

L. High-Risk Group and High Transmission Interventions: In the World Bank's 'Combating AIDS" book, a strong focus on high-risk and high transmission subgroups of the population is recommended as a cost-effective strategy. These groups include formal/informal sex workers, truckers, seasonal and rural migrant workers uniformed

personnel, and fish camp workers. Over the past several years, successful efforts collapsed to lack of funding. Currently planned efforts will only cover a small proportion of these groups.

Status: *Detailed Workplan and Budget to finalized by July 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $300,000

M. Catalytic Projects: To begin the process of accelerating the National response, the National HIV/AIDS Council and Secretariat will be sponsoring the catalytic projects. It is envisioned that these catalytic projects will be funded through the NHAS Working budgets, Orphans Response Plan, or the NGO Response Fund. An initial catalytic projects are :

Geographic priority area	Social priority area	Project title	Leading Ministry or Institution	Implementing Institution
Lusaka Province, urban districts	Youth in and out of school	Mapode Project	Mapode (Mrs. Kiremire)	
		Lusaka Peer Action Projects Youth Alive	MOH, Lusaka City Council, Human Resource Trust	
	Orphans	See National coverage: CHIN	MYSCD	
	Commercial sex workers	Tasintha Commercial Sex Workers Project	NHAS	Tasintha
		Kanyama Peer Education Project	MOH	Kanyama Health Centre
	Public sector, civil servants	HIV/AIDS Focal Point Person Programme	Cabinet Office	Ministry of Science and Technology
	Private sector workers	HIV Workplace programmes	ZFE	ZFE
	PLWHA	See National coverage: NZP+ Project Preventiton of MTCT Project under national coverage		
Copperbelt Province	Youth in and out of school	CHEP	MOH	CHEP
	Orphans/ PLWHA	Ndola HIV/AIDS	MOH/DHMT	Ndola Archdiocese
	Commercial sex workers	Tasintha	NHAS	Tasintha

	Public sector, civil servants Private sector workers	HIV/AIDS Focal Point Persons ZFE	Cabinet Office ZFE	MSTVT ZFE, CHEP
Districts on the main **trucking routes** (Chirundu, Chipata, Kasamba-lesa, Livingstone, Nakonde)	Commercial sex workers	Truckers Interventions Initiative	NHAS	WorldVision Intl (WVI) SFH, IMPACT Truckers Assn of Zambia
	Truck drivers	Truckers Interventions Initiative	NHAS	WVI, SFH, IMPACT
	Youth in and out of school	"	NHAS	WVI, SFH IMPACT
Fishing districts (Luapula and Southern Province, Kafue, Zambezi)	Fishermen and fish traders	Nchelenge Fishing Project	DHMT, PCI SFH	
	Commercial sex workers		Harvest Help	
	Youth in and out of school		Harvest Help	
Districts with **seasonal and rural work** (Mpongwe, Chiawa, Mazabuka)	Seasonal workers	Peer Education Stratetgy on a Commercial Farm, Chiawa (Lusaka Rural)	Karolinska Institutet (Sweden)	Institutte for Economic and Social Research, UNZA
	Commercial sex workers Private sector workers			
Districts with **refugees** (Luapula, Northern, North-Western, Lusaka)	Refugees	YMCA Refugee Project (in Kamwala, Lusaka)	YMCA, Ministry of Home Affairs, UNHCR	YMCA
Districts of **cross-border trading** (Livingstone, Chirundu, Kasambalesa, Nakonde, Chipata)	Cross-border traders	Cross Border Assn of Zambia Project	Ministry of Commerce, Trade and Industry	to be determined

	Commercial sex workers Youth	to be determined	NHAS	WVI/SFH
National coverage	Youth in and out of school	Kafue Adolescent Reproductive Health Project for in and out of school youth	PPAZ, FLMZ MOH/CBOH	PPAZ, FLMZ
		Youth Friendly Health Services	PPAZ, FLMZ	PPAZ, FLMZ, DHMTs
		Partnership for Adolescent Sexual and Reproductive Health Project	Care International	Care International, DHMTs
	Orphans	Communitty Based Orphan Care Initiatives: Southern Province	Family Health Trust (FHT)	Children in Distress (CINDI)
		Children In Need Network (CHIN)	CHIN	NGOs, CBOs, Govt. depart-ments dealing with children in need
	Women Commercial sex workers		YWCA	
	Uniformed personel, prisoners	Kamfinsa AIDS Project: "In but free"	Ministry of Home Affairs	Copperbelt Univ Health Services, Zambia Prison Service
		Civil-Military Alliance	Ministry of Defence	
	Public sector, civil servants		Cabinet Office	
	Private sector workers	Barclays Bank HIV/AIDS Awareness	Barclays Bank	Barclays Bank, Kara C., FHt, CBOH
	PLWHA	Capacity Building of NZP+	NZP+, NHAS Secretariat	NZP+
		Prevention of Mother to Child Transmission Project	MTCT Working Group (MOH)	DHMTs in Lusaka, Mbala and Monze

GRZ NATIONAL ORPHANS RESPONSE STRATEGIC PLAN

GRZ and cooperating partners are working together to develop a National Response Strategic Plan to scale-up support programs for orphans. These activities are being supported by the Ministry of Community Development and Social Services, the Ministry of Education, the Ministry of Youth Sport and Child Development, the Ministry of Health, and a large number of NGOS. A National Orphans and Vulnerable Children Task Force will be formed to provide policy guidance and program development and to develop a unified coordination mechanism. In early June 1999, a team of experts (Zambian and international) will initiate a strategic planning process. The major thrust of the various initiatives is to ensure that orphans and vulnerable children (OVC) have the ability to stay within the home and family networks. Some programmatic priorities that are emerging are:

A. **Reform of Legislation Affecting AIDS Orphans and Vulnerable Children.** The legal framework for improving the care of orphans and vulnerable children is archaic and dysfunctional.

B. **Models for Scaling-Up a Community-based Response--**Efforts to respond to the orphans crisis will require models for scaling-up the district and community response. Pilot activities are taking place in various parts of the country.

C. **Strengthening of the Children in Need Network (CHIN)--**Over the past several years a network of NGOs, CBOs, government departments and churches was formed to bring together groups addressing OVC issues. CHIN grew out of this coordinating initiative and is the umbrella organization for organizations working with OVC. CHIN is mainly active in Lusaka.

Status: *Strategic Plan to be completed by July 1999.*
Estimated Annual HIV/AIDS Response Fund Request: $100,000

MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT (MOFED)

MOFED provides HIV/AIDS response activities to its staff through sensitization workshops. Efforts are underway to intensify counselling, supporting home-based care programs, encouraging lunch hour fellowships. Most employees don't use condoms, therefore an internal study is being conducted.

Status: *Strategic Plan to be completed by July 1999*
Estimated Annual HIV/AIDS Response Fund Request: $100,000

MINISTRY OF HEALTH/CENTRAL BOARD OF HEALTH

A. **District Basket Funding:** The MOH and cooperating partners have established a framework and systems, including the Financial and Administrative Management System (FAMS) for providing resources to the district/health centre/community health

activities. Because of the dismal economic situation, districts only received 30% of the planned resources. Debt-swap resources could be used to ensure that districts receive sufficient operating resources to implement the prioritised HIV/AIDS interventions.

Status: *Strategic Plan completed, budget completed, monitoring and evaluation plan completed*
Estimated budget gap for HIV/AIDS activities is being performed.

B. Ensuring an Adequate Supply of Drugs: There is an ongoing shortage of critical drugs for HIV prevention, AIDS care, STD treatment, and TB drugs. While partners are providing some funds, the macroeconomics situation has limited the ability of GRZ to procure sufficient drugs with their own resources. This proposal will focus on the creation of a Drug Supply Fund, strengthen logistics and distribution systems, and to support a national campaign on Rational Drug Use that is urgently required to eliminate the vast amount of misuse and mismanagement of available drugs

Status: *Strategic Plan is being developed.*

Annual GRZ investment:	*$6,000,000*
Annual Request from HIV/AIDS Trust Fund:	*$7,000,000*
Five-year request from HIV/AIDS Trust Fund:	*$35,000,000*

C. Strengthening the Hospital-based Care for HIV/AIDS Patients: As the number of AIDS patients is rapidly escalating, it is projected that by 2005, up to 45% of hospital beds will be taken up by AIDS patients. Currently, hospitals are severely underfunded and mismanaged. There is a critical need to establish financial accountability in the hospital sector. The CBOH recently supported the developed the Zambia Health Accreditation Council (ZHAC) which works with hospitals to improve the quality of services provided. By the end of 1999, 40 hospitals will have received their first survey. This focuses on the establishment of financial accountability systems, and to fully implement the Zambia Health Accreditation Council activities.

Status: *Strategic Plan in being developed by July 1999.*
Five-Year Request from HIV/AIDS Trust Fund: $1,331,000

MINISTRY OF EDUCATION

The MOE has worked over the past year with cooperating partners to develop and start implementation of the Basic Education Sub-Sector Investment Programme (BESSIP). The MOE is responsible fror all education for pre-school, basic, secondary, colleges, University of Zambia, and community schools in Zambia. There are more than 4,000 primary schools with an enrollment of more than 1.5 million pupils and over 9,000 secondary school teacerh. Available data estimate that 1200 experienced teachers died in 1998, dramatically reduce the ability of the GRZ to provide quality education to young Zambians.

A. **Health Education Programming---** is urgently needed for all age groups to ensure that young Zambians have the information, life skills training, and tools that they need to prevent HIV, condom distribution, conducting lessons by radio for community schools, peer education training, home-based care training, and couselling training.

B. **Expansion of School-based Anti-AIDS Clubs--**GRZ and NGOs have started work on establishing this initiative in urban areas and provincial capitals. These groups mobilise youth with information and resources to combat the pandemic. Students are now becoming actively involved in home-based care and support programs. Child-to-child initiatives are being considered.

C. **Human Resource Development of Teachers ---** The large death rate amongst Zambian teachers is a major crisis. Efforts to give teachers the information that they need to combat HIV/AIDS for themselves is critical.

Status: *Draft Strategic Plan developed, budget developed. Estimated 5-Year HIV/AIDS Response Fund Request: $1,878,000*

MINISTRY OF SCIENCE, TECHNOLOGY AND VOCATIONAL TRAINING

The Ministry of Science, Technology, and Vocational Training is responsible for the promotion and development of science and technology and provision of technical education, vocational and entrepreneurship. The Ministry has a total establishment of 2478. The Ministry has one research institution and 23 training institutions, with an average student enrollment of about 6,300 annually. In 1998, the Ministry experienced the loss of 36 Officers and spent $6,400 on expenditures for funerals. The main objectives are:

1. To provide timely information on HIV/AIDS to staff and students in order to reduce the spread of HIV/AIDS;
2. To effectively manage HIV/AIDS activities in order to reduce the socioeconomic

impact of HIV/AIDS on the students, staff, affected families and the Ministry;
3. To effectively mobilize and utilise resources on HIV/AIDS research and training activities in order to fight the epidemic.

These objectives will achieved through the following activities: training of trainers, home-based care for staff and all institutions, production of training materials and an HIV/AIDS documentary and provision of teaching materials.

Status: *Strategic Plan drafted, budget defined, monitoring and evaluation to be developed*
5-Year GRZ expenditures: *$60,000*
5-Year HIV/AIDS Response Fund Request: *$553,600*

Ministry of Community Development and Social Services

The Ministry of Community Development and Social Services is developing a broad range of HIV/AIDS response activities that focus on strengthening the ability of communities to cope with the burden of AIDS patients, to cope with the orphans crisis, and to implement appropriate preventive measures.

Objectives:

1. To increase awareness of HIV/AIDS among women, orphans, street children using development literacy classes, cultural dance troupes, artist, and traditional healers;
2. To promote the provision of information on HIV/AIDS;
3. To train members of staff in couseling skills;
4. Extension of community-based orphan support programs to 10 additional districts;
5. Business entreprenuership training of NGOs and people-living-with AIDS support groups.

Status: *Strategic Plan is still under development*
HIV/AIDS Response Fund Request: $754,750

Ministry of Agriculture, Food, and Fisheries

The Ministry of Agriculture, Food and Fisheries is developing HIV/AIDS response activities that focus on disseminating HIV/AIDS prevention and mitigation activities through the broad range of agricultural extension worker networks. Activities are being implemented at the Provincial, district, and community-based agricultural camps.

Status: *Strategic Plan to be developed by July 1999.*
Current annual donor investment: $200,000
Annual HIV/AIDS Response Fund Request: $300,000

Ministry of Youth, Sport, and Child Development

The Ministry of Youth, Sport, and Child Development focuses GRZ HIV/AIDS prevention activities on Youth--the window of hope for the future of Zambia. Youth activities are being developed to integrate the importance of abstinence and condom use as the best methods of prevention of HIV-infection.

Status: *Strategic Plan to be developed by July 1999.*
Estimated HIV/AIDS Response Fund Request-$500,000

Ministry of Information and Broadcasting Services

The Ministry of Information and Broadcasting Services has the responsibility of formulating and administering media policy in Zambia. Its functions include informing, educating, and entertaining the public. The Ministry has two departments (Zambia News Agency, Zambia Information Services) and two statutory bodies (Zambia Institute of Mass Communication, Zambia National Broadcasting Corporation). These institutions are supplemented by other public and private media. Objectives are:

1. To raise the level of community participation in HIV/AIDS prevention and care activities;
2. To initiate dialogue and establish coordinating mechanisms with other Ministries on the utilisation of the mass media for HIV/AIDS information dissemination;
3. To establish a press-desk at Ministry headquarters for the production of press releases and information on HIV/AIDS and other health information for distribution to both public and private media;
4. To train journalists and information officers in specialised fields of health, especially HIV/AIDS matters to enable to interpret and present issues correctly and without sensitization;
5. To provide training to district information officers, departmental focal point persons, and peer educators in social mobilisation and counselling relating to HIV/AIDS.
6. To provide material assistance to media organisations to disseminate HIV/AIDS information.
7. To produce video documentaries for rural communities directed mainly to youth, women and STD patients.
8. To produce posters and stickers with AIDS awareness messages

Status: *Strategic plan drafted. Budget developed. Monitoring and Evaluation plan to be developed.*
GRZ expenditures: $25,000 for five years
HIV/AIDS Response Fund Request: $1,000,000

Ministry of Defence

As military personnel have been identified as a key high-transmitting sub-group of the Zambian population, efforts are underway that all defence personnel and their dependants, civilian personnel in the Ministry of Defence, and the civilian populations surrounding the military cantonments. This proposal includes activities for Ministry of Defense and the three forces.

Objectives:

1. Increase awareness of HIV infection amongst the military and the vulnerability of a military career;
2. Combat the epidemic through civil military interface (e.g. including condoms in battle packs);
3. Increase skills among the youth in the military cantonments on negotiating safer sex;
4. Empowering women at Ministry of Defence, and military cantonment through skills acquisition;
5. To promote and provide home-based care;
6. Provide orphan support;
7. Expand knowledge of HIV prevention.

Status: *Plan of Action completed and budgeted*
Five-year Projected GRZ Expenditure: *$100,000*
5-year HIV/AIDS Response Fund Request:
$1,028,100

NGOS HIV/AIDS STRATEGIC RESPONSE PLAN

NGOs are the primary vehicle for delivering community-based HIV/AIDS prevention and care activities. The NGO sector support proposal consists of expanded activities managed by a network of 10 established and experienced NGOs who work in the HIV/AIDS field:

- Adolescent Reproductive Health Consortium (Family Life Movement of Zambia and Planned Parenthood Association of Zambia);
- Children in Need Network (CHIN);
- Churches Medical Association of Zambia (CMAZ);
- Copperbelt Health Education Program (CHEP);
- Family Health Trust (FHT);

- Kara Counseling;
- Network of Zambian People Living with HIV/AIDS (NZP+);
- Society for Family Health (SFH);
- Society for Women Against AIDS in Zambia (SWAAZ).

These NGO networks are intended to be supported by a national coordinating body:

- Zambia National AIDS Network (ZNAN). ZNAN is a coordinating body with over 100 HIV/AIDS service organizations. There is an elected Board of Directors and a small Secretariat.

It is envisioned that the NGO networks will require support for institutional strengthening through an NGO capacity building organization for at least 1-2 years.

Accelerating the NGO response using the HIV/AIDS Trust Fund will focus on:

1. To support the objectives and scaling-up of activities of the 10 NGO networks;
2. NGO networks will provide subgrants to other smaller NGOs and community-based organizations (CBOs) to expand coverage of technically sound HIV/AIDS interventions;
3. Strengthening the coordinating functions of ZNAN;
4. Empower church and other religious organizations to respond more effectively to the HIV/AIDS pandemic;
5. Build capacity of NGO networks, NGO/CBO grantees in financial management, organizational development and monitoring & evaluation.

Goal: Based on the solid base of NGO experience and achievements, to enhance the impact on HIV Prevention and AIDS impact mitigation through an expanded and wide-ranging mosaic of effective activities.

Objectives:

1) To prevent the incidence of HIV;
2) To care for and support the infected and affected;
3) To mobilize communities to tackle their own HIV/AIDS problems;
4) To support orphans;
5) To empower the religious groups to respond more effectively to the HIV/AIDS pandemic;
6) To improve coordination among NGOs/CBOs and to build institutional capacity

Status: Specific NGO network strategic plans are being developed.
HIV/AIDS Response Fund Request: $7,870,000 First year
$7,210,000 Year 2 to 5
$36,710,000 Five Year Request

EXAMPLES OF SPECIFIC NGO ACTIVITIES

Condom Social Marketing in Rural Areas: The Society for Family Health is a Zambian NGO that socially markets health products. Condom sales are reaching target levels in urban areas, however, rural areas, lag far behind. A multi-pronged initiative, including peer education, behaviour change communication, and condom distribution is urgently needed to improve the demand and use of condoms among youth in rural areas.

Status: *Strategic Plan will be developed by July 1999*
Annual HIV/AIDS Response Fund: $1,000,000

Interfaith Network HIV/AIDS Response: Over the past two years, a successful effort to establish interfaith coordination in Lusaka and Livingstone has occurred. This mechanism allows for an expansion of the community-based response by church groups. Also, as church groups work together they are better able to share and disseminate lessons learned. Finally, the potential for having church groups expand their activities and to develop common messages of communications is critical for the national response. Replication of this model is being considered.

Status: *Strategic Plan will be developed by July 1999*
Estimated Annual HIV/AIDS Response Fund Request: $50,000

PRIVATE SECTOR

Traditional Healers Association and Networks: Most urban and rural Zambians utilize traditional healers as the first line of response when it comes to illness. HIV/AIDS is no exception. Pilot efforts have been implemented, a curriculum and health education materials have been developed, to have traditional healers provide HIV-prevention interventions. Also, improving the care and appropriate referral of AIDS and TB patients is critical.

Status: *Strategic Plan will be developed by July 1999*
Estimated Annual HIV/AIDS Response Fund Request: $100,000

Employer-based Programs: Several employers have developed and implemented HIV/AIDS prevention programs. The GRZ has had efforts to work through the Zambia Federation of Employers, ZACCI, and other private sector networks. Because of lack of resources, these efforts are not being widely disseminated. As the burden of AIDS ravages governmental and non-governmental employers, efforts will be needed to promote strategic workforce planning and human resource development.

Status: *Strategic Plan will be developed by July 1999*
Estimated Annual HIV/AIDS Response Fund Request: $ 200,000

Regional Growth Triangle: Integrating HIV/AIDS interventions into the efforts to

establish a regional economic growth triangle with neighboring countries, through the establishment of business coalitions and networks is another potential framework for expanding the HIV/AIDS in the private sector.

Status: *Strategic Plan will be developed by July 1999*
Estimated Annual HIV/AIDS Response Fund Request: $100,000

VII. SUMMARY OF HIV/AIDS TRUST FUND REQUEST (in USD)

INSTITUTION	*ANNUAL* ESTIMATED GRZ EXPENDITURE	*ANNUAL* ESTIMATED DONOR EXPENDITURE	*FIVE-YEAR* HIV/AIDS RESPONSE FUND REQUEST
National HIV/AIDS Council and Secretariat	$60,000	$100,000	$27,250,000
National Orphans Response Plan		$2,000,000	$ 500,000
Ministry of Finance and Economic Development			$ 500,000
Ministry of Health/Central Board of Health		$30,400,000	$36,331,000
Ministry of Education			$ 1,878,000
Minstry of Science, Technology and Vocational Training	$60,000		$ 553,600
Ministry of Community Development and Social Services			$ 754, 750
Ministry of Agriculture, Food, and Fisheries	$50,000		$ 1,500,000
Ministry of Youth, Sport, and Child Development			$ 500,000
Ministry of Information and Broadcasting Services	$25,000		$ 1,000,000
Ministry of Defence	$100,000		$ 1,028,100
NGO Response Plan			$36,710,000
Private Sector			$ 2,000,000
TOTAL	to be determined	to be determined	$110,505,450.00

Institutional capacity exists within Zambia to effectively implement an accelerated HIV/AIDS response using the HIV-AIDS Trust Fund resources.

VIII. MONITORING AND EVALUATION PLAN

The following table focusses on outcome indicators. Detailed monitoring and evaluation of sector specific activities is under development.

Indicator	Calculation

Knowledge of preventive practices	# of people citing at least 2 acceptable ways of protection HIV infection Total # of people aged 15-49 surveyed
Condom availability (central levels)	
Condom availability (peripheral level)	
Reported non regular sexual partners	# of people aged 15-49 years who report having had at le one sex partner other than a regular sex partner (s) in the 12 months Total # of people 15-49 years who report having been sex active in the last 12 months
Reported condom use with non-regular sexual partner	# of people aged 15-49 reporting the use of a condom du the most recent act of sexual intercourse with a non regula partner Total # of people aged 15-49 reporting sexual intercourse non regular sex partner in the past 12 months
STD case management	# of people presenting with STD in health facilities asses and treated in an appropriate way (according to nation standards) Total # of people presenting with STD in health facilitie
STD case management	# of people presenting with STD or for STD care in hea facilities who received on condom use and partner notific Total # of people presenting with STD or for STD care in h facilities
STD incidence, men	# of reported episodes of urethritis in men aged 15-49 yea the last 12 months Total # of men aged 15-49 years surveyed

IX. WORKPLAN

Activities	Responsible	Status	99								
			A	M	J	JL	A	S	O	N	D
1. GRZ Forms Task Force	MOFED	Done	X								
2. First Task Force Meeting	MOFED	Done	X								
3. NGO Networks Sub-Task Force Meeting	MOH	Done		X							
4. Ministerial Sub-Task Force Meeting	MOH	Done		X							
5. Debt Swap Mechanism Sub-Task Force Meeting	MOFED	Done		X							
6. Sectoral Proposals Developed	GRZ NGOs	ongoing		X							
7. Task Force Proposal Review Workshop	MOFED, MOH	Done		X							
8. MOFED distributes proposal to CG partners	MOFED, MOH	Done		X							
9. Prepare Final draft Proposal for GRZ to Present at Consultative Group Meeting	MOFED, MOH	Done		X							
10. Present at Consultative Group Meeting of Partners	MOFED, MOH	26-28 May		X							
11. Task Force Meeting to Define Next Steps	MOFED, MOH	1st week of June			X						
12. Sector Meetings to Revise Proposal	GRZ NGOS				X	X	X				
13. Prepare HIV/AIDS Debt Swap Agreement	MOFED					X	X				
14. Final International Partners Meeting in Lusaka	MOFED, MOH						X				
15. Finalize HIV/AIDS Debt Swap Agreement	MOFED						X	X			
16. Signing Ceremony at the XIth ICASA Conference--Lusaka	MOH	12-16 Sept							X		
17. Finalize Negotiations with Creditor Countries	MOFED/ Coop Partners								X	X	X
18. Implementation of Zambia Debt Swap Agreement	GRZ/NGOs Coop Partners								X	X	X

19. Mid-year Review of the Agreement	GRZ/NGOs Coop Partners										

Saving Lives through Alternate Options

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To: Sandra Thurman

I. General Purpose

December 1st, 1999 marked a hopeful turning point for the City of Houston in the fight against HIV/AIDS. The declaration of a State of Emergency by Mayor Lee Brown was a necessary step in beginning to understand and combat the disease in Houston. A new generation of volunteers and agencies has arisen as the face of AIDS has changed.

July 9-14, 2000 the 13th biannual World AIDS Conference will be held in Durban, South Africa. Nearly 19 years into the epidemic 18 million people have died of AIDS. The city of Houston has a goal of 1,000 prevention sessions and the newest data on risk perception from the conference is imperative for the goal.

We at SLAO are requesting funding to send representatives to the conference in Durban, South Africa.

II. HIV/AIDS Pandemic

HIV is a serious threat, especially in the African-American community. While the percentage of new AIDS diagnoses in Whites decreased from 60% in 1990 to 27% in 1998, new AIDS diagnoses in African-Americans increased from 27% in 1990 to 53% in 1998 (City of Houston, State of Emergency).

So, why is this issue important? AIDS keeps killing in record numbers worldwide. Since HIV is a sexually transmitted disease (STD), it is hard for many cultures/communities to discuss the subject, let alone prevention tactics. HIV has an extraordinary capacity for change and rapid global spread. Even though AIDS cases are documented all over the world, there are distinct strains; the more the virus changes, the harder it is to fight it. There is also a long asymptomatic period after infection and before illness- a rare infectious disease characteristic. This allows easy spread of the virus. Lastly, HIV mainly attacks young people of childbearing age; in the United States, it is the 2nd leading cause of death among 25-44 year olds (Centers for Disease Control). This age group represents the working class, leading to a devastating effect on economic interests. The most important identifying variable of HIV positive people is income.

III. SLAO's Operation

Saving Lives through Alternate Options (SLAO) is a 501© (3) non-profit, community based organization. SLAO has worked extensively within the African-American and African-Caribbean communites with regards to HIV/STD prevention. SLAO seeks funding to send two representatives to the conference at this monumental juncture in the fight. The extensive program presented requires two representatives to adequately cover the multiple forums.

SLAO's work with immigrant populations is also of great importance. Large and dense city populations, such as Houston, have changed the way diseases spread. With one of the biggest ports in the United States, Houston welcomes thousands of visitors and immigrants a year, many from the African continent. Globalization and transport changes, along with shifts in human behavior, have made HIV/AIDS a serious danger. SLAO's mission is to improve the health of all people through the continuous health status and needs assessment of the community.

Currently, SLAO is collaborating with the City of Houston Health Department, Texas Southern University, Harris County Hospital District, Houston Immigration and Refugee Coalition, Black Alliance for AIDS Prevention (a CDC funded project), and Families under Urban and Social Attack.

IV. The Representatives

Judith Lahai-Momoh is the executive director of SLAO. She is a graduate of the University of Texas School of Public Health. Judith's work and dedication within the African-American and the African-Caribbean immigrant populations is well known within the service community. Her goals are far reaching, and the start-up of SLAO in 1995 was just the beginning. Judith has over 10 years of experience working with the City of Houston HIV Prevention Program as an employee. As an immigrant herself, Judith has felt it was imperative to educate the target population about health related issues, specifically HIV/AIDS. She co-authored a paper with Dr. Michael Ross at the University of Texas School of Public Health on HIV/AIDS Prevention-Related Social Skills and Knowledge Among Adolescents in Sierra Leone, West Africa.

Maya Waldman is a graduate Anthropology student at the University of Houston, Main Campus. Her Master's Thesis is an inquiry into the folk epidemiologies of college student risk perception of HIV/AIDS. Since 1995, Maya has worked as a volunteer with several agencies, including the AIDS Foundation Houston and the Crisis Hotline. Additionally, Maya has volunteered with SLAO and intends on working full-time in prevention services with SLAO in the area of HIV/AIDS prevention services after graduation December 2000.

V. Budget

A.	Transportation- Air	$3600	($1800 each) Houston to Durban
B.	Conference Fee	$1600	($800 each)
C.	Accommodation	$600	(8 nights @$75/night)- shared
D.	Food	$420	($210 each @ $30/day)
E.	Transportation- Land	$280	($140- $20/day each)
F.	Incidentals	$400	($200 each)

TOTAL for BOTH representatives: $7900.00

VI. Benefit of Conference

This conference is important because it takes place in the African continent where the pandemic is most serious. In serving the African communities of Houston, SLAO remains dedicated to serving the health needs of all citizens.

The international AIDS conference is a vehicle for SLAO and the communities it serves to assist the human condition to the utmost. The community will, with no doubt, benefit. Information gathered will be used within several forums of prevention and education. This is a plea for the generation of African-Americans being lost in Houston and everywhere else.

Upon return, SLAO representatives will utilize the knowledge obtained to the greatest extent- disseminating information, making reports available to other agencies, by being available for speaking engagements and by using conference data to implement changes in prevention work.

As stated above, we will make a copy of our report available to donors, and you will be added to our donor group, which is included in our newsletter. This is an excellent opportunity to give back to the community. Involvement is not only a responsibility, but an asset.

Sincerely,

JC Lahai-Momoh

Judith Lahai-Momoh
Executive Director, SLAO of Houston

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: JUL 21 1998

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Federal Identification Number:
76-0484250
Advance Ruling Period Begins:
November 22, 1995
Advance Ruling Period Ends:
June 30, 2000

Saving Lives Through Alternate
Optioins-SLAO
2315 Southwest Freeway Suite 108
Houston, TX 77098

Dear Sir or Madam:

This is in response to your Certificate of Amendment filed May 13, 1998, changing your name.

Our records indicate that by a determination letter issued June 28, 1996, your organization was recognized as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.

Based on information submitted with the application, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, within 90 days after the end of the advance ruling period, your organization must submit to us information needed to determine whether it has met the requirements of the applicable support test during the advance ruling period.

Grantors and contributors may rely on the determination that your organization is not a private foundation until 90 days after the end of its advance ruling period. If the organization submits the required information within 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your organization's foundation status.

The classification discussed in paragraph three (3) was based on the assumption that your organization's operations would continue as stated in its application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on your organization's exempt status and foundation status.

SLAO of Houston
2315 SW Frwy Suite 108
Houston, TX 77098

"Seiler, Erin" <eseiler@peacecorps.gov>
05/25/2000 05:16:24 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: RE: re. Durban

Hello Cheryl,

Peace Corps Director Mark Schneider is scheduled to arrive in Durban on Sunday, July 9 for registration at the XIII International AIDS Conference. He is available to participate in sessions on Monday and Tuesday, July 10 and 11. At this time, he is scheduled to depart Durban on Wednesday morning, July 12.

Please let me know how I can be of assistance in arranging Mark's participation in sessions being facilitated by Ms. Thurman and other American officials.

Thank you -
Erin

Erin C. Seiler
Confidential Assistant to the Director
The Peace Corps
1111 20th Street, NW
Washington, DC 20526
(202) 692-2113
eseiler@peacecorps.gov

> ----------
> From: Cheryl_S._Bauerle@opd.eop.gov
> Sent: Thursday, May 25, 2000 5:00 PM
> To: eseiler@peacecorps.gov
> Subject: re. Durban
>
>

TvT ASSOCIATES
1101 Vermont Avenue, NW
Suite 900
Washington, DC 20005
(202) 842-2939
Fax (202) 842-7650
tvt@tvtassoc.com

FACSIMILE TRANSMISSION

TO: CHERYL BAUGLE

FROM: TODD FERGUSON
202.842.2939 x103

PHONE #: 456.2437
456.2439 (FAX)

DATE: 31 MAY 2000

Pages(6) including cover page

COMMENTS:

HERE IS THE "OFFICIAL" INFORMATION, SCOPE OF WORK, ETC. CONCERNING ANTHONY'S POSITION WITH USAID/TvT/SYNERGY PROJECT.

IF YOU NEED ANYTHING ELSE, PLEASE LET ME KNOW.

TODD

Recipient fax #:

THE SYNERGY PROJECT

ADDING VALUE TO INTERNATIONAL HIV/AIDS PREVENTION & CARE

Memorandum

DATE: April 6, 2000

TO: John Novak, COTR

FROM: Denise Vicinetti, Synergy Deputy Director

RE: Approval to begin preparation for the AIDS Interfaith Network Initiative.

Please approve Anthony Turney to begin development for the Religious Leaders Summit, (proposed date: October) in support of the White House Office of National AIDS Policy. This event will involve high level US and international religious figures. This activity is part of the LIFE Initiave. Mr. Turney will develop and launch a new AIDS interfaith network that will bring together US faith organizations currently and interested in work in Africa.

Estimated level of effort for this activity is 7 months. Estimated budget is $191,114. The start date for this activity is April 3, and estimated end date is November 1,2000.

Approval/Disapproval:

J Novak 4/20/00

John Novak, G/PHN/HN/HIV-AIDS — Date

COTR

Task #852

Attached:

SOW

Budget

1101 Vermont Avenue, NW
Suite 900
Washington, DC 20005

TvT ASSOCIATES

phone: 202 842-2939
fax: 202 842-7646
email: tvt@tvtassoc.com

ACTIVITY DESCRIPTION

1. STRATEGIC/SPECIAL OBJECTIVE: SO 9

2. RESULTS PACKAGE(S): S09

3. ACTIVITY NAME: Development of Religious/Faith Organizations Network

4. ACTIVITY MANAGER: AFR/SD: Alex Ross/Buck Buckingham

5. BACKGROUND: There is increasing recognition of the need to expand USAID efforts to involve both American and African religious/faith organizations in the fight against AIDS in Africa. An earlier U.S. based network, known as the AIDS National Interfaith Network, is no longer in existence. AFR/SD is strategically trying to re-establish a needed US based network and to further the involvement of African and American religious/faith organizations.

6. PURPOSE OF ACTIVITY:

a Provide strategic support to the White House Office of National AIDS Policy in the planning and execution of a Religious Leaders Summit (expected date: June 2000) that will involve high level US and international religious figures. This event is part of the LIFE initiative.

b Develop and launch a new AIDS interfaith network that brings together US faith organizations currently and interested in working in Africa; to provide the necessary information to these organizations; and to seek leveraged funding for their efforts.

c Identify and develop a specified set of tools to assist missions and African faith organizations to expand their efforts. This could include at least one best practice document.

7. PRODUCTS/OUTPUTS:

a. A religious leaders summit meeting and proceedings.

b A faith-based organization network.

c Specified best practice/tools for mission use.

8. SCOPE OF WORK:

a Consultant will work closely with ONAP, USAID, and Synergy to assist ONAP in the development and execution of a two-day religious leaders summit in June to be held in Washington Consultant will spend some of his time during the first two months in the ONAP office

b Consultant will develop a workplan and begin implementation of a national U.S. network of faith based organizations working on HIV/AIDS in Africa. The primary purpose of this network

will be to share USAID information with these groups, identify strategic opportunities and needs for these organizations. The network could expand based on the availability of additional funding.
c Consultant, with assistance from USAID and Synergy and SARA Projects, will identify a specified set of best practices/tools to be developed to assist missions and African faith based organizations in working on HIV/AIDS.

9. **LEVEL OF EFFORT:**

10. **PERIOD OF PERFORMANCE: April 3, 2000 - October 30, 2000 (initially)**

11. **ESTIMATED COST (see attached budget):**

SYNERGY Interfaith Network Budget
Account Code # 852

				FY 2000 Units	FY 2000 Amount
1. Salaries (Staff)					
Permanent Staff:					
Program Assistant	D.Gilmore	133	/day	10.00	1,330
Event Organizer	A. Turney	411	/day	135.33	55,622
Project Assistant	TBD	110	/day	116.00	12,760
Total Permanent Staff Salaries				10.00	1,330
Total Intermittent Staff Salaries				251.33	68,382
					69,712
2. Fringe Benefits					
Permanent Staff	@	39.94%			531
Intermittent Staff	@	12.27%			8,390
Total Fringe Benefits					8,921
Subtotal Personnel Costs					*78,633*
3. Overhead	@	28.23%			22,198
4. Consultants					
Total Consultants				0.00	0
5. Subcontractors					
Total Subcontractors					0
6. Travel and Transportation					
International Airfares					
RT Geneva/DC	A. Turney	1,928	/trip	1.00	1,928
RT Uganda/DC	A. Turney	5000	/trip	1.00	5,000
RT Durban/DC	A. Turney	5000	/trip	1.00	5,000
International Perdiem and Other:					
Perdiem/Geneva	A. Turney	245	/day	5.00	1,225
Perdiem/Kampala	A. Turney	216	/day	5.00	1,080
Perdiem/Durban	A. Turney	150	/day	5.00	750
Local Travel		15	/day	15.00	225
Domestic Airfares					
RT San Francisco/DC	A. Turney	1200	/trip	3.00	3,600
RT Indiana/DC	TBD	800	/trip	1.00	800
Domestic Perdiem and other:					
Perdiem (DC)		164	/day	210.00	34,440
Transfers		150	/trip	4.00	600
Local Transportation		100	/mo.	7.00	700
Shipping Costs		300	/trip	2.00	600
Total Travel and Transportation					55,948

				FY 2000 Units	FY 2000 Amount
7. Equipment					
Total Equipment					0
8. Other Direct Costs					
Communications (telephone, fax, network, etc.)		100	/mo.	7.00	700
Postage/Delivery Services		100	/mo.	7.00	700
Photocopying/Reproduction		100	/mo.	7.00	700
Office Supplies		100	/mo.	7.00	700
Misc. Expenses		200	/mo.	7.00	1,400
Other Direct Costs					4,200
9. Total Direct Costs (lines 1, 2, 3, 4, 5, 6, 7, 8)					160,979
10. G&A (line 9)	@	12.00%			19,317
11. TOTAL SYNERGY Activites (lines 9, 10)					180,296
12. Base Fee (line 11)	@	6.00%			10,818
13. TOTAL PROJECT BUDGET					**191,114**

To: Cheryl Bauerle
The White House
Washington, D.C.

From: Ken Kutsch
1816 Monroe Street, NW
Washington, D.C., 20010
kenkutsch@hotmail.com

Date: June 1, 2000

Dear Ms. Bauerle,

Thank you for speaking to me on the phone today. As I indicated, I am a Communications Consultant to various United Nations agencies and international NGOs. I have created a social development called ***Awareness through Arts, Media and Education (AAME)***, which empowers individuals to utilize their local media and educational system to promote various issues such as health, human rights and environment. ***AAME*** projects can be implemented on a national or community level. UNHCR has used ***AAME*** projects for post-conflict reconciliation in Tajikistan and ethnic tolerance building in Crimea, Ukraine.

At the moment, UNDP is considering the ***AAME*** model for an AIDS Awareness project in high schools in South Africa. This project would enable teenagers to:

- effect awareness, prevention and behavioral change through projects such as AIDS writing competitions that they organize in their schools
- effect awareness, prevention and behavioral change through programs that they create and produce for local television, radio and press
- counsel other teenagers on preventive and constructive sexual behaviors
- take part in outreach activities for AIDS-orphans and PLWHAs

I would like to know if this model is of any interest to your department or if you can recommend me to anyone else who might be interested in it. I am enclosing my resume and a copy of the UNDP proposal.

Regards,

Ken Kutsch

Ken Kutsch
1816 Monroe St, NW
Washington, DC, DC 20010

Daytime Phone: 202 797 7476

Communications, Public Relations, Social Marketing and Event Planning

EXPERIENCE

10/1995 - Present | United Nations Refugee Agency (UNHCR) | Geneva, Switzerland

Communications and Events consultant

Since 1995 have coordinated communications and events projects for UNHCR, UNDP, UNESCO and the Danish Refugee Council in developing countries. Through the mass media, drew awareness to UN activities internationally (BBC, NPR, South China Morning Post) and in developing countries. Created a social marketing campaign (television, radio, press, billboards) for UNHCR on citizenship rights in Ukraine. Created a social development model called *Awareness through Arts, Media and Education* (AAME), which empowers teenagers to use their local media and educational system to promote awareness on issues such as health and human rights. AAME uses arts and cultural events and activities as a vehicle. Developed and coordinated new event ideas and concepts. Coordinated the production of contemporary, classical and folk music and dance concerts, television and radio programs, educational pamphlets and brochures, speakers and seminars, trainings and workshops, nationwide competitions, traveling and stationary exhibitions and sporting events, which raised awareness. Coordinated joint-agency activities. Worked closely with and created local non-profit organizations involved with social development. Built partnerships with local non-governmental organizations. Created and coordinated projects with the government – especially the Ministries of Education, Culture, Broadcasting. Created teacher and student action groups nationwide. Coordinated the allocation of funds and/or materials to local non-governmental organizations and schools. Planned and wrote press releases for local and international mass media. Negotiated all major contracts with mass media representatives, local NGOs and vendors concerning live events. Prepared all event budgets and managed the overall project budget.

4/1994 - 9/1995 | Forward Publishing | London, England

European New Business Manager

Pursued new business opportunities across Europe for this leading UK publishing company. Met with European Marketing Directors of Fortune 500 companies. Worked closely with major advertising agencies in London. Represented the company at major exhibitions and fairs across Europe. Co-created and coordinated the first National Poetry Day in the United Kingdom. Created promotions and coordinated media relations (especially with BBC television and radio) for National Poetry Day.

	9/1981 - 2/1994	Ken Kutsch Management	New York and London

Director

Oversaw all operations of this entertainment sector management/production company. Managed three Billboard Top Ten artists in the areas of pop, jazz and world music. Worked closely with the media (television, radio and press) in North America, Europe and Japan. Produced concerts in America and Europe (including acts such as The Police and The Pretenders) in club to stadium-size venues. Secured and negotiated major sponsorship deals. Helped to organize the Namibian Independence Celebration in Windhoek Stadium.

EDUCATION

1977-1981	American University	Washington, D.C.

Studied Economics and International Studies. Elected and acted as Events Chairman during last two years at the university.

REFERENCES

Nat Colletta	The World Bank, Washington D.C.	Director of Post Conflict Reconstruction
Phone Number:	202 473 4163	
Email Address:	ncolletta@worldbank.org	
Jacques Franquin	United Nations Refugee Agency, Geneva	Global Public Information Officer
Phone Number:	+41 22 739 7000	
Email Address:	franquin@unhcr.ch	
Maria Olsen	Danish Refugee Council, Moscow	Project Manager
Phone Number:	+007 095 25 54712	
Email Address:	drcmoscow@caravan.ru	

UNDP "YOUTH AGAINST AIDS" COMMUNITIES PROJECT

Submitted by Ken Kutsch, 26 May 2000, kenkutsch@hotmail.com

The ***UNDP Youth Against AIDS Communities Project*** would initiate in one municipality in a country in sub-Saharan Africa and become the model project to be duplicated across Africa. The goals of the project are to break the silence surrounding these issues in Africa and generate public awareness of the fight against HIV/AIDS by UNDP in support of the *International Partnership Against AIDS in Africa* goals set forth by the Secretary General. The objective is to empower African youth to promote AIDS awareness, prevention and behavioral change within their communities.

The consultant, Ken Kutsch, is recommending that the initiative commence in the Rustenburg municipality in the NorthWest Province in South Africa. According to the South African Department of Health, the NorthWest Province is one of five provinces that have an infection rate in women that exceeds 20%. 90% of the population is black (compared to the national average of 75%), 48% of its population is under 19 years old and 38% is illiterate. Its close proximity to Pretoria is useful due to the UN agencies, NGOs and ministerial offices located there.

The consultant is the creator of the ***Awareness through Arts, Media and Education*** (***AAME***) model, which empowers teenagers to promote social development issues through their local media and educational system. In the past, he has conducted tolerance, post-conflict reconciliation, citizenship rights and reintegration projects for UNHCR and UNESCO.

The long-range activities will consist of ***AAME*** awareness and educational support projects for youth: writing competitions; awareness publications; teacher-youth dialogue; mentoring and the teaching of mentoring skills; communications techniques; peer support and counseling trainings to use with PLWHAs and adolescents considering sexual activities; radio programs by or for students; peer support and counseling for AIDS-orphans; student action groups and newsletters.

The school term in NorthWest Province for the year 2000 is as follows: 17 Jan.-24 March, 3 April-23 June, 17 July-22 Sept., 2 Oct-6 December.

The project would begin in late June/early July with a two-three week assessment period that will identify local multi-sectoral partners, potential NGOs partners, local media AIDS awareness capabilities and interest, the educational sectors willingness for AIDS awareness projects, the capacity of the existing publishing/printing sector, which arts forms and artists to use from the existing arts and culture sector, which local mentors to utilize, which local people living with and/or affected by HIV/AIDS to use as advocates.

NOTE: The consultant recently met with the Director of the Sexual Offence and Community Affairs Unit of the Office of the National Director of Public Prosecutions (ONDPP) which is in Pretoria. She has expressed enthusiasm regarding this project and wishes to provide personal and official support if it occurs in South Africa.

During the 17 July-22 September term:

- A designated NGO and ***Student AIDS Events Group*** will:

- coordinate an *AIDS Awareness Essay Competition* with special attention to this years UNAIDS theme of *Men and Male Responsibility*
- coordinate the production of posters and flyers announcing the competition which they will distribute to the secondary schools in their municipality
- read, judge and select five winning compositions (to then be published in October in a non-formal educational *AIDS Awareness Curriculum Guide)*
- organize an AIDS Writing Competition Awards press conference
- award the school with the most entries with a computer
- choose a grand prize winner (who will accompany the consultant, a member of the Action Group and a member of the relevant NGO to the *Kora Awards and AIDS Concert* on 18-19 November at the Sun City Resort which is also located in NorthWest Province). The winner will have his/her winning entry read during the awards or concert which is supposed to be broadcast across Africa.
- investigate the logistics of producing the *AIDS Awareness Curriculum Guide*

- A designated NGO will train a ***Student AIDS Peer Outreach Group*** in the following:

- mentoring and peer counseling skills so they can begin to support orphans, PLWHAs and adult outreach workers who are providing home hospice care for PLWHAs, services for orphans and street children

- A designated NGO will train a ***Student AIDS Communications Group*** in the following:

- communications techniques so that they can inform other youth about sexuality, reproduction, STDs, HIV/AIDS and behavioral change and enable them to utilize their local media for AIDS awareness projects during the following term. They will also be able to train other Student Action Groups at other schools in their municipality/province in communications techniques

During the 2 Oct-6 December term:

- the production of the *AIDS Awareness Curriculum Guide* would occur
- the outreach work would begin in the community
- an awareness project with local radio or press would occur. Prominent adults from various sectors in the community would be included

Each group would also construct a newsletter that would be distributed to the other schools in their municipality so as to inform them of their activities.

Submitted by Ken Kutsch, 26 May 2000, kenkutsch@hotmail.com

SCHEDULE: **23 June**: Fly to Johannesburg, South Africa

26 June-17 July Assessment:
Establish a "virtual office" in a district in the NorthWest Province (Rustenburg district?)
Find and hire driver
Conduct assessment
Meet with Head of Education (for NorthWest province in Mmabatho?)
Meet with Head of Education (for the designated municipality in Rustenburg?)
Meet with local media representatives in municipality/district/province
Conduct meetings with potential future partners and/or donors (in Pretoria/Joburg?)
Choose NGO partners and members for the following Youth AIDS Action Groups:

1. Events Group for essay competition and publishing project
2. Mentoring and Counselors Group for outreach projects
3. Communications Group for local media projects

Begin coordinating the setup of the AIDS Awareness Writing Competition
Investigate local printing capabilities and costs
Coordinate printing of flyers and posters for competition
Attend last two days of National Arts Festival in Grahamstown on 7-8 July and first two days of 9-14 July AIDS conference in Durban

17 July-22 September School Term:
NGO begins training students in mentoring skills and peer counseling
NGO begins training students in communications techniques
Conduct essay competition during the month of August
Collect entries during first week of September
Assemble prominent individuals from various sectors who will help judge the entries
Judge entries during second week of September
Organize AIDS Writing Competition Awards press conference for 22 September
Choose local artist to illustrate the AIDS Awareness Curriculum Guide
Choose designer to produce layout for the above
Coordinate November activities with Sun City/Kora Awards organizer
Begin rough layout discussions of AIDS Awareness Curriculum Guide
Conduct meetings with potential future partners and/or donors

<Option One: End consultancy on 22 September>

2 October-6 December School Term:
Begin Peer Outreach Group projects (and newsletter)
Begin printing of the AIDS Awareness Curriculum Guide (and newsletter)
Begin Communications Group project with local media (and newsletter)
Coordinate multi-sector distribution of the guide by end of November
Coordinate multi-sector distribution of newsletters by end of November
Attend 18-19 November Kora Awards/AIDS Concert with essay competition winner
Conduct meetings with potential future partners and/or donors

<Option Two: End consultancy on 8 December>

Submitted by Ken Kutsch, 26 May 2000, kenkutsch@hotmail.com

BUDGET	**$US**
23 June-22 September period	
Fee of consultant (13 weeks at $1750 per week)	22,750
Assistant ($900 per month or UNV or ONDPP)	2,700
Driver ($700 per month)	2,100
Notebook computer (rental or provided by local UNDP office?)	650
Internet access (3 months at $30 per month)	90
Cell phone ($100 per month)	300
Internal transportation (plane, bus, train)	500
Airport allowance	200
International transportation (Wash.DC-Johannesburg)	1,545
DSA (14 days at $100 per day)	1,400
NGO for activities with Events Group (three months at $500)	1,500
NGO for activities with Peer Outreach Group (three months at $500)	1,500
NGO for activities with Communications Group (three months at $500)	1,500
Printing of competition flyers/posters	500
Computer for winning school	2,500
Miscellaneous	250
TOTAL	**39,985**
22 September-8 December period	
Fee of consultant (11 weeks at $1750 per week)	19,250
Assistant ($900 per month or UNV)	2,700
Driver ($700 per month)	2,100
Notebook computer (rental or provided by local UNDP office?)	550
Internet access (3 months at $30 per month)	90
Cell phone ($100 per month)	300
Internal transportation (plane, bus, train)	500
NGO for activities with Events Group (three months at $500)	1,500
NGO for activities with Peer Outreach Group (three months at $500)	1,500
NGO for activities with Communications Group (three months at $500)	1,500
Printing of AIDS Awareness Curriculum Guide ($4.00 per unit for 2500)	10,000
Printing of three separate newsletters ($500 each)	1,500
Artist for guide illustration	500
Designer for guide layout	750
Sun City Resort (2 double rooms and meals)	300
Miscellaneous	250
TOTAL	**43,290**

The consultant's contract could extend from 23 June-22 September or 23 June-8 December 2000. The consultant normally conducts a separate four-week assessment project prior to undertaking a mission. However, due to time constraints on this project, the assessment would occur upon arrival and be shortened to 2-3 weeks assuming support from UNVs or UNDP in the field.

until it's over
AIDS ACTION

Facsimile Transmittal & Memorandum

To: SANDY THURMAN
456-2439

From: Claudia French, Acting Executive Director (ext. 3044)

Date: 6/16

Re:

Number of Pages (including this sheet):

Hey Sandy! This is the person I mentioned on your machine who would greatly benefit from your wisdom re: her career.

She'll most likely follow-up with a call next week —

Hope all is well. Don't forget those slow tires - round two!

Claudia

1906 Sunderland Place, N.W. Washington, DC 20036-1608 P 202 530-8030 F 202 530 8031 www.aidsaction.org

curriculum vitae

TANYA EHRMANN
1414 15th Street, NW
Washington, D.C. 20005
(202) 745-3880
email: tanya@netrox.net

Education

COLUMBIA UNIVERSITY, SCHOOL OF PUBLIC HEALTH
M.P.H., *Health Care Policy and Management*, 1997
Recipient of the Samuel Wolfe Memorial Award

NEW YORK UNIVERSITY, GALLATIN DIVISION
B.A., *Caribbean Studies*, 1993
Recipient of the Mike Bender Memorial Award; Dean's Scholarship Award

Professional Experience

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Care Financing Administration
Center for Medicaid and State Operations
Project Officer, 8/99 – present
Oversight of Medicaid managed care in New York, including intensive analysis of special needs plans for people living with AIDS, health care delivery for homeless populations, and reimbursement for community health centers; Chairperson of the Federal review of Massachusetts' Medicaid HIV expansion

Office of Legislation
Legislative Analyst, 6/98 – 8/99
Congressional and Departmental liaison on Medicaid and special needs populations, Medicaid managed care, and Medicaid and the Americans with Disabilities Act; Contributing author of Reports to the President and to Congress; Technical support on Federal legislative proposals

KAISER COMMISSION ON MEDICAID AND THE UNINSURED
Policy Analyst, 2/97 – 6/98
Supported Kaiser Family Foundation analysis and research on HIV/AIDS, Medicaid managed care, immigration and welfare; Quantitative and qualitative research; Public resource for Medicaid data and materials; Grants administration

NEW YORK CITY DEPARTMENT OF HEALTH
Policy Intern, 5/96 – 8/96
Research and development of community-based prevention survey: Survey implementation and analysis of collaboration between managed care organizations and public health agencies; Member of New York City Public Health Planning Group

HOUSING WORKS, INCORPORATED
Intensive Case Manager, 9/94 – 12/95
Founding chairperson and press liaison of task force on women and AIDS; Author of medical provider survey; Policy development and implementation; Individual and family counseling for people living with AIDS

FOOD FIRST, INCORPORATED
Case manager/Counselor, 7/93 – 9/94
Individual and family counseling for people living with AIDS; Mediation with the New York City Human Resources Administration, Social Security Administration, and Medicaid; HIV Test counselor

GAY MEN'S HEALTH CRISIS
Financial Advocate, 11/92 – 5/93
Fiscal advisor for people living with AIDS; Advocacy with local and national entitlement programs; Crisis intervention

Selected Publications and Presentations

Jordan, Joyce, Alisa Adamo and Tanya Ehrmann. "Innovations in 1115 Waivers." Health Care Financing Review. (forthcoming)

"Medicaid Managed Care: Implications for the Safety Net." Presentation to the Northwest Regional Primary Care Association. Boise, Idaho. May 4, 1998.

"Medicare Provisions of the Balanced Budget Act of 1997." Presentation to the Washington D.C. Area Geriatric Education Consortium. Washington, D.C. April 2, 1998.

Ehrmann, Tanya, Barbara Lyons and Diane Rowland. "National Perspectives on Medicaid Managed Care." Managing Employee Health Benefits 1998:6(2);22-31.

"Health Care Coverage and Access: Listening to Low-Income Medicaid and Uninsured People." Presentation to the Mayor's Office on Medicaid Managed Care. New York, NY. September 12, 1997.

Ehrmann, Tanya. 1996. "Assault with a Deadly Weapon: The Criminalization of Drug Use During Pregnancy," in Trebach, Taylor, Stewart and Ehlers (eds.) The Pioneers of Reform. The Drug Policy Foundation Press, Washington, D.C., pp. 175-179.