REPUBLIC OF RWANDA
NATIONAL AIDS CONTROL COMMISSION
CNLS/NACC

# STRATEGIC FRAMEWORK FOR HIV/AIDS CONTROL 2002-2006

## SUMMARY

***Implementing a national, multidisciplinary, decentralized community based response.***

***Kigali, May 2002***

## *Acknowledgement*

*The NACC expresses its sincere gratitude to all national and international institutions that were, directly or indirectly, involved in the formulation of the National HIV/AIDS Strategic Framework for 2002-2006*

*The NACC calls upon all these partners to play an active role in the implementation of the policies and strategies that have been identified together during the National Consensus Workshop on the Strategic Framework that is going to guide our activities in the next five years.*

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## INTRODUCTION

In the process of re organizing the activities designed to fight the AIDS pandemic in Rwanda, the formulation of a national policy and the designing of a Framework Programme were two very important mandates for the NACC in 2002. It is in connection with this mission that, between February and May 2002, the NACC embarked on a process of Strategic Planning, which made it possible to produce two essential documents:

1) The 2002-2006 Strategic Framework: This contains the policy and strategic orientations aimed at guiding the formulation as well as the implementation of national plans. It is a dynamic document, which can, by virtue of its nature, be revised periodically.
2) The Multisectoral National Plans: This is a synthesis of the plans of action in all areas of intervention, I is a tool that will be highly instrumental in making the strategic framework operational.

The stakes were high in this exercise; it involved analyzing the epidemic in its various aspects as well as the national response, it also involved identifying national priorities with clear policy and strategic orientations that have been agreed upon, so as to work with the various sectors and come up with plans that have really emanated from the community. In order to carry out this work, CNLS was given technical and financial support by the UNDP, which provided a team of international and national consultants whose expertise was required in the formulation of two documents.

## I. GENERAL CONTEXT AND JUSTIFICATION

The 2002-2006 Strategic Framework Document analyzes factors, which in Rwanda's context are likely to have an impact on the propagation of the epidemic and/or become (an) obstacle(s) in the fight against it and its impacts. Rwanda is a heavily populated country ( 336/km$^2$) with a fertility rate that is estimated at 5,8 (in 2000) and a population growth rate that stands at 2,8 ( in 1996) Rwanda's population is young ( 60% of the population is below 20 years of age); women are the majority ( 54%) and poverty is widespread (60% of Rwanda's households live below the poverty line ). The masculinity rate which stands at 86 men for 100 women, falls to 65 boys for 100 girls in the 15- 19 age group. The per capita income is one of the lowest in the world ( $ 252 in 2000); the mainstay of the economy being agriculture with two export crops: tea and coffee.

As a result of the endemic poverty and the consequences of the tragedy of genocide, vulnerable groups of people have increased due to the high number of people living under precarious circumstances (orphans, adolescents heading households, widowers, widows … ) This situation has led to a new phenomenon in the Rwandan society: up to 36% of households are headed by women, who are, by and large, poorly educated and therefore not adequately prepared to integrate themselves in a market economy. Family ties and social values have been greatly affected by the war, the Genocide and their consequences on the society have been devastating. The voluntary or forced migratory movements that were the lot of more than a third of the population during the years of the crisis have also had an impact on the country's social fabric.

For cultural reasons and as a result of the socio-economic inequalities between men and women and in spite of the changes that have been made in the family code, substantial differences still exist in the way the pandemic affects male and female populations; this is why the Strategic Framework's strategies take gender issues into consideration.

Good Governance initiatives which, in a way, play a role in poverty reduction, indirectly help to control the propagation of HIV/AIDS. In the same vein, the search for peace and security is going to reduce the problems of family dislocations and gradually attenuate the problems faced by populations in distress.

### Magnitude and gravity of the problem

In spite of the efforts that have been made during the last two decades, the number of infected people has been increasing continuously. According to estimates, this number climbed from 150,000 in 1986 to 300,000 in the year 2000. In 1998, the infection rate, which was estimated at 13.7% of the active population (15 to 49 years); it also displayed a new tendency of moving into the countryside where more than 90% of the population lives. Today, AIDS and its allied infections are among the highest causes of morbidity in the country.

## Determinants of the AIDS pandemic

Age and sex come into play as biological determinants of the epidemic . By comparison with men, women are disproportionately infected as a result of their physical and physiological constitution. Just like in other countries, the most affected group is the segment of the population aged between 15 and 49 years because they are the most sexually active. Young, ignorant boys and girls involve themselves in sex at an early age; this was revealed by all KAP studies that were carried out all over the country. Moreover, young people mostly get their sex related information from their peers.

Behavioural factors such as alcoholism, both in rural and urban areas as well as drug consumption by some categories of people lead to unsafe behaviours. The practice of having several sexual partners, prostitution, unprotected sex and the refusal to admit that risks do exist have also been identified as determinants in the propagation of the AIDS pandemic.

Through its influence on the individual and the phenomenon of imitation, the Human environment plays an important part in promoting behaviour that may lead to the propagation of HIV/AIDS. Population movements in the Great Lakes region (migrants, refugees, displaced people…) have created a situation in which this country's population has had to live under circumstances that were highly conducive to AIDS infection: promiscuity in refugee camps, rapes, sexual slavery, sex for aid, contact with people from all types of backgrounds.

Other determinants of the epidemic's evolution are related to the Organization, the Management and the Coordination of AIDS control programmes. The Framework Document mentions among others : the lack of a clearly defined policy; incoherent management of programmes, inadequate coordination of the interventions; the limited use of the data emanating from studies which have been carried out in the country…

## Vulnerable groups

Rwandan women are among the group of people who are vulnerable to HIV/AIDS. This is due to biological factors and to socio-economic inequalities, which put a number of women in positions of dependence and inferiority. In some cases, women are contaminated as a result of their partners' careless sexual behaviour. The youth is vulnerable to HIV, first of all because this is a group in the prime of life that will be inclined to venture into new experiences.

The precocity of sexual relationships is a factor of vulnerability for the youth. Furthermore, the crises that this country has experienced have weakened the traditional social and moral barriers and made them lose their dissuasive powers while, at the same time , many young people lead precarious lives as unaccompanied children or adolescents heading households.

A good number of truck and taxi drivers have a way of life and behaviours, which put them among the vulnerable groups: taking alcohol and/or drugs, polygamy, sex with occasional partners or with women with several partners; geographical celibacy especially in the case of truck drivers who are involved in international transport.

Due to their working conditions, a good number of soldiers, in spite of their high level of knowledge about HIV/AIDS take a lot of alcohol and behave in a risky manner, which can expose them to infection, when their peers influence them. Prostitutes are both a vulnerable group and potential propagation agents for the infection. Many of them live in poverty or have had experiences which discourage them when they come up against the challenges of life; as a result, they find themselves in a weak position when they negotiate the use of the condom. It is difficult to fully group the phenomenon of insidious or disguised prostitution, but it is, apparently, widespread in Rwanda. As a result, the women and the girls who are involved in these adventures run the risk of infection and so do their partners who are unaware of the dangers they expose themselves to by dealing with these occasional partners.

## Impacts of HIV/AIDS

The nefarious impacts of the AIDS epidemic have become a burden for the country's development, especially for the socio-economic and health sectors. In the health sector on top of the degradation of the health of the infected and/or affected population, the impacts of HIV/AIDS are felt through the overloading of medical services as a result of the AIDS related endemic epidemics coupled with an increased demand for hospital beds, a higher number of cases of malnutrition and of recurrent pathologies, including tuberculosis... Another aspect of the impact of AIDS is the cost of providing care to PLWAs and to their family members. Rwanda's Health System is gradually becoming decentralized with the view to bringing it closer to the population; however, the decentralization process has been facing problems in the field of both human and material resources because the population's needs are simply enormous.

At the social level, the increase in the number of orphan or single parent families has consequences on social life, without forgetting the impact on the society resulting from the loss of qualified and experienced professionals including teachers and civil servants. At family level, the endemicity of AIDS related morbidity disturbs the normal tempo of life. It is generally the youngest children who still need to be fed and nurtured that suffer most. The other victims are usually the girls who have to leave school in order to help their parents with household chores. All these challenges coupled with poor living conditions lead to the disorganization of the system of social solidarity.

The economic impacts manifest themselves mainly through: - the loss of young, productive adults leading to an increase in the dependence rate; - a lower productivity and production, which have a negative impact on food security; - lower incomes in the affected families…etc. Due to the competition between the increasing health costs and the other vital needs of the affected families, saving becomes impossible and the families cease to invest.

At the macro-economic level, the Poverty Reduction Strategy Paper (PRSP) has emphasized that, AIDS has a devastating impact on the Rwandan society at large, through its impact on the active population, which increases the number of dependants and thwarts economic growth and human development.

## National responses to HIV/AIDS

In the last few years, Rwandan authorities have shown a high level of determination to mobilize all and sundry, in order to elicit a strong response against AIDS. A testimony to this determination is the personal involvement of the Head of State and of the First Lady, through their leadership, in the reorganization of the fight against the scourge, both at national and international levels. Recently, the Government restructured the coordination of AIDS control activities by creating the NACC in November 2000, ( the objective was to promote a multisectoral approach and strengthen cooperation), and by establishing TRAC to strengthen the Health Sector's capacity to respond in a specialized manner.

The need to reorganize and expand the national response to HIV/AIDS, in conjunction with all actors in AIDS control activities has become a national imperative which the NACC recognizes and has emphasized in the 2002-2006 Strategic Framework.

### Response from the public sector

The Health Sector, which has been steering AIDS control activities since the creation of the PNLS in 1987 and the establishment of the current CNLS in November 2000, has greatly improved its capacity to provide appropriate medical services in relation to AIDS. Currently, safe blood transfusion services provided by the National Blood Transfusion Center; the Sentinel Sites Network has been expanded, (12 since 1998) rising to 22 in 2001, and it is still growing; and STI control programme is in place although the resources available are still inadequate; ARV drugs are available on the market, their prices have gone down substantially, and efforts are being made to bring in cheaper generic drugs. The National Reference Laboratory has the means to carry out a clinical follow up on patients (with viral load and CD4 tests); the number of voluntary testing centres has increased from 1 to 20 in three years and the number of medical centres, which can offer PMTCT services, is increasing (they were 12 already by the end of 2001) especially with the support of the First Lady.

In the non –healthy public sector, three Ministries have developed their own sectoral programmes, namely: MINADEF, MIJESPOC and MINEDUC.

MINADEF has a programme for soldiers and their family members. Its main components being IEC/IST/AIDS/ communication which aims at bringing about behavioural change, promoting the use of the condom and giving treatment for STIs, AIDS and related diseases.

MIJESPOC monitors activities which are carried out within the framework of the sectoral planning of the National Youth Council and supports youth centres in which Reproductive Health teaching sessions are organized.

MINEDUC has introduced notions of HIV/AIDS in school textbooks and has been promoting education by peers through anti-Aids clubs, which have been created in practically all secondary schools in the country.

MINALOC has integrated HIV/AIDS issues in its social programmes, while MIGEPROFE has sponsored KAP studies in relation to Gender, sexuality and HIV/AIDS and has, in conjunction with other national actors and partners, organized debates on prostitution and the scourge of molesting female children.

Several other government departments both at central and decentralized levels are gradually strengthening the national response to HIV/AIDS.

### The private sector's response

Although the private sector is represented in the NACC, its achievements in combating AIDS have been rather limited. However, some companies have developed initiatives designed to promote prevention and provide medical care to their staff members (BNR, BRALIRWA and ATRACO). Since the Private Sector clearly has the will to be much more involved in the fight against AIDS, it is a partner who should be brought firmly in since it took an active role in the formulation of the 2002-2006 National Multisectoral Plan.

### The Community Sector's Response

The Religious communities are the most numerous actors who are operational among the population throughout the country. They are involved in: IEC aimed at promoting prevention and behavioural change, PMTCT, provision of medical care, psycho-social support as well as material and nutritional support to members of the affected families.

Associations are also involved, especially through experiments in income generating activities. Some of these are the ANSP (the National Association of Seropositive persons) umbrella organization, AVEGA, the Association of Widows of the April Genocide and Profemmes, an umbrella organization for the promotion of women. The number of NGOs and CBOs which are involved in fighting AIDS, are on the increase.

### Coordination structures' response

As a result of the creation of the NACC and its decentralized units, the PACCs and the DACCs, and the establishment of the TRAC in the Ministry of Health-MINISANTE, the Programme Coordinating Units are going through a period of reorganization. Previously, before the creation of the current NACC in November 2000, the planning and programme coordination duties were carried out by the PNLS, which worked in partnership with both the bilateral and multilateral cooperation and agencies NGOs in the promotion of HIV/AIDS programmes throughout the country. One result of the cooperation between the government, UNAIDS and NGOs has been the creation of an NGO forum working in the field of HIV/AIDS in Rwanda and which has a permanent secretariat today. It must be pointed out that the HIV/AIDS Programme Coordination Units in Rwanda working through the PNLS and the Kigali based UNAIDS secretariat played a dynamic role in the promotion of the Great Lakes Initiative on AIDS, GLIA.

### The financial support sector's responses

During the last decades, several bilateral cooperation agencies have supported Rwanda's AIDS control programmes. These are: the USAID, the Belgian Cooperation, the Luxemburg Cooperation, the Swiss Cooperation, the German Cooperation, the British Cooperation, the Italian Cooperation, the French Cooperation and the Canadian Cooperation among others.

The UN Agencies have strengthened their contribution to the AIDS control activities through their common programme UNAIDS and through other types of interventions, which are supported by each one of them. The CCA-UNDAF Planning Process was of great help in the reorganization of AIDS control activities in the country. On top of the UNAIDS members, namely, the UNDP, WHO, UNICEF, the UNFPA, UNESCO and the World Bank, other agencies have also been lending their support; some of these are: the UNHCR, WFP and the ECA.

### Lessons learnt from previous experiences

In the identification of priorities for the 2002-2006 programme and in the formulation of the organizational, institutional and implementation framework, lessons learnt from previous experiences were taken into account. Some of these lessons are: - shortcomings in the coordination of interventions; - the inadequate ownership of the strategies of the previous national strategic plans by the sectors which were supposed to implement it; - the lack of specific programmes for specific groups such as prostitutes and drivers; - an IEC awareness raising strategy, which was almost exclusively based on mass communications; - the controversy surrounding the promotion of the use of the condom; - the weakness(and even the non-existence) of care provision programmes for PLWAs; - the lack of exhaustive data on field activities and on the resources allocated to them; - and finally, the administrative red tape and the lack of clear channels through which national actors can access funds.

## II. METHODOLOGICAL ASPECTS OF THE 2002-2006 STRATEGIC FRAMEWORK FORMULATION PROCESS

Adopting a very participatory approach, the team of consultants who were recruited by the CNLS and UNDP used the UNAIDS Strategic Planning Guide and involved all sectors working in AIDS Control activities in the process of formulating both the Strategic Framework and the Multisectoral National Plan.

Two systems of collecting data were used in the process, namely: interviews and the documentary review which, in fact, proved to be quite enriching. The exercise made it possible to have a clear picture of the state of the epidemic in the country. The documentary review exercise involved consulting a number of recent publications such as the CCA-UNDAF, the MAP Project, the PRSP, KAP studies, the latest TRAC data on the epidemiological situation, the evaluation of 1998-2001 National Strategic Plan, etc. A protocol on the methodology of formulating the strategic Framework and the Multisectoral National Plan (MNP) had previously been presented to the CNLS, to the other international actors and the partners who discussed it and approved it.

The methodological approach also went through three other important phases involving national stakeholders from health and non-health public sector, from the private and community sectors, from the coordinating units as well as the international partners. These phases were: a two day workshop for validation of the Strategic Framework, a five day workshop for the formulation of sectorial plans and finally, a one day workshop for the validation of the Multisectoral National Plan was elaborated on the basis of sectorial plans.

## III. POLICIES AND STRATEGIES

The strategic Framework defines policy and strategic orientations that are designed to guide AIDS control activities over a period of five years.

The National Policy calls upon the decision makers national actors and the community to show more commitment and involvement in efforts aimed at repulsing the HIV/AIDS pandemic. It gives a holistic and synthetic view, which comprises human moral, social and spiritual values and emphasizes the need to mobilize human, material and financial resources, which are commensurate with the task of fighting AIDS.

In the National Policy, combating AIDS is considered as a national priority. It has to be an individual, a community as well as a national endeavour. It has to take gender issues as well as the specific conditions of vulnerable groups into consideration.

Although the document has laid emphasis on the need to improve care provision for infected and affected people, the corner stone of the AIDS control effort will still be Prevention.

AIDS control activities will be based on a partnership between all sectors: public, private, community, coordinating bodies, financial support institutions. For this purpose, the AIDS control effort will be multisectoral, multidisciplinary, decentralized and community based.

The multidisciplinary approach will make it possible to take several human dimensions into consideration (medical, sanitary, psycho-social, ethical, moral, legal and socio-economic).

The multisectoral and multidisciplinary approach will bring several disciplines and specialties into play ( doctors, political and religious leaders, sociologists, anthropologists, mass media professionals, educationists, economists and other development agents).

The decentralized approach is crucial: because HIV/AIDS Control programmes must be near the populations for a better understanding of the problems, constraints and strengths and getting solutions which are adapted to the circumstances.

The community based approach will be adopted in the interventions with the community. This approach is essential because the places where the problems are felt are: in the families, on the hills, in the neighbourhoods, in schools, in parishes, in the workplace, in the associations… The community's participation will be sought for in the various stages from the conception of the programme, to the implementation and evaluation stages.

The activities of the Multisectoral National Plan emanating from the 2002-2006 Strategic Framework will hinge around five major strategic areas, namely:

- Strengthening preventive measures against HIV transmission;
- Strengthening the monitoring of the epidemic;
- Improving care provision for infected and affected people;
- Strengthening poverty reduction measures and gender mainstreaming in AIDS control activities;
- Strengthening responses, promoting partnerships and multisectoral coordination.

(See page 9 the five strategic areas, the objectives and the areas of intervention of the 2002- 2006 Strategic Framework)

The National Strategic Framework clearly spells out the roles and duties of the various actors in the implementation of HIV/AIDS policies. The various categories of actors who are involved in the implementation of the national HIV/AIDS policy are: the highest political authorities of the country, Ministries and Government institutions, the Private Sector, the Community Sector, coordinating bodies, Financial Support Units.

## IV. ORGANIZATIONAL, INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

Given the high number of actors and the variety of sectors involved in the field of HIV/AIDS (Public Health Sector; Non-Health Public Sector; Private Sector; Community Sector; the Coordinating Sector) and the need to work at all levels (central, intermediate and peripheral) in a decentralized but well coordinated manner, it is necessary to clarify the national bodies which will be called upon to coordinate and implement the activities laid down in the Multisectoral National Plan emanating from the 2002-2006 Strategic Framework.

### National Coordination Bodies

At central level, the NACC, which will directly work under the Office of the President, will be entrusted with the duty to formulate policies and ensure coordination at national level. TRAC, which is a specialized technical unit, will be called upon to help MINISANTE and the NACC in the coordination of medical types of interventions.

At the decentralized level, the Provincial AIDS Control Centers, PACCs will have the mission of playing a supporting role in the coordination of the various initiatives whose number is growing in the provinces.

There is no doubt that the strengthening of cooperation between the PACCs (Provincial Level) and the DACCs (District Level) on the one hand, with the structures of the Health Sub-sector on the other will be one of the conditions for the success of the MNP strategies.

#### National financial and technical Support Units

In order to successfully implement the National HIV/AIDS Strategic Framework with its multisectoral and decentralized approach, the Government of Rwanda will have to put technical and financial support units in place so that the various sectors which are involved in AIDS control activities can receive appropriate financial and technical support.

However, issues relating to resource mobilization, disbursement of funds and the production of reports will have to be clarified before embarking on the implementation of the 2002-2006 MNP activities.

#### National implementing bodies

The 2002-2006 MNP will be implemented through the organizational structures of several actors who are involved in AIDS control activities.

These are:

- Structures of the public sector (the Health Sub-Sector and the Non-Health Sub-Sector);
- Structures of the Private Sector, which are mainly composed of enterprises;
- Structures of the Community Sector.

The Community Sector is the biggest of the sectors involved in AIDS control activities. It is composed of national NGOs, Associations which do not belong to any networks, Association network, Civil Society organizations, Religious denominations and socio-political mass organizations.

In the light of the experience gathered during the implementation of the previous Strategic Plan, which faced a number of problems as a result of inadequacies in the management and coordination structures, it is important to ensure, at this stage, already, that there is a clear understanding of the 2002-2006 Organizational and Implementation Framework.
The 2002-2006 Strategic Framework clearly defines the partnership between national public and non-public institutions in a manner that will create the necessary conditions for the implementation of the strategic orientations that have been adopted and for the efficient implementation of the MNP activities.

## V. RESOURCE MOBILISATION, MANAGEMENT AND PARTNERSHIP

The 2002-2006 Multisectoral National Plan will be carried out using the human, physical, material and financial resources that will be available in the four areas of activity. Regarding human resources, it will be necessary to rely on the decision makers, the national actors and on the skills available within the international institutions operating in this country. All these resources will be put to use in the implementation of the 2002-2006 activities. In some cases, other skills will be sought by the Government through International Cooperation.

If the 2002-2006 MNP is to succeed, funds mobilization and management will have to be carried out with strictness and transparency. MNP funds will mainly come from two sources: There will be own or internal funds and external funds, which will be mobilized through a Donors' Round Table. As for the efficient and coherent management of the AIDS funds, it will be necessary to have: adequate management structures in place, clearly defined management procedures and a strict auditing system. For this purpose it will be necessary to set up, a fund management unit, Sectoral Plans of Action Funding Committees, an Internal Auditing System, a Financial and Technical Auditing System, efficient consultation mechanisms with regard to the management of funds.

## VI. FOLLOW UP AND EVALUATION

The 2002-2006 Evaluation Framework provides for the formulation follow up and evaluation mechanisms, which will make it possible to ensure that policy and strategic options are followed and that the programme management system is strict enough. These evaluation mechanisms are made of two components; namely: monitoring the implementation of the MNP and monitoring the epidemic. The evaluation of the MNP will be based on indicators, which will have been determined during the formulation of the plan. The evaluation team will have to be multisectoral and multidisciplinary.

There will be two evaluations, namely; a mid-term review of the programme, and an ex-post or final evaluation at the end of the programme.

Synoptic Table Showing Strategic Axes, Objectives and Priority Areas of Activity in the Strategic Framework

| Strategic Axes | General Objectives | Intermediate Objectives | Priority areas of activity |
|---|---|---|---|
| Component I: Strengthening preventive measures against HIV Transmission | General Objective 1 To stabilize HIV prevalence at 13% from 2002 to 2006 | *Intermediate Objective I:* To change risky behaviours which expose priority target groups to HIV/AIDS.<br><br>*Intermediate Objective II:* To strengthen preventive strategies against the transmission of HIV/AIDS, STIs and tuberculosis. | Area 1.1 Strengthening least risky behaviours through IEC.<br><br>Area 1.2 Strengthening testing and early treatment of STIs and tuberculosis.<br><br>Area 1.3 Promoting counselling/ voluntary confidential and anonymous testing (VCAT).<br><br>Area 1.4 Preventing risks of casual infection.<br><br>Area 1.5 Promoting use of the condom.<br><br>Area 1.6 Promoting security of blood transfusion.<br><br>Area 1.7 Preventing mother to child transmission (PMTCT).<br><br>Area 1.8 Developing specific transregional interventions aimed at preventing HIV/AIDS among migrant populations. |

| Strategic component | General objectives | Intermediate objectives | Priority areas of activity |
|---|---|---|---|
| Component I I Strengthening the monitoring of the pandemic | General objective 2 To control the evolution of HIV/AIDS and associated diseases such as STIs during the period of MNP implementation | Intermediate objective 3: To improve the system of informing and notifying of HIV and other associated diseases (STIs and tuberculosis from 2002-2006).<br><br>Intermediate objective 4: To ensure epidemiological monitoring over the whole country.<br><br>Intermediate objective 5: To carry out epidemiological, socio-behavioural and impact studies on HIV/AIDS, STIs and tuberculosis. | Area 2.1: Notification of cases of STI, of tuberculosis and AIDS.<br><br>Area 2.2: Sero-monitoring STIs/HIV and bacteria monitoring for tuberculosis.<br><br>Area 2.3: Epidemiological studies |
| Component I I I: Improving the quality of care provision to infected and affected people | General objective 3: To reduce the impact of STIs, HIV/AIDS and tuberculosis on individuals, families and the community during the MNP implementation period. | Intermediate objective 6: To ensure access to counselling, hospital and community based care for people who have tested positive, unaccompanied children, widows and families from 2002 to 2006.<br><br>Intermediate objective 7 Ensuring psychological and economic support; protecting the rights of those who have tested positive, unaccompanied children and the rights of widows and families from 2002 to 2006<br><br>Intermediate objective 8: To promote the multisectorial and multidisciplinary involvement of PLWAs, especially through the GIPA concept. | Area 3.1: Training in care provision and dissemination of National Guides for Care Providers.<br><br>Area 3.2: Developing a supply network for medical and sanitary equipment, EGD, ARVs at national and provincial levels.<br><br>Area 3.3: Developing counselling/ testing in Health Centers.<br><br>Area 3.4: Developing prophylaxis strategies and those for treating OIs by ARVs.<br><br>Area 3.5: Developing mobile clinics. |

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| | | | Area 3.6:<br>Developing basic health services at community level.<br><br>Area 3.7:<br>Organizing psychological, economic and legal support for concerned target groups.<br><br>Area 3.8:<br>Strengthening innovative strategies aimed ant involving PLWAs in AIDS control activities. |
| Component IV<br>Strengthening poverty reduction measures and gender mainstreaming in AIDS control activities | General objective 4:<br>To integrate poverty, gender and AIDS issues in the country's AIDS control sectoral policies and plans during the MNP implementation period | Intermediate objective 9:<br>To improve the socio-economic conditions of PLWAs, their families and their communities.<br><br>Intermediate objective 10:<br>To improve the young girls' and women's socio-economic and legal conditions. | Area 4.1:<br>Developing income-generating activities.<br><br>Area 4.2:<br>Improving PLWAs' and their families' access to various services (jobs, insurance schemes education, credits, etc).<br><br>Area 4.3:<br>Improving young girls' and women's access to socio-economic activities.<br><br>Area 4.4:<br>Promoting and providing legal protection to women in general and to girl children in particular, against rape, bodily harm, exploitation and domination |
| Component V:<br>Strengthening responses, promoting partnership and multisectoral coordination | | Intermediate objective 11:<br>To improve mechanisms for national, regional and international partnerships in order to boost AIDS control activities. | Area 5.1:<br>Strengthening regional and international partnerships.<br><br>Area 5.2:<br>Developing advocacy to mobilize support for AIDS control activities. |

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| | | Intermediate objective 12:<br>To increase the organizational, institutional and functional capacities of the structures of the various bodies, which are involved in combating AIDS, especially associations of PLWAs.<br><br>*Intermediate objective 13:*<br>To develop a multisectoral coordination of AIDS control interventions, at central, intermediary and peripheral levels. | Area 5.3:<br>Strengthening functional capacities of structures involved in AIDS control activities.<br><br>Area 5.4:<br>Developing research.<br><br>*Area 5.5:*<br>Strengthening the decentralization of AIDS control structures and interventions.<br>*Area 5.6:*<br>Improving sectoral coordination of interventions. |