



# Dufatanye

APRIL 2007

## USG AND GoR CO-MANAGEMENT IS KEY TO PEPFAR SUCCESS

One of the 15 U.S. President's Emergency Plan for AIDS Relief (PEPFAR) focus countries, Rwanda has the distinction of being named the site for the 2007 International HIV/AIDS Implementers' Meeting, to be held June 16-19 in Kigali. A significant reason for this honor is undoubtedly PEPFAR/Rwanda's successes that are direct results of its co-management by the US Government (USG) and the Government of Rwanda (GoR). This relationship is a model for the United States' new "transformational diplomacy" paradigm, one that replaces the earlier "donor-recipient" model for development assistance, with an ethic of true partnership.

PEPFAR Rwanda's 2006 budget is \$72 million (of which \$44.3 million is managed by USAID), and is expected to increase to \$92 million for 2007. With PEPFAR funding, the GoR and USG have been able to increase the number of people on antiretroviral drugs (ARVs) from just a few hundred in 2004, to more than 34,000 by the end of 2006.

In Rwanda, the USG and GoR work cooperatively and collaboratively to set objectives, design programs, monitor progress, and evaluate outcomes. The result is greater access to high quality, sustainable services.

Because of PEPFAR co-management with the GoR, there is a coordinated, countrywide plan that enables country ownership, sustainable public policy, professional health training, and a blueprint for scaling up. Coordinated drug procurement, storage and distribution, contributes to

Welcome to the first edition of the new USAID Rwanda electronic newsletter. We've named this publication "Dufatanye" because "We're together" with the people of Rwanda is how we see our working relationship with you. Through USAID, the American people are providing \$83 million in 2006 funding to support GoR efforts to rebuild and develop your country. This newsletter is one way of letting you know how we're doing that. We hope you find it informative.



**KEVIN J. MULLALLY**  
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drug quality and reduces costs. Improved services are contributed to by the integration of HIV/AIDS services with other diseases and health facility services. There is shared interaction with the military, cooperation with the churches, and cooperation with other donors.

In short, PEPFAR/Rwanda exemplifies the title of the *Third Annual Report to Congress*, "The Power of Partnerships."

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*The goal of United States foreign assistance is to help build and sustain democratic, well-governed states that respond to the needs of their people, reduce widespread poverty and conduct themselves responsibly in the international system. Programs in the areas of Peace and Security, Governing Justly and Democratically, Investing in People, Economic Growth, and Humanitarian Assistance are made possible by the generous support of the American people through the United States Agency for International Development (USAID).*



**The Coffee Bike Project** -- Geoff Watts, principal buyer for Intelligentsia Coffee & Tea, demonstrates the new “coffee bike” to Rwandan government and coffee industry representatives at the *Second Annual Rwanda Specialty Coffee Celebration*, held February 9, at the Residence of the U.S. Ambassador to Rwanda. The event was hosted by USAID, which has already invested \$10M in the Rwandan specialty coffee sector, and is currently funding the new \$6M, five-year “SPREAD” project. U.S. mountain bike pioneer Tom Ritchey designed the “coffee bike”, in cooperation with SPREAD, so it can easily climb Rwanda’s hills with a 200 kg load of coffee cherries, and thus avoid spoilage caused by delays in bringing the high-quality cherries to the washing stations.

## DESTINATION NYUNGWE!

There's more to see and do in Rwanda than visit the gorillas, and the U.S. is committing \$3.8 million to help the Rwanda Office of Tourism and National Parks (ORTPN) demonstrate that.

The four-year, *Destination Nyungwe!* project, which started in October 2006, has three areas of concentration: 1) economic growth through positioning Nyungwe Forest National Park as a tourism destination both alternative and complementary to gorilla trekking in Volcanoes National Park; 2) conservation of biodiversity by balancing tourism with protecting the forest’s sensitive and diverse plant and animal life; and 3) addressing the economic and health needs of local communities that may be linked to tourism in and around the project’s targeted areas.



Aside from the spectacle of the continent’s highest Afro-Montane forest with its attendant deep African tropical rain forest jungle, waterfalls, orchids and hundreds of chimpanzees, Nyungwe boasts 12 other species of primates, including the rare owl-faced monkey. What is unique to Nyungwe, however, is the sheer number of black and white Colobus monkeys, recognizable by their large tufts of pure white ‘side-burns’ and long flowing white ‘epaulets’.

These primates, with their distinctive faces, are very inquisitive and family oriented. Although their mature coloring is black and white, offspring are born -- after a five or six-month gestation period -- pure snow white, only becoming their normal color once they are about two months old.

Nyungwe is the only place in the world where groups of 400 or more black and white Colobus monkeys are found, and the experience of being completely surrounded by these charming and inquisitive animals is extraordinary. Suddenly, when one gives the signal, they all start leaping from tree to tree – often across huge distances – filling the forest with a sound reminiscent of waves crashing onto a beach.

Leading the *Destination Nyungwe!* project is International Resources Group (IRG), whose expertise in developing sustainable ecotourism is partnered by the biodiversity expertise of The Wildlife Conservation Society, which has been working with ORTPN since 1987. Family Health International is managing the project’s community health component, while the Cooperative League of the U.S. is focusing on community-based, natural resource management, and small business planning and development.

## THE YEAR OF DECENTRALIZATION

For two USAID/Rwanda teams working with the Government of Rwanda (GOR), 2006 was the “year of decentralization”, during which the U.S. helped the GOR implement its laudable dual goals of making services more accessible to Rwandans, and government more accountable to its people.

The five-year (2005-2010), \$24 million Twubakane (“Let’s build together”) Decentralization and Health Program is co-managed by USAID/Rwanda’s Health and Democracy & Governance teams. It is implemented in 12 of the country’s 30 districts by IntraHealth International and its partner organizations, in cooperation with the GOR, represented by the Ministries of Local Government and Health.



**IntraHealth Capacity Twubakane Country Director Laura Hoemeke presents mutuelle materials to Iyakaremye Pierre Damien of the Ministry of Health.**

The program’s overall goal is to increase access to and improve the quality and use of family health services in health facilities and communities, by strengthening the capacity of local governments and communities.

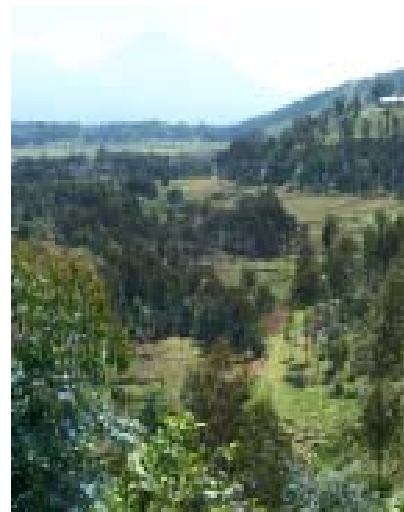
Twubakane has six integrated components: 1) family planning and reproductive health; 2) child survival, malaria and nutrition; 3) decentralization policy, planning and management; 4) district-level capacity building; 5) health facilities management and mutuelles; and 6) community engagement and oversight.

An exciting development has been the launch of Twubakane’s District Incentive Funds (DIF) grant program. Each of its 12 districts has received a first-round funding of \$100,000 to build the capacity of district health structures; encourage collaboration in planning, follow-up and evaluation of health services; develop and implement a sustainable gender strategy; and provide performance incentives for efficient service delivery. The funds also promote and encourage mobilization of resources, public/private partnerships, and the initiation of new interventions. Each Twubakane-supported district is required to contribute an additional 15% per year in cost-sharing.

## NEW PROJECT COMPLEMENTS ONGOING WORK ON LAND LAW

It is estimated that 80% or more of disputes among Rwandans are over land, and USAID/Rwanda has made a commitment to help in that area.

USAID/Rwanda’s Democracy & Governance team is funding a new, two-year cooperative agreement with Associates in Rural Development (ARD) to help develop mechanisms for



resolving disagreements over land in Bugesera and Muhanga Districts. The project will build on traditional approaches to conflict dispute resolution, and will work in conformity with the new law that requires small disputes to be taken first to the *abunzi*, the traditional locally elected mediators, before going to court.

In a related project, but one of greater scope, USAID has extended its initial four-year contract with ARD through October 2008 for work in the area of land policy reform. Subcontractor Rural Development Institute (RDI) has been helping the Ministry of Lands (MINITERE) draft legislation that supports the land policy reform “roadmap” under development by MINITERE with support from the UK (DFID). Examples of such legislation include the new expropriation law, which defines the circumstances and process by which the Government of Rwanda can expropriate land, and the new valuation law, which determines how someone whose land is expropriated is compensated.

The extended project continues work in the area of supporting legislation, and adds two new dimensions: the hiring of two local lawyers to work in MINITERE and help build the ministry’s capacity; and technical assistance in incorporating gender equity into land policies. One aspect of this will be the analysis of women’s inheritance of land rights and the process for registering women’s land ownership.



## MALARIA IS MAJOR U.S. PRIORITY

The Congressional Resolution for the 2007 U.S. budget recently signed into law by President Bush, assures that Rwanda will receive at least \$17 million in Presidential Malaria Initiative (PMI) funding for 2007-08.

The U.S. is gearing up for a major attack on this deadly disease that is the overall leading cause of sickness and death in Rwanda— yet relatively easy to prevent and treat.

Led by USAID in cooperation with the (U.S.) Centers for Disease Control and Prevention, PMI/Rwanda is being designed and implemented in close collaboration with the National Malaria Control Program (PNLIP), which also works with the Belgian Technical Cooperation, UNICEF and the World Health Organization.

The comprehensive, five-year Malaria Operating Plan focuses on four main interventions:

1) Preventing malaria in pregnant women by providing the anti-malarial drug “SP” (sulfadoxine-pyrimethamine) and incorporating malaria prevention into regular health center antenatal visits;

2) Environmentally safe, indoor residual spraying of 145,000 homes in five districts, selected by the GoR on the basis of exposure to malaria and other criteria, in two phases. Training will start in early May, to be followed by a large community education campaign preceding the first round of spraying in July in three districts in the Kigali area;

3) Expanding the demand for and distribution of long-lasting insecticide-treated bed nets; and

4) Expanding volunteer-led, home-based management of fever in children with the new artemisinin-combination drug therapy (ACT, brand name “Coartem”).

### CHAMP LAUNCHES “COMPASSIONATE COMMUNITIES”

On March 8, International Women’s Day, the USAID/PEPFAR “CHAMP” project launched a new community mobilization program in cooperation with the Government of Rwanda. “Compassionate Communities” aims to encourage Rwandans to care for the well-being of the most vulnerable within their communities, and to empower women at the community level. The theme of the launch ceremony, held in the Eastern Province Sector of Nyamata, District of Bugesera, was “Let’s stop the impunity of crimes of domestic violence through the Compassionate Communities approach.”

When Mukamusoni’s two year-old (*hiding behind her, top right*) developed a fever, she took him to the nearby home of 38-year old Jean Baptiste, the home-based malaria (HBM) “distributeur” (*seen bottom right with his malaria treatment kit*).



A married father and farmer, Jean Baptiste is responsible for 101 homes in his village of Nyakariba in Kirehe District. He had been a volunteer health animateur before being selected by his community as an HBM distributeur in 1998.



Mukamusoni is grateful for Jean Baptiste. “When your child gets sick, day or night, you can get health care quickly and help your children.”

Additionally, the plan calls for providing ACTs through the private sector, and strengthening malaria drug quality assurance and commodity distribution systems.

Using PMI early funding, USAID is broadening the scope of the home-based management of malaria (HBM) pilot project that was evaluated in six districts. The program trains home-based volunteers (“distributeurs”) to identify the symptoms of malaria in children between the ages of six months and five years, and either treat them with pediatric ACTs or refer them to health centers, as appropriate. The HBM rollout is in 14 districts, with USAID partners responsible for five districts, and the Global Fund to Fight AIDS, Tuberculosis and Malaria responsible for four.



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