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2006

Cote d'Ivoire

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

☑ Yes ☐ No

Description:

Updates in both the french and english language versions will be added following completion of the national HIV/AIDS strategy 2006-2010 to ensure consistency between the two documents. The national strategy is currently under development.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 265,655			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		34,200		34,200
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		2,400		2,400
Care				
	Target 2008: 385,000	45,000		45,000
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		21,700		21,700
Number of OVC served by an OVC program during the reporting period		23,300		23,300
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		75,880		75,880
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		2,800		2,200
Treatment				
	Target 2008: 77,000	31,055		31,055
Number of individuals receiving antiretroviral therapy at the end of the reporting period		31,055		31,055

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 265,655			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		57,000		57,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		4,000		4,000
Care				
	Target 2008: 385,000	74,400		74,400
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		36,100		36,100
Number of OVC served by an OVC program during the reporting period		38,300		38,300
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		125,880		125,880
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		5,000		2,800
Treatment				
	Target 2008: 77,000	15,600		15,600
Number of individuals receiving antiretroviral therapy at the end of the reporting period		15,600		15,600

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Tx expansion

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3539
Planned Funding($): [redacted] B5
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: Umbrella grants organisation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3710
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: Private Sector Partnerships (PSP One)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3393
Planned Funding($): [redacted]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: ABT Associates
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: [redacted]
Early Funding Request Narrative: Early funding is required to support rapid completion of a human-resources plan to advance policy development to address urgent human-resources challenges in the country's health sector.

Early Funding Associated Activities:

Program Area:Other/policy analysis and system strengthening
Planned Funds: [redacted]
Activity Narrative: Human and institutional capacity has been identified as a key issue constraining the quality of heal

Sub-Partner: Family Health International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Other/policy analysis and system strengthening
OVC

Sub-Partner: Population Services International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening
OVC

Mechanism Name: APHL, Lab Systems

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3380
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Rapid expansion North West: RFA # AAA070 North & West of CI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3536
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: CARE International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
OVC

Sub-Partner: Population Council
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: CCP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 4044
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Central Contraceptive Procurement
New Partner: Yes
Program Area:Other Prevention
Planned Funds:
Activity Narrative: In 2005, The President's Emergency Plan for AIDS Relief, through the U.S. Agency for International D

Mechanism Name: EGPAF Track 1 (level funds)

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3711
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: EGPAF- Call to Action Project (PMTCT)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3388
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: ACONDA
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT

Mechanism Name: EGPAF Rapid expansion (country supp)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3389
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: To avoid possible supply delays that could impact the progress of programs, early funding is required to initiate purchase requests in a timely manner.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: Project HEART has rapidly established an innovative family-and child-centered approach to comprehens

Sub-Partner: University of Bordeaux
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: ACONDA
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3379
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Espace Confiance
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Association de Soutien a l'Autopromotion Samitaire Urbaine
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Cote d'Ivoire Prosperite
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Mechanism Name: ABY CoAg: Hope Worldwide No GPO-A-00-05-00007-00

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3391
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3390
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Hope Worldwide
New Partner: No

Sub-Partner: Rotary International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: ABY CoAg: Hope Worldwide No GPO-A-11-05-00007-00

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3534
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3533
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hope Worldwide
New Partner: No

Sub-Partner: Rotary International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: International HIV/AIDS Alliance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3381
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: International HIV/AIDS Alliance
New Partner: No

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Chigata
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Sidalert, Côte d'Ivoire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV

Mechanism Name: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3827
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Treatment: ARV Services

Mechanism Name: JSI Injection Safety

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3635
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Cooperative Agreement with Minisrty of AIDS #U62/CCU024313

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3377
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of AIDS, Côte d'Ivoire
New Partner: No

Mechanism Name: MOH-CNTS (Blood Safety) #U62/CCU023649

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3712
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health and Population, Cote d'Ivoire
New Partner: No

Mechanism Name: Ministry of Health (TBD new mechanism Sole source CoAg)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3604
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health and Population, Cote d'Ivoire
New Partner: No

Mechanism Name: Cooperative Agreement with Ministry of National Education, # U62/CCU24223

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3378
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of National Education, Côte d'Ivoire
New Partner: No

Mechanism Name: Cooperative Agreement with Ministry of Solidarity, #U62/CCU024314

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3376
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire
New Partner: No

Mechanism Name: U62/CCU025120-01 ANADER

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3731
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Agency of Rural Development
New Partner: Yes

Sub-Partner: ACONDA
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Population Services International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Network of media professionals and artists against AIDS in Côte d'Ivoire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Network of People Living with HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support

Mechanism Name: Rapid expansion uniformed services

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3537
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Agence Ivoirienne de Marketing Social
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Espoir Fanci
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: JHPIEGO
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: MOH-Blood Safety TA

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3634
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Social and Scientific Systems
New Partner: No

Mechanism Name: Working Commodities Fund

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3382
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Partnership for Supply Chain Management
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: To avoid potential delays in the supply pipeline of these lifesaving drugs and supplies, early funding is required to permit purchase requests in a timely manner.
For SI: To enable gathering of data on indicators for community-based HIV activities that are being started now by PEPFAR partners (HIV/AIDS Alliance, etc.)

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: In 2005, The President's Emergency Plan for AIDS Relief, through the U.S. Agency for International D

Program Area:Strategic Information
Planned Funds:
Activity Narrative: In 2005, The President's Emergency Plan for AIDS Relief, through the U.S. Agency for International D

Mechanism Name: Measure Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3383
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina Carolina Population Center
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: USAID (GHAI)

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3645
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC - OBO ICASS (GHAI)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3606
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC & RETRO-CI (Base)

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3605
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

With 560,000 births per year and a national HIV prevalence of 7% (2003), Cote d'Ivoire has an estimated 54,000 HIV+ women delivering per year in dire need of PMTCT services. Even prior to the prolonged sociopolitical crisis, only 47% of deliveries were carried out in health facilities and 84% of women received antenatal care and maternal and infant mortality were unacceptably high. (DHS 1998) The national PMTCT strategy (MOH 2003) aims to:

i) Reduce infant and child mortality and morbidity by decreasing MTCT by 40% by the end of 2007
ii) Increase geographic access to PMTCT services with services in all health regions and districts by 2008.

Despite the crisis, the national PMTCT program (created in 2003) has rapidly expanded from the few previous research and demonstration pilot sites to 32 sites by 2004 and is on target to achieve the expansion plan target of 111 PMTCT sites (60 sites receive direct support from EGPAF and all sites receiving indirect support) by the end of 2005 with support from the Emergency Plan, the Global Fund, UNICEF, AXIOS and other partners. After some initial delays, coordination, planning, commodities management, M&E, and supervision have improved to allow progress in the opening of new sites and the establishment of a scale-up model.

In October 2005, a new global HIV and the child initiative will be launched by the UN and the USG will work closely with WHO, UNICEF, UNFPA, WFP and other partners to intensify efforts in support of the national program to establish services to both prevent HIV infections among children as well as provide care for them and their families, including the provision of pediatric HIV and TB care and treatment. An interagency preparatory team (including USG, WHO and UNICEF) visited Cote d'Ivoire to review the existing program at the invitation of the MOH and made joint recommendations for accelerated PMTCT and pediatric treatment scale-up. Key technical outcomes of this consultation included national recommendations for use of combination ARV prophylaxis in place of single NVP or AZT use in accordance with current WHO recommendations, promotion of the breast milk substitute code and more aggressive follow-up of HIV-exposed infants and their mothers to provide care, support and treatment to the family. PCR on dried blood spots will be used to provide early infant diagnosis after completion of pilot evaluations. Stronger links are also being established with the national OVC program and the national HIV care program to provide a continuum of care and includes nutritional, social and educational aspects of care through CBO/FBO/NGOs and the public sector.

PEPFAR support for the PMTCT program includes systems strengthening initiatives with the MOH complementing those of other partners. These initiatives include strengthening the commodities management system, training and supervision, laboratory system, and community response. EGPAF is the major partner involved in expanding service delivery with TA from Projet RETRO-CI (laboratory support). With FY 05 funds, EGPAF will assist the MOH to establish 35 additional PMTCT services and propose to directly support 95 sites with FY06 funds.

A funding gap continues to limit the national PMTCT scale-up. Hopefully, with the new HIV and the child initiative further resources will be mobilized. The national expansion plan (not yet fully funded) includes > 300 PMTCT service sites which would permit 50% coverage of HIV+ pregnant women as opposed to 3.5% in 2003. The MOH is now strengthening the decentralized planning, monitoring and management of PMTCT and empowerment of the district health teams to take the lead based on the central model. The USG fully agrees with this strategic approach after significant support (2002-2005) was given to develop a national policy, guidelines, training materials and master trainers and monitoring tools and systems.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	95
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	4,000
Number of health workers trained in the provision of PMTCT services according to national or international standards	350
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	57,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism: EGPAF- Call to Action Project (PMTCT)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4591
Planned Funds:
Activity Narrative: EGPAF, in collaboration with the Global Fund, UNICEF and other partners was invited to assist the MOH to support and expand quality PMTCT services with FY05 funds from the USG. EGPAF conducted needs assessments and planned program activities with the MOH to include comprehensive PMTCT services (routine provider initiated counseling and testing, ARV prophylaxis, nutritional counseling and links to reproductive health, improved maternal and child health and comprehensive HIV care). With EGPAF support, PMTCT services are being implemented within both public and non-public sites. Varying implementation strategies were used to help the MOH determine implementation standards, including training approaches, necessary infrastructure, and logistic needs. EGPAF supported the development and implementation of a comprehensive family model that links PMTCT services with comprehensive care, support and HAART treatment. In summary, FY05 USG funds allowed EGPAF to support the MOH and its implementing partners to:

i) Refine and strengthen national policies and systems for scaling-up of PMTCT and associated services;
ii) Maintain and improve PMTCT services at 26 existing PMTCT sites;
iii) Open 24 new PMTCT service sites (including both public and private facilities) building on PEPFAR supported training and initial site evaluations from the previous period.

In FY 06, building upon FY05 activities, EGPAF in partnership with the PNPEC and other partners will expand their reach to activities at 95 sites total including ongoing support to 71 sites and 24 new sites. EGPAF with support from UNICEF will continue to support the MOH in refining and strengthening national policies and guidelines for scaling-up PMTCT and associated services while working in partnership with Projet RETRO-CI (QA for HIV testing and laboratory supervision), HIV/AIDS Alliance, ANADER and CARE International (linkage with psychosocial support through community workers and PLWH/A peer support and community mobilization), PSP one (linkages with social education, and OVC), JHPIEGO (QA for training and supervision), MEASURE (M&E), and MSH (commodities management). EGPAF will collaborate with UNICEF with joint planning and implementation in areas including supervision and transport in the North and West occupied regions, commodities management, and linkage with WFP for nutritional support, and UNFPA (linkage with reproductive health services). Needs assessments will continue to guide EGPAF and selected partner(s) to tailor their support to site specific needs. In order to achieve these ambitious goals the following activities will be implemented:

1) TA with innovative approaches to support services at 10 existing sites in Abidjan and expand services to at least 5 new sites within current districts, providing access to 800 pregnant women with a complete course of antiretroviral prophylaxis. Partnership with RETRO-CI laboratory technical staff will provide training and QA for serological testing.
2) TA to new partnerships created at the end of FY05 including working directly with six National Regions of Health (NROH) with departmental PMTCT training, technical support and supervision, linkages with care and treatment sites to improve quality of services at 65 current PMTCT sites and initiate activities in 5 new sites, providing access to 2 900 pregnant women with a complete course of antiretroviral prophylaxis. The EGPAF technical and RETRO-CI teams will continue to assist health regions in providing technical support and supervision. NGO ACONDA-VS will continue implementing ART services at 18 selected sites and will link ART and PMTCT services at the same sites. Due to the political situation, EGPAF will be responsible for financial aspects to ensure transparency in the use of funds while working with the Government at the regional and district levels.

3) Support two experienced NGO/FBOs through a competitive process to initiate services at 10 new sites in underserved areas, providing access to 226 pregnant women with a complete course of antiretroviral prophylaxis. These activities will be planned to complement activities lead by HIV/AIDS Alliance, ANADER, and CARE.
4) Indirect support to national HIV/AIDS program including TA to revision of policy, guidelines, and training curricula.

Access will be provided as part of a standard package of prenatal and postnatal care to HIV mothers and their exposed families including counseling in infant feeding and nutritional support. Integration of HIV information into routine education in ANC with group counseling is included. Testing with same day results will be offered routinely and women will receive individual post test counseling including an emphasis upon the need for continued care after the baby is born. The client held health record will be annotated to indicate mother's CT status. This is essential if uptake of ARV is to be facilitated within the existing infrastructure. CT will also be initiated in maternities. Maternal and infant antiviral prophylaxis will be given to the mother at the time of diagnosis and linkages for provision of chronic HAART to women who qualify for their own treatment. MTCT service providers will be trained to clinically recognize TB symptoms both in HIV infected mothers and children born from HIV positive women and link them to care at the nearest TB facility.

Documentation of outcomes will be used to help the MOH determine appropriate scale up. EGPAF will work directly at selected sites to establish PMTCT services as a continuum with the Care and Treatment services supported through both Track 1.0 and 2.0 funding. Targeted evaluations are essential contributors to knowledge about PMTCT and the following are proposed:

- Effectiveness and barriers of opt-out strategy in PMTCT settings
- Effectiveness and impact of HIV testing for pregnant women in labour
- Effectiveness and impact of early infant diagnosis and linkages to other postpartum services.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	95	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	4,000	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	350	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	57,000	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Infants

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	5161
Planned Funds:	
Activity Narrative:	With FY06 funds, USG technical staff will be supported and will continue to work closely with program management staff and HQ technical staff to provide technical assistance for the design, implementation and evaluation of PEPFAR funded interventions aimed at preventing mother-to-child HIV transmission. Ongoing specific activities will include supporting the implementation and coordination of activities among donors and partners (e.g. UNICEF, UNAIDS, UNDP, PEPFAR funded partners including EGPAF and the Ministries responsible for Solidarity, Health, and AIDS co-ordination); providing laboratory support at the Projet RETRO-CI laboratory for quality point of service HIV testing at PMTCT sites with quality assurance; purchasing laboratory commodities and supplies, training of peripheral site staff, supervision, quality assurance services; providing infant diagnosis and continue to perform targeted evaluations to assess simplified methods for infant diagnosis; providing substantial technical assistance to the national PMTCT program sites at the request of the MOH to assist in the on-site supervision and training of staff; continuing to provide technical assistance to the MOH and national experts to complete the validation, dissemination and regular updating of PMTCT policy, guidelines with revisions related to couple counseling, HIV testing algorithms, infant feeding and reaching women during and after labor anticipated. Following recommendations from CDC headquarters staff, the core and country teams, CDC will finalize its outsourcing of PMTCT technical assistance activities. The remaining staff will depart the PMTCT team in early 2006. This reduces the effective number of staff at post while partners, such as EGPAF, absorb former CDC trained staff.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Pregnant women
USG in-country staff
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

To achieve the national goal of reducing the incidence of HIV/AIDS/STIs among youth (aged 15-24), the Government of Cote d'Ivoire is currently developing a National Strategic Plan for the period 2005-2007 with the following key strategies:

-Promotion of abstinence and delay of sexual debut among youth.
-HIV/AIDS education and "life skills" campaign (Core Curriculum development and roll out of materials in public school system).
-Peer-to-Peer Education and mobilization of youth.
-Behavior change communication (BCC) campaign addressing gender and cultural-related sexual vulnerability for youth (including cross-generational sex).

2006 funds will expand the reach of programs targeting youth to adopt abstinence and the delay of sexual debut. These programs have already begun in the public sector, international NGOs (e.g. PSI and CARE International), national NGOs (e.g. network of journalists against AIDS together with national network of NGOs working on AIDS) and faith-based communities and will be executed in many parts of the country, targeting youth. Additionally, there will be greater outreach to adults to focus on social norms that reinforce fidelity and encourage partner reduction as well as address alcohol as a risk factor in HIV transmission.

Key institutional partners include Ministries of AIDS, Education, Health, Youth, and Tertiary Education and NGOs/CBOs (PSI, AIMAS, AIBEF, International de l'Education-CI, 1000 young girls; "Ma Virginite"), associations of PLWH/A (Ruban Rouge, Lumière Action, RIPS/AG), and FBOs (Hope WorldWide, the Religious Coalition to fight HIV/AIDS in Côte d'Ivoire -- CORAS-CI, Merite International, Caritas national, Young Muslims association, Djigulba Foundation, Orphan's Smile, Christian churches). Drawing on behavioral assessments, CARE International will bring AB programs, as part of a comprehensive community approach, to the very underserved northern regions.

Coordination:
Coordination committee was established in 2002 to improve coordination of HIV/sexual health initiatives among youth. The various Ministries sectoral plans also aim to improve planning by identify the specific roles of the different public sector partners.

The MOA, with assistance from JHU/CCP, has established a BCC committee to improve quality, coverage and coordination of BCC activities. The committee has made great advances in developing a national BCC strategy, developing BCC materials and training master trainers to work with the regions to use materials. In 2006, there will be a greater focus on developing youth specific prevention program that will include issues of gender equity and mutual respect. Additionally, there will be a more emphasis on BCC capacity developed at the centralized and decentralized level to reach all participating government ministries and non governmental partners.

As for data, there is no current school-based KAP survey and no biologic survey among youth outside the antenatal setting. USG supported BSS surveys among youth in 1998 and 2001 through FHI.
Service delivery USG supports a very successful BCC multimedia campaign entitled "T'es yere t'es cool: (promoting abstinence, fidelity and/or condom use) implemented by PSI and its local partner NGO AIMAS. The MOH, MOA, Youth and MOE coordinate to implement the "health clubs and services for students" at education facilities.

Apart from the USG, there are no other major donors/partners supporting abstinence and youth activities in the country. Limited scope activities have been initiated by various NGO's (e.g., IRC) since the beginning of the crisis focusing on reproductive health, sexual violence, etc. as well as targeting out-of school youth.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	369,472
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	117,120
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,878

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with Minisrty of AIDS #U62/CCU024313
Prime Partner: Ministry of AIDS, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4556
Planned Funds:
Activity Narrative: The role of the Ministry for the fight against AIDS (MLS) in Cote d'Ivoire is to coordinate a multi-sectoral comprehensive and effective national response to HIV/AIDS including all aspects of prevention, care and treatment. In addition, the MLS plays a key role to bring together key stakeholders to define national policy and strategies to prevent HIV transmission and coordinate and monitor the national response through 3 departments the Directions of Social Mobilisation, Technical Assistance and Planning, Monitoring and Evaluation. With FY06 funds, the MLS, in conjunction with technical assistance partner JHU-CCP and collaborating ministries, NGO/FBO/CBO representatives, and other stakeholders, will build on FY04 and FY05 achievements to improve access, quality and coverage of effective evidence based BCC interventions including targeted and age-appropriate messages to delay sexual debut, promote fidelity within marriage, partner reduction and address negative gender and discriminatory attitudes undermining healthy sexuality. This activity will form part of the comprehensive national response to prevent HIV and reduce morbidity related to HIV and AIDS

During 2005, with technical assistance from JHU-CCP, the MLS has:
- Established a national technical committee for BCC (GTCCC)
- Completed a baseline evaluation of the existing behavior change communication (BCC) interventions between 1984 and 2004
- Developed and validated the national BCC strategy for fighting HIV/AIDS using a participatory methodology involving key stakeholders from civil society, various faith based communities, networks of PLWH/A, NGO/CBOs, FBOs, AIDS service organisations, youth associations, agricultural collectives, and key technical ministries (Education, Health, Solidarity) and UN partners (UNAIDS, WHO etc)

Other activities that will be completed with FY05 funds :
- Disseminate the national BCC strategy
- Development of a chart of action for religious leaders and young persons from faith based communities to reinforce dialogue between the two communities and promote delay of sexual debut, abstinence and fidelity within marriage and reduce stigma and discrimination
- Reproduce IEC/BCC materials for use by implementing partners (CBO/FBOs and sectoral committees)
- Train 25 national BCC trainers drawing from membership of the national technical committee for BCC (GTCCC) with representatives of multiple sectors included

With FY06 funds, with technical assistance from JHU-CCP, MLS plans to :

- Mobilise a multisectoral response to implement the national BCC strategy in collaboration with the support of the GTCCC and members from all sectors (public and private sectors, technical ministries, CBO/NGO/FBO networks and community leaders)
- Develop a prevention action plan drawing on the BCC strategy for youth aged 15 to 24 years to promote abstinence, fidelity, partner reduction, as well as gender equity and mutual respect with the participation of PEPFAR funded partners and other civil society partners (HIV/AIDS Alliance, REPMASCI, COSCI, RJP+, Hope Worldwide, ANADER, CARE International and faith based community representatives) and development partners (UNICEF, UNAIDS), and technical ministries (MJSC, MEN, MFFE, MSSSH, MEMSP)
- Advocate for the mobilisation of additional resources to fund the implementation of the plan throughout the country including development of an application for expanded international resources such as the Global Fund for HIV, TB and malaria.
- Build capacity to plan, implement and monitor BCC interventions for HIV/AIDS at the central and decentralised level through technical leaders from the various

HIV/AIDS committees in collaboration with PEPFAR funded partners (MEN, MSSSH, ANADER, HIV/AIDS Alliance, CARE International) and other partners (UNAIDS, World Bank Corridor Project, Global Fund etc). This training will be based on the curricula developed by JHU-CCP in collaboration with Hope Worldwide and the Ministry of Education PEPFAR and UNESCO/UNICEF projects.

Reinforce the capacity of bodies involved in coordination, implementation and monitoring and evaluation of prevention activities with A and/or B interventions targeting youth including :
- Decentralised committes at regional, district, community and village level (in collaboration with PEPFAR funded partners ANADER, CARE International and HIV/AIDS Alliance) with the training of at least 26 decentralised trainers/facilitators
- 25 sectoral committees with the training of 50 trainers of trainers/facilitators
- NGO/FBO/CBO and professional association networks with the training of at least 34 decentralised trainers/facilitators in collaboration with HIV/AIDS Alliance, CARE and ANADER.

Monitor and evaluate the prevention activities of the GTCCC and its members and decentralised committees on collaboration with JHU/CCP, HIV/AIDS Alliance, ANADER and UNAIDS and other partners.

All these activities have a goal of contributing to a comprehensive national response to HIV/AIDS and building on the gains that have already been made to support direct prevention activities in diverse communities targeting youth. We note, for example, the tangible contributions made to decentralised committees with audiovisual equipment received from the World Bank Financed Program to Develop an Integrated Health System and those planned with the World Bank Multisectoral AIDS Project.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	106	☐
numbder		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with Ministry of National Education, # U62/CCU24223
Prime Partner: Ministry of National Education, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4557
Planned Funds:
Activity Narrative: The Ministry of Education is committed to contributing to the creation of a generation without AIDS. Its contribution is essential as part of a multisectoral comprehensive and effective response. Education provides children, especially girls with invaluable tools to fight poverty and to promote social progress and gender equity. It increases life skills such as self-confidence, social and negotiation skills, and earning power. Through this activity, the Ministry of Education, in conjunction with the USG country team, collaborating ministries, and NGO/FBO/CBO networks, will build on FY04 and FY05 achievements to improve access, quality and coverage of life skills training for students in school and through school health clubs; to provide HIV prevention education, including age-appropriate messages to delay sexual debut, promote fidelity within marriage and address negative gender and discriminatory attitudes undermining healthy sexuality.

With FY05 funds (made available in September 2005), MEN will:
1) Revise and validate the Life Skills Curricula with input from key stakeholders and the national working group following the pilot phase from November 2005 to May 2006. The pilot phase will take place from November 2005 to May 2006 and will reach 2000 pupils from junior secondary school (between 11-16 years old) through the use of 60 teachers. The 60 teachers will be trained in the use of curricula in two districts, 70 teachers will be trained on the Life Skills Curricula approach in their capacity as regional committee coordinators, 180 additional teachers will be trained on the Life Skills Curricula approach and on IEC/BCC in their capacity as health clubs supervisors). Integration and use in national curricula with persons reached will range from October 2006 to May 2007.
2) Assess needs for the national rollout of the Life Skill Curricula. 120 student leaders will be trained to implement the Life Skills Curricula approach through peer-to-peer education at school health clubs. School health clubs' activities consist of conferences, group debates, games, competitive examinations, theatre, and sports just to name a few examples and will reach 30,000 pupils (the sum total of pupils from the schools included in the different pilot districts).
3) Improve quality and coverage of pre-service and in-service HIV and Life Skills Curricula related training for secondary school teachers, with ongoing training and support for the pool of 30 training experts and adaptation of HIV and Life Skills Curricula training materials. Regional committee coordinators will be trained in partnership with Alliance on M&E tools and will organize M&E activities at the grass roots level under the supervision of MEN.
4) Integrate Life Skills Curricula into the national curricula for one age group (junior secondary school students between 11 and 16 years of age) and rollout with parallel activities to prepare Life Skills Curricula targeting two other age groups (older secondary school students and primary school students).
5) Incorporate the Life Skills Curricula approach in health clubs and continue competency building by providing 180 teachers and health and social workers serving students at school health clinics with training in promoting life skills
6) Conduct a pilot evaluation of the new curricula for the two other age groups of the life skills project (both curricula and health club/peer education components)
7) Develop, disseminate, and implement the expanded M&E plan and tools

With FY06 funds, at least 430 people will be trained by the national pool of expert teacher trainers to promote HIV/AIDS prevention, and 30,000 children, adolescents and youth, and teachers will be reached with targeted "A" and "B" messages and interventions.

MEN will continue and build on the aforementioned activities in the following ways:
1) Validate the Life Skills Curricula for the two additional age groups following the

conclusion of the pilot phase
2) Create three new pilot districts at Bondoukou, Agboville, and Dimbokro in addition to the four existing sites at Yamoussoukro, Abengourou, Daloa, and San Pédro
3) Train an additional 120 student leaders to implement the Life Skills Curricula approach through peer-to-peer education at school health clubs. School health clubs' activities consist of conferences, group debates, games, competitive examinations, theatre, and sports just to name a few examples.
4) Train an additional 310 teachers on the Life Skills Curricula approach and implement at the 7 districts with the provision of related IEC/CCC materials. 60 teachers will be trained in the use of curricula in two districts, 70 teachers will be trained on the Life Skills Curricula approach in their capacity as regional committee coordinators, 180 additional teachers will be trained on the Life Skills Curricula approach and on IEC/BCC in their capacity of health clubs supervisors
5) Reach 30,000 children, adolescents and youth. Teachers will be reached with targeted "A" and "B" messages and interventions. In these pilot districts, MEN will reach 750 students per secondary school and 10 secondary schools per district on average.
6) Conduct an evaluation at the development sites with the assistance and oversight of an independent external consultant.
7) Integrate the Life Skills Curricula training into the national education curricula and finalize the national roll out plan.
8) Continue and expand activities 7 to 11 listed above in collaboration with PEPFAR partners HIV/AIDS Alliance, ANADER, JHU-CCP and the Ministry for the fight Against AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	430	☐
numbder		☑

Target Populations:

Adults

Disabled populations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Public health care workers

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Twinning

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: International HIV/AIDS Alliance
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4566
Planned Funds:
Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, in collaboration with national NGO, FBO and PLWH/A networks, various ministries (including Education and AIDS) and other partners, the ANS-CI will further expand the capacity of local communities through sub grants to FBO/CBOs to reduce HIV transmission through targeted prevention programs focusing on delay of sexual debut, abstinence, fidelity and partner reduction (changing adult social norms) including "prevention for positives". Promoting gender equity and positive role models and addressing negative social norms, stigma and discrimination will be cross-cutting themes. These activities will be designed to complement and build on activities supported by other PEPFAR partners Ministry of Education, HOPE Worldwide, JHU/CCP, ANADER and CARE International as well as those supported by other partners/donors (UNICEF, Global Fund, World Bank),

In FY05, the HIV/AIDS Alliance and ANS-CI worked in collaboration with national authorities and other PEPFAR partners (JHU/CCP) and other stakeholders to evaluate national policies, tools, and best practices to define criteria for CBO/FBOs to receive small grants and technical assistance to implement and monitor evidence-based BCC prevention interventions, including abstinence and fidelity for targeted subpopulations. These interventions at the community level are linked to and reinforced by multi-media, school-based, and other local and national interventions.

The Alliance has set up an Internal Implementing Partners Selection Committee to select CBO/FBOs and an External Project Selection and Approval Committee that includes national authorities as well as representatives of PLWHA groups and partners/donors to select sub-grantees, including those dedicated to delay of sexual debut, abstinence and fidelity behavior change messages that are socioculturally and linguistically appropriate.

With FY06 funding, the ANS-CI will continue to provide technical assistance to support national authorities and key stakeholders, including representatives of PLWH/A, CBO and FBO networks, to implement a comprehensive monitoring and evaluation plan for community-based activities. The CBO/FBO small-grants program, which includes technical and management assistance, will ensure that local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

Depending on performance evaluations of FY05 activities, ANS-CI will continue to provide small sub-grants averaging $5,000 to at least 30 CBO/FBOs to promote evidence-based prevention messages that focus on abstinence and fidelity and address HIV-related stigma. These messages will include addressing alcohol use as a risk factor at the community level. FBOs such as CARITAS and Islam Solidarite will use their extensive faith based networks to disseminate prevention messages. The youth parliament, local theater groups, and other community forums (sports, music, etc) will be used to reach youth and adolescents. A subset of approximately 10 of these grants will be awarded to the School Health Club Associations in coordination with the Ministry of Education (MEN) PEPFAR project to deliver interventions focused on delay of sexual debut and promotion of gender equity and self-esteem. These will

complement the "life skills" curriculum and the youth friendly community VCT centers established on the successful model of Port Bouet in collaboration with Alliance des Maires and the MOH. Five additional sub-grants will be awarded to promote evidence-based abstinence, partner reduction, fidelity with mutual sharing of ones sero status and address HIV-related stigma and ignorance messages at university campuses targeting young adults aged 18-24.

In collaboration with the MEN PEPFAR project and JHU-CCP, ANS-CI will support training of at least 210 peer educators in AB service provision, and the skills of 120 peer educators who were trained with FY05 funds will be updated. These peer educators will act as youth leaders to provide education, information, and referral services to members of the Clubs de Sante and other identified youth groups.

All prevention interventions supported by ANS-CI will be evidence-based and consistent with national, US and international policy and best practices. ANS-CI will actively promote culturally and linguistically adapted interventions with ongoing participatory learning through monitoring and evaluation.

The ANS-CI will continue to strengthen CBO networks and local coordination bodies to improve communication and coordination and to promote continuum of prevention and care services. These networks will continue to link community mobilization, treatment literacy, and support services with complementary services in the geographic area and to promote coordination at the district, regional, and national levels. Because the intention is to provide national coverage, the ANS-CI, in conjunction with other coordination forums, will ensure that M&E reports are provided to the relevant local coordination bodies as well as the Ministry of AIDS at the central level.

By March 2007, at least 35 CBO/FBOs will receive sub-grants specifically to support "A" and/or "B" activities. To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	210	☐
numbder		☑

Target Populations:

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Democracy & Government

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Rapid expansion uniformed services
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4582
Planned Funds:	

Activity Narrative:

PSI and sub-partners JHPIEGO, AIMAS, CARITAS and Espoir FANCI (an NGO of military living with HIV) successfully competed for a new PEPFAR-funded project awarded in September 2005. The project proposes to build on existing activities by PSI and sub-partners to increase uptake of HIV prevention and confidential HIV counseling and testing (CT) among the uniformed services, ex-combatants, and their partners.

Before the project was awarded, PSI worked with the ministries of Health, AIDS and Defense to develop and implement peer-education and public awareness campaigns targeting members of the Defense and Security Forces (FDS) in the South and the Forces Nouvelles (FAFN) in the North, as well as their partners. PSI also implemented a national CT campaign and a CT center drawing on its experience delivering CT services at fixed and mobile sites in 20 countries. JHPIEGO developed training materials used in Cote d'Ivoire's national plan for STI management and prevention as well as in CT and HIV prevention activities. AIMAS sold more than 30 million condoms in 2004 and promoted abstinence among youth. CARITAS has a national HIV program with 350 local and 154 regional committees involved in AB promotion and community mobilization. Espoir FANCI used testimonials and psychological support to reduce stigmatization, discrimination and rejection among members of the military and their partners. PSI and its partners have been successful in mobilizing internal resources and attracting funds from USG, Global Fund, KfW, Secure the Future Foundation and others to support their activities.

Activities planned with FY06 funds will draw on baseline quantitative and qualitative assessments conducted with FY05 funds in the first six months of FY06. "AB" activities form a continuum with other project activities described in sections "Other Prevention", "Palliative Care" and "CT," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC materials and approaches; ANADER and CARE International expansion of access to HIV/AIDS prevention, care, and treatment in rural, northern and western areas; MOH and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment services; FHI and IMT activities for highly vulnerable populations such as sex workers and truckers; and HIV/AIDS Alliance support for CBO/FBOs providing CT, PMTCT, palliative care and OVC services and promoting treatment literacy.

Interventions will be conducted at sites chosen in collaboration with military authorities and will target the military (both FDS and FAFN), child soldiers, ex-combatants and their partners. Over the life of the project, PSI will collaborate with appropriate authorities to target other uniformed services.

AB activities will include a BCC campaign designed to delay sexual debut among youth, decrease number of sexual partners and promote mutual fidelity with knowledge of one's own and one's partners' serostatus, including promotion of CT. The campaign was developed in FY05 in collaboration with the ministries of Defense, Health and AIDS as well as local NGOs. AB activities in FY06 will include:

For child soldiers (ages 9-17):
1. Training of 80 child-soldier peer educators and eight child-soldier supervisors to promote AB-focused prevention
2. Refresher training for 70 peer educators and seven supervisors
3. Participative educational sessions for child soldiers in seven existing and eight new Transit and Orientation Centers as well as with a mobile video unit
4. A campaign promoting delay of sexual debut

5. Referral of former child soldiers to community centers to prepare them for reintegration into their communities and when appropriate to OVC services
6. TRaC study to monitor prevention activities
For uniformed services, ex-combatants and their partners (ages 17 and older):
1. Training of 276 female partners as peer educators to promote AB-targeted prevention and CT
2. Training of 184 male peer educators and refresher training for 368 male peer educators to promote AB-targeted prevention and CT
3. AB messages delivered through peer-educator sessions, counseling during CT and a mobile video unit
4. Production and broadcasting of a documentary film of PLWHA testimonials to reduce stigma and provide information about risk reduction, access to ART and healthy behaviors while in treatment
5. Condom sales in high-risk areas
6. TRaC study to monitor prevention activities

PSI will collaborate with and provide support to the National Security and Defense Forces, Ministry of Health and other government agencies, including helping to develop and implement training and communications materials (participatory approach for abstinence and fidelity) and improving M&E activities. CARITAS will develop training modules in AB and will supervise peer-education activities. Espoir FANCI will work to reduce stigma through PLWHA testimonials and peer education. PSI and its partners will work to link activities with other HIV prevention, care and treatment and social services in the area and will promote coordination through village, district, regional, and national HIV coordination committees and networks of CBOs, NGOs and FBOs. PSI will participate in relevant national technical coordination committees and ensure that local stakeholders receive information and assistance to access funding opportunities from PEPFAR and other donors. PSI will develop and implement an M&E plan based on national and USG requirements and tools.

The project will work to ensure sustainability by training peer educators and supervisors who will continue their activities once the project ends and by assisting the Ministry of Defense in reinforcing and replicating local and regional AIDS committees.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	134,472	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	7,800	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	579	☐
numbder		☑

Target Populations:

Adults

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

Military personnel (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Rural

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ABY CoAg: Hope Worldwide No GPO-A-11-05-00007-00
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4594
Planned Funds:
Activity Narrative: See accompanying application in same section with central funds. Additional country funds of $200,000 will be added to the limited central funds available to allow targets to be achieved.

With FY05 funds, in the 1st 6 months of FY06, the project aims to reach 11,000 youth and parents, while with FY06 funds HW expects to reach and additional 12,000 youth and parents with A and/or B interventions as the program expands geographically and adds new CBO/FBOs as service-delivery partners. Additional country funds will allow the achievement of expanded service delivery to reach an additional 3,000 youth and parents. With additional country funds in FY 06, HW will:

- Increase workshops with participating schools, faith based communities, and youth organizations to promote AB-focused messages and community mobilization activities;
- Increase number of trainings as well as trainers from above-mentioned groups on Life skills topics such as, self esteem, communication skills, peer-pressure, gender issues, and building family;
- Increase number of community action team to develop action plans to implement AB/youth focused activities;
- Stregthen establishment of support in order to provide networking for AB/Youth focused practitioners.
- Hww will Increase number of communities and religious leaders, fathers, men teachers to promote the AB messages and change of behavior.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	*10 - 50*
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	☐
numbder		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Program managers
Teachers (Parent: Host country government workers)
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Education

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4995
Planned Funds:	

Activity Narrative: CARE and sub-partners Caritas, JHPIEGO and Population Council successfully competed for a new PEPFAR-funded project awarded in September 2005. The project proposes to contribute to building an indigenous, sustainable response to the HIV epidemic through rapid expansion of innovative, culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in the northern and western regions of Côte d'Ivoire, where health care has been disrupted since a 2002 armed rebellion.

CARE initiated operations in northern CI in 2003, in partnership with PSI and FHI, under the Rail-Link Project. A 2004 grant from the GFATM supported CARE's emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, including Bouaké, Korhogo and Man, in partnership with PSI and AIMAS. This program was effectively the sole prevention activity of scale in the North. A second two-year phase was recently approved by the Country Coordinating Mechanism and GFATM for FY06 and FY07. CARE used FY04 PEPFAR funds to develop PLWHA/OVC community-care projects in partnership with five NGO/CBO/FBOs, including Caritas. With its faith-based extension network and links to eight health reference centers operated by the church in the project zone, Caritas is well-positioned to initiate AB activities. CARE has established an important presence in the North and West and has developed good working relationships with FN military and civilian authorities; bilateral and multilateral donors; international, national and local NGO/CBO/FBOs; and appropriate ministries.

As lead implementer of both Global Fund and PEPFAR-supported AB activities in the North and West, CARE will be able to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo and Man. From each of these central sites, CARE will gradually scale up AB activities to three satellite sites in each area. CARE will collaborate with the ministries of Health and Education to ensure coordination during pre-transition, transition, and post-transition periods.

Following the coordination model established in 2004 at the regional level, CARE will take the lead in organizing steering committees composed of all AB operators in each area. CARE's program will complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC materials and mobilize faith-based communities and opinion leaders; Ministry of Education and Ministry of Solidarity activities in support of youth and OVC; and ANADER, HIV/AIDS Alliance, EGPAF/ACONDA and PSI prevention, care and treatment activities. CARE has effective collaborative relationships with all these institutions/organizations.

Coordinating with HIV/AIDS Alliance activities in the targeted areas, CARE will disburse 11 sub-grants in Year 1. Applicants will be able to apply for a one-year grant. Eligible FBO/NGO/CBOs will develop an action plan and budget. CARE will disburse funds directly to the sub-grantee under a memorandum of understanding. Subsequent disbursements will be contingent on performance and acceptability of financial reports. To facilitate future networking, management and oversight capacity, CARE will work through the local steering committees, whose responsibilities for the last two project years will range from action plan and budget development to accounting for funds and achievements.

CARE will support selected local CBO/FBO partners to carry out a participatory socio-cultural analysis in selected districts in the three regions to identify and respond to local gender and cultural factors that perpetuate the spread of HIV. Local partners will then be supported in applying culturally appropriate BCC strategies, curriculum and educational materials, to include abstinence and faithfulness. Specific programs

will be developed for and with groups such as youth and truck drivers, with an emphasis on women. Peer educators will be trained to ensure maximum coverage and impact.

AB activities are expected to reach at least 400,000 people during the four-year project. Interventions envisioned with FY06 funds include implementing targeted and coordinated BCC campaigns mediated by influential figures, religious and traditional leaders, teachers, journalists, and peers designed to: a) delay sexual debut among youth, b) decrease inter-generational sex and sexual coercion, c) decrease number of sexual partners, and d) promote mutual fidelity with knowledge of one's own and one's partners' serostatus. Use of methods of proximity (theater, participatory peer education, videos, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches will be reinforced by radio in local languages. Interventions will reflect local cultural and religious mores and will aim to reduce HIV-related stigma and gender inequity. CARE will continue its collaboration with REPMASCI, the local journalists' HIV/AIDS group, to ensure consistency of messages.

Using FY06 funds and beginning in Bouaké, Korhogo and Man, with a view toward scale-up, the project will:
1. Conduct field need assessments and baseline surveys in all three districts (FY05 funds).
2. Support the application of approved national BCC education curriculum and supporting materials, including Ministry of Education life-skills materials that deliver abstinence messages to younger children and abstinence-and-fidelity messages to older children.
3. Train a pool of 15 peer educators to promote HIV/AIDS prevention through AB.
4. Develop and implement a BCC community-based campaign to promote AB, with an emphasis on women.
5. Reach 8,000 people, including 4,000 youth, with evidence-based AB-targeted BCC messages.
6. Deliver at least one video campaign per month in each region.
7. Deliver 200 HIV/AIDS prevention campaigns in local languages on local radio.

CARE will develop and implement an M&E plan based on national and USG requirements and tools.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	60	☐
numbder		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Program managers
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas

18 Montagnes

Savanes

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5012
Planned Funds:
Activity Narrative: CCP recognizes that the social situation in Cote d'Ivoire is one that has suffered many negative forces, changing the strong economy and existing traditional, family, and religious influences to economic decline and loss of aforeheld values and expectations. The political instability has led to economic decline which in turn has led to ruptures in social networks and systems. The rupture of the social networks and systems has put many people in very difficult situations –learning to turn a blind eye to transactional sex as a necessity for young women, participation of young men in aggressive, roguish, violent behavior together with armed forces, forcing men and women into commerce – often traveling far from home for long stretches of time. How can we expect to successfully promote traditional family values such as chastity, responsibility, and respect in a situation where uncertainty reigns?

Continuous study of the current situation in CI has led the CCP team to understand more clearly the need for changing gender norms, building capacity of communities (and NGOs that serve them) to better assess their own needs and plan actions accordingly, and to help local partners engage in more honest and productive dialogues about risk; to build capacity of program partners to improve communication interventions and outcomes. CCP will develop service and community-based tools and approaches that can be shared with all partners doing community outreach, media programming, IEC materials production to improve the quality and outcomes of their work.

Borrowing from a variety of effective, innovative youth programs in sub-Saharan Africa, Asia, and Latin America, CCP will propose programming to alter socio-cultural norms in support of the adoption of preventive behaviors against the HIV epidemic, particularly by young people. Previous and current CCP work in Africa and the Near East (Arab Women Speak Out, Transformations) has brought to light for us the critical role of gender in shifting the socio-cultural paradigm. In Côte d'Ivoire, we'll propose approaches where gender norms are challenged, and small, important changes in the norms to increase risk or vulnerability will be featured in media and materials.

This funding requests covers the period April 2006 to March 2007 and is the follow-up and extension of FY05 activities such as building capacity of religious leaders (AB), FBOs and community agents (ANADER) and recipients of PEPFAR funded prevention and care projects targeting populations, to dialogue with their various target communities/congregations;and continue to strengthen the quality of communication interventions with regular technical support and training.

Putting a particular accent on giving young men more skills for risk assessment, decision-making, self-determination and greater sense of respect for partners responsibility in relationships, CCP will roll out the second phase of the youth campaign. with local entities such as the Ministry of Fight Against AIDS (MLS) , the Ministry of National Education, RIPSAJ, REPMASCI, and ANADER to include:
• Developing new BCC materials strengthening self-reliance for one's risk-free behavior adapting the Namibia AIDS Program slogan, "Be your own hero. Take charge of your life;"
• Producing radio talk shows addressing inter-generational and partner listening skills, challenging gender norms;
• In FY 06 we would also like to extend the youth campaign interventions to the ANADER Comités SIDA. Increased exposure to these messages increases the likelihood that young people will take action to protect themselves, according to the content of the messages. In FY06, we would like to train additional ANADER agents and provide outreach materials to increase the effectiveness of the activities of the

ANADER Comités SIDA. We expect that by equipping ANADER to conduct effective prevention activities, we will contribute to the effectiveness of the new CDC-supported rural project.
• In FY06, we propose to carry out the active phase of the compassion/fidelity campaign, engaging communities to dialogue with their religious leaders about HIV/AIDS and to advance the work with FBOs and religious leaders to have them address issues related to gender norms, risk, false cures of people living with HIV/AIDS. Since more and more people are turning to prayer or traditional healers for cures and salvation, we would like to have our credible religious leaders offer messages that correct erroneous information and direct people to modern services. Partners include, FBOs, PNPEC, MLS, Hope WW, etc.

BCC Capacity-building continues with the various partners (REPMASCI, Internews, GTCCC, ALLIANCE, MLS, PNPEC) In FY 05, links have been established with the various partners who will conduct prevention and care and support activities who will need to have good quality BCC.

In 2006, CCP envisions to work with communities
Communities need to be able to take appropriate action to protect vulnerable groups from HIV infection and offer care and support to those infected with HIV.
CCP will train community based organizations in collaboration with the Alliance, DMS, and other partners to use community dialogue techniques, such as the participatory, results-oriented Community Action Cycle (CAC) or the community participatory assessments. These processes begin systematically with listening groups where community members share their experiences in small intimate groups and the discussions are shared with a larger group to determine collective action at the community level. By starting with listening groups, actions will be designed specifically to community needs. This is particularly useful as we look at changing social or cultural norms.

Finally another request would be to assist in the development of school health books for 10-14 year olds, in collaboration with the Ministry of Education which features topics like OVC, living with HIV and going to school, tolerance, self-respect, abstinence, poverty and HIV, Families living with HIV, etc. Other partners would be REPMASCI (to launch and monitor the contest for new stories), a publishing house Nouvelles Editions Ivoirlennes (NEI), and RIP+.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	6,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	25	☐
numbder		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Religious leaders
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ABY CoAg: Hope Worldwide No GPO-A-00-05-00007-00
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5156
Planned Funds:
Activity Narrative: Activity Narrative:

Through this central award, first funded in FY05 (with implementation to commence in the first six months of FY06), HW-CI will continue to strengthen existing HIV/AIDS prevention activities focusing on abstinence and faithfulness (AB), primarily targeting youth. Activities in four regions in the southern part of the country (Les Lagunes (Abidjan), Sud-Comoé (Bassam), Les Lacs (Yamoussoukro), and Haut-Sassandra (Daloa)) will promote primary and secondary abstinence, fidelity in marriage, and reduction of sexual coercion and violence against women. With FY05 funds, the project aims to reach 11,000 youth and parents, while with FY06 funds HW expects to reach an additional 12,000 youth and parents with A and/or B interventions as the program expands geographically and adds new CBO/FBOs as service-delivery partners. Additional country funds will allow the achievement of expanded service delivery to reach an additional 3,000 youth and parents (described in complementary submission).

HW will work closely with other government and PEPFAR partners, such as the International HIV/AIDS Alliance, JHU-CCP, ANADER and the Ministry of Education "life skills curricula" project, to review HIV-prevention curricula and with the national technical committee on behavior change and communication (BCC) to develop appropriate targeted "A" and "B" messages. At the local and regional levels, HW will collaborate with key stakeholders (mayors, regional councils, local administrators, community and religious leaders etc.) to provide support for life-skills programs for youth inside and outside the school setting. HW will organize workshops with schools, faith-based communities, and youth organizations to promote A and B-focused messages and community-mobilization activities. Two hundred members of these groups will be trained to provide life-skills programs on topics such as self-esteem, communication skills, peer pressure, gender issues, and building family. In addition, HW will strengthen the capacity of community action teams to develop plans for implementing youth activities focusing on A and B and will support networking by providers of A and B-focused programs for youth.

Through local church and school networks, HW will collaborate with community and religious leaders, fathers, and male teachers to promote BCC messages focusing on abstinence and faithfulness.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,320	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐
numbder		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Teachers (Parent: Host country government workers)
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Education

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5162
Planned Funds:	

Activity Narrative: With FY06 funds, USG technical staff will be supported and will continue to work closely with the interagency management country team and HQ technical staff to provide technical assistance for the design, implementation and evaluation of PEPFAR funded behavioral interventions that are designed to influence HIV prevention behaviors, with primary emphasis on efforts to promote abstinence, fidelity, delay of sexual debut, partner-reduction messages and related social norms. These are conducted in consultation with the Ministry for the Fight Against AIDS, other technical ministries (Education, Health, Social Affairs, Human Rights, Youth, Sport etc), non-governmental organizations (NGOs), multinationals, and bilateral organizations.

Ongoing specific activities will include support to the Life Skills Curricula implementation and coordination of the National BCC Working Group; identifying opportunities for targeted Behavior Change Communication (BCC); supervising official needs assessments; and coordination of activities among donors and partners (e.g. UNICEF, UNAIDS, UNDP, and with PEPFAR funded partners including CARE, FHI, PSI, JHPIEGO, ANADER, HIV/AIDS Alliance, JHU-CCP, and the Ministries responsible for Education, Solidarity Health, and AIDS co-ordination).

CI PEPFAR will continue to support RIP+ (network of people living with HIV/AIDS community based organizations) & REPMASCI (network of media professionals and artists against AIDS in Côte d'Ivoire), COS-CI (NGO collective against HIV representing >400 organizations).

CI PEPFAR will also continue to support faith based and youth organizations and other community leaders to mobilize their communities in the promotion of abstinence, sexual debut delay, and fidelity among youth in their communities in Côte d'Ivoire.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑
numbder		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

USG in-country staff

USG headquarters staff

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Host country government workers

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5475
Planned Funds:	

Activity Narrative:

The National Agency for Support to Rural Development (ANADER) and sub-partners REPMASCI (Network of media professionals and artists fighting against HIV/AIDS), Population Services International CI (PSI) and Aconda-VS CI successfully competed for a new PEPFAR-funded project awarded in September 2005.

The project is part of a broader effort to build a local response to HIV/AIDS in rural underserved areas, where 60% of Cote d'Ivoire's population lives, much of it functionally illiterate. The project will build on the substantial existing activities of consortium members to expand access to prevention, care, and treatment. It will improve links to health, social, and education services and will accompany expansion of these services as national programs scale up. It will draw on technical assistance from MSD Interpharma and International HIV/AIDS Alliance.

Before the project was awarded, ANADER had established a large-scale HIV-prevention program based on participatory risk-mapping and risk-reduction approaches centered on village HIV action committees. REPMASCI had developed a lexicon to communicate about HIV/AIDS in 16 local languages and had run a national competition among youth to identify effective abstinence and delay-of-sexual-debut messages. Both had developed collaborations with multiple ministries (Health, National Education, Solidarity, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS), youth NGOs and faith-based communities. ANADER, REPMASCI, PSI and ACONDA had been successful in mobilizing internal resources and attracting PEPFAR, Global Fund, MSD, and other funds/partners to support their activities. ANADER has a broad rural development mandate with initiatives to address poverty, gender inequities and food insecurity and seeks to maximize opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan and others have offered or do offer ANADER such opportunities.

Activities planned with FY06 funds will draw on quantitative and qualitative assessments in the first term of FY06. AB activities form a continuum with activities described in sections "Other Prevention", "Palliative Care," "OVC," "VCT," and "ART Services," with M&E integrated across all areas. They complement and build on other initiatives, including PEPFAR-funded efforts, such as Ministry of AIDS and JHU-CCP activities to develop effective BCC approaches and mobilize faith-based communities and opinion leaders; Ministry of Education and Ministry of Solidarity activities in support of youth and OVC; Care International and HIV/AIDS Alliance support for CBO/FBOs and PLWHA; and MOH and EGPAF/ACONDA support for expanded PMTCT, CT and treatment. ANADER has collaborative relationships with all these entities and has a presence throughout most of the country.

AB activities envisioned with FY06 funds include targeted, coordinated BCC campaigns mediated by influential figures and peers designed to: a) delay sexual debut among youth, b) decrease number of sexual partners and c) promote mutual fidelity with knowledge of one's own and one's partners' serostatus. Use of methods of proximity (debates, sketches, videos, peer education, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches will be reinforced by radio in local languages. Traditional and religious leaders will be empowered through tools such as the HIV/AIDS lexicon and use of participatory approaches to lead communities to address HIV/AIDS in their socio-cultural context, including addressing negative gender and HIV-related attitudes and practices. ANADER will work with teachers from the Ministry of National Education to reach youth in primary and secondary schools, drawing on life-skills materials and approaches. AB activities will draw on ANADER's risk-mapping approach, which includes segmenting village populations to allow young women, young men, older women and older men to

discuss sexuality and HIV-related risks and risk-reduction strategies separately and together.

With FY06 funds, the project will extend 2005 activities in scope and geographic area, adding two more regions to Les Lagunes and Bas-Sassandra. It will:
1. Identify at least 60 central village sites (each with multiple surrounding villages) for intervention
2. Conduct baseline KAP surveys and evaluations as needed in the 4 regions (2 new and 2 current), drawing on data from other sources, including the 2005 national AIDS indicator survey
3. Train 65 ANADER trainers/facilitators in AB-targeted prevention using a cascade TOT and master trainer approach to develop decentralized senior trainers/mentors and community facilitators
4. Train 198 influential figures, including traditional and religious leaders, primary school teachers, journalists (including REPMASCI radio announcers, drawing on IRIN/JHU-CCP work), and community counselors, in AB-targeted prevention
5. Empower at least 60 village HIV/AIDS action committees
6. Reach at least 140,000 people, including 84,000 children (60%), with evidence-based AB-targeted BCC messages
7. Deliver at least one video campaign per village and at least 96 prevention campaigns on local radio
8. Initiate linkages among village action committees and agricultural cooperatives

ANADER will implement an M&E plan based on national and USG requirements and tools. Data will be collected by village action committees using simple tools and will be transmitted to district, regional, and central units. Project reporting will occur monthly at the regional level and quarterly at the central level. The project will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health and Solidarity.

Activities will be coordinated through recognized village, district, regional and national forums and strive to build capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability.

Emphasis Areas	***% Of Effort***
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	140,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	84,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	263	☐
numbder		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Lagunes

Zanzan

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area:

Program Area Context:

The National Blood Transfusion Services (CNTS) of the MOH, through effective low-risk donor recruitment, comprehensive screening and a well managed distribution program, continues to provide safe blood for transfusion. This has substantially reduced the level of blood transmissible infections, though more strengthening is needed.

In Cote d'Ivoire it is projected that at least 170,000 usable units are required per year for an adequate blood supply. Before FY 2004, CNTS was able to meet only 40% of that need. The ongoing political and humanitarian crisis has resulted in closure of 2 regional blood transfusion centers (in Bouake and Korhogo) and disrupted essential public health services in the north and west of the country. While the fighting increased demand for blood transfusions, the closed centers led to a reduced supply. To assist in this difficult situation, Medecins Sans Frontiers (MSF) and the International Red Cross (ICRC) have provided assistance to maintain basic blood services. Now with a peace settlement in place and the redeployment of staff to public health facilities there is an urgent need to rapidly reestablish and strengthen the quality and coverage of the national blood transfusion service.

The country currently has standardized guidelines for the collection and screening of blood. All blood donors are voluntary and non-remunerated. The centers undertake extensive pre-donation counseling to ensure that donors are at low behavioral risk of transfusion-transmitted infections. All blood which is collected in the national and regional centers is tested for HIV, hepatitis B and C, and syphilis. The national center uses a computerized data collection system while the regional center's data collection is done manually.

The USG has made substantial contributions to assist the CNTS in meeting the overall national goals on blood safety, with Social and Scientific Systems, Inc. being an important technical partner. Current activities and future plans are listed below.

1. Recruitment of personnel needed for the year 1 operations is on-going. Administrative systems, procedures and processes to manage and administer the 5 year CNTS goals are being developed.
2. Architectural plans for the extension and repairs to existing CNTS buildings in Abidjan, Daloa and Yamoussoukro and in 3 other regions are being finalized. These expansions will be made at the same time that services are being delivered during the first year.
3. A priority list of laboratory equipment, reagents, blood drawing supplies, storage facilities, and laboratory testing materials has been finalized and the necessary purchase orders have been placed. Materials are expected to arrive and be distributed within the next few months. The installation of new equipment is expected to be completed soon. Supply and maintenance contracts have also been awarded.
4. Development of the policy and guidelines for clinical use of blood, documentation of country legislation and regulation on blood transfusion, and official standard operating procedures is underway. Activities such as external review of these documents and consensus-building for these documents will be undertaken during the year.
5. Hardware and software needed to improve the delivery of blood and transfusion services at national and regional centers has been purchased.
6. Building of systems that have good internal quality assurance covering the entire blood transfusion "value chain", from donor recruitment through the use of blood, will continue.
7. Information systems for tracking donations through the entire operation of collection, testing, delivery, and use will be developed and implemented. These systems will also provide data needed for M&E.
8. Training on the safe handling of blood products, on quality assurance for the blood supply, on the use of blood in transfusions, and on best practices in lab techniques will be provided to appropriate staff.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	9
Number of individuals trained in blood safety	250

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	MOH-CNTS (Blood Safety) #U62/CCU023649
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	5496
Planned Funds:	

Activity Narrative: The National Blood Transfusion Service (NBTS) of the Ministry of Health (MOH) provides services for blood safety. To assure an effective program, donations are sought exclusively from low-risk voluntary and non-remunerated donors. The NBTS is a regional WHO accredited training center and has documented a substantial and sustained reduction in the prevalence of blood transmissible infections among initial and repeat donors. Blood safety activities are primarily coordinated by the national center based in Abidjan and include blood mobilization and repeat donor visits, laboratory capacity building and strengthening, and training of personnel. Since September 2002, the ongoing political crisis in the country had resulted in deterioration of infrastructure and the closure of two regional blood collection and transfusion centers (Bouake and Korhogo). While the closed centers have yet to be reopened, the USG award to strengthen blood services has allowed significant rebuilding of infrastructure in other areas. The CNTS has used these funds to complement government resources and initiate an ambitious project to reinforce their quality assurance management systems; to develop and enhance communication, data collection and analysis tools; and to extend national coverage of the blood safety program. Throughout this effort, the Social & Scientific Systems project in Côte d'Ivoire has provided substantial technical assistance.

The following are some of the most important activities conducted during FY 2005 with USG funding for the blood transfusion reinforcement project:
- a new project was established with Ministerial decree to put in place strong administrative and management systems including a national steering committee, a project procedures manual, the recruitment and training of additional staff completed, and a initial large procurement order for new equipment and supplies;
- the new blood transfusion project was officially launched;
- a total of 88 staff members were trained in stock management, reception techniques, data collection software, and quality management;
- detailed specifications were developed for all essential equipment and other laboratory tools to support safer testing techniques; and
- a new information system for improved monitoring and evaluation of blood transfusions was created.

Building on these achievements, the funds requested in FY 2006 will continue many of the existing activities and provide for new activities that will allow National Blood Transfusion Program to meet its goals of further improving the safety of the blood supply. The most important of those activities are to:

1) Develop the capacity of Blood Transfusion Services by:
- rehabilitating and equipping the National Blood Transfusion Center (NBTC) of Abidjan and the 2 existing regional blood transfusion centers (Daloa and Yamoussoukro) to increase the capacity of collection, management and distribution of safe blood;
- rehabilitating, equipping and reopening one blood transfusion services in the occupied zone;
- decentralizing blood transfusion activities by extending to blood transfusion services to 2 regions (San-Pedro and Abengourou);
- extending the establishment of blood collection centers to 2 other communes in Abidjan; and
- rehabilitating and equipping 10 additional non-functional blood banks to increase the number of functional blood banks to 40.

2) Improve human capacity and service delivery by:
- developing training modules and materials;

- training 100 blood transfusion staff in donor recruitment, blood testing and qualification and quality management; and
- training 50 physicians and 100 nurses in clinical use of blood and how to reduce unnecessary blood transfusions.

3) Improve quality management by:
- developing the NBTS's quality assurance guide;
- establishing a laboratory quality control system;
- conducting a rapid quality need assessment of blood bank;
- creating a network of regional blood banks; and
- appointing a quality manager in each of the regional blood transfusion service.

4) Reduce the number of non-necessary transfusions each year by:
- developing blood transfusion policies and guidelines to improve the therapeutic use of blood products;
- diversifying the production of blood and distribution of blood products;
- developing legal texts to guide the clinical use of blood product; and
- establishing blood transfusion committees to monitor the traceability of blood product in health facilities.

5) Improve M&E and enhancing the communications system that supports blood services by
- completing the M&E system at the NBTS in Abidjan;
- starting the development of the system in the 2 regional transfusion centers in Daloa and Yamoussoukro; and
- establishing a functional local network in each of the blood transfusion service including purchase of IT equipments, Internet connection to strengthen the monitoring and evaluation of blood transfusion activities.

6) Purchase supplies and other commodities to reach the goal of collecting 120,000 units of blood in FY06.

7) Strengthen coordination and awareness among blood transfusion partners and stakeholders by:
- emphasizing the collaboration with NGOs and others partners to maintain community mobilization activities in order to increase the number of blood donors and encourage donors to become repeat donors (this includes reinforcing collaboration among blood donors association, FBO, VCT centers, blood donors groups in schools, colleges, universities and the private sector);
- organizing outreach activities (national blood donors day, caravan of blood donation in all quarters of Abidjan and cities around, sensitization on blood donation by national artists); and
- producing and broadcasting skits and films.

These public awareness interventions will be conducted in close collaboration with the NGOs which are still working in the occupied zone such as International Red Cross, Doctor Without Boarders France, Holland and Belgium.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	9	☐
Number of individuals trained in blood safety	250	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Infants
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: MOH-Blood Safety TA
Prime Partner: Social and Scientific Systems
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5497
Planned Funds:
Activity Narrative: The Côte d'Ivoire National Blood Transfusion Services Technical Assistance Project, implemented by Social & Scientific Systems, Inc. (SSS), provides expert guidance and technical assistance to the National Blood Transfusion Services (NBTS) of the Ministry of Health (MOH) of Côte d'Ivoire to rapidly develop and implement a national safe blood program under the President's of the United States' Emergency Plan for AIDS Relief (the Emergency Plan). The measurable outcome of rapid expansion and strengthening of Côte d'Ivoire's NBTS is in alignment with the Emergency Plan's goal to prevent 7 million new HIV infections by 2007. Rapid establishment and strengthening of safe blood transfusion services is part of large-scale HIV prevention efforts under the Emergency Plan, which is led by the Office of the Global AIDS Coordinator (OGAC) at the U.S. Department of State (DOS) and involves several US federal agencies. SSS was awarded this grant through the Centers for Disease Control and Prevention (CDC) in Atlanta.
SSS is joined by the Francophone Blood Services of the Belgian Red Cross and the Advisors to the Department of Foreign Affairs of the French National Blood Service.

Major activities carried out in fiscal year 2005, and yet to be achieved, will be pursued in 2006, and new interventions will be launched; it concerns primarily providing technical assistance in the following domains:

1. Infrastructure / Equipment:
- Renovation / rehabilitation of the NBTS in Abidjan (Phase 1)
- Renovation / rehabilitation of the RBTS in Daloa
- Acquisition of new equipments for the NBTS in Abidjan, and the RBTS in Daloa and Yamoussoukro (laboratory, preparation, and cold chain management)
- Acquisition of reagents and supplies
- Acquisition of vehicles and other supplies for mobile blood collection activities
- Acquisition of computer equipments
- Installation of Blood banks in hospitals

2. Blood Collection and Preparation:
- Installation and utilization of the new equipment
- Implementation of SOPs
- Increasing the number of low risk donors
- Organization and Planning of mobile blood collection
- Implementation of effective quality assurance procedures for collecting, preparing and storing blood

3. Blood Testing:
- Installation and utilization of the new equipment
- Improved management of consumables
- Implementation of effective quality assurance procedures for testing blood

4. Transfusion and Blood Utilization:
- Follow up of first Experts' Meeting on Blood Utilization (January 2006)
- Planning of subsequent Experts' Meeting on Blood Utilization
- Audit of Blood banks
- Implementation of a system for tracing blood products through the NBTS and the blood banks
- Preparation of a new legislation on Blood transfusion

5. Human Capacity Development (Training):
- Training in the PROGESA blood banking software
- Trainings for blood collection physicians and nurses

- Trainings for laboratory technicians
- Training in monitoring and evaluation of performance

6. Monitoring and Evaluation:
- Prepare a document for a periodic evaluation of activities
- Implementation of a quality assurance process and monitoring of activities
- Installation of a monitoring and evaluation software package (yet to be identified)

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	9	☐
Number of individuals trained in blood safety	250	☐

Target Populations:

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Twinning

Volunteers

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

In 2001, the Ministry of Health (MOH) in Côte d'Ivoire convened a national technical working group (GERES-CI) to provide expert guidance for controlling and reducing occupational exposures to blood borne pathogens such as HIV, HBV, and HCV. As a result of their efforts, standard policies were developed around safe injection practices, safe disposal of medical waste, and other practices to prevent nosocomial transmission of infection through occupational exposure to blood. Further, guidelines were developed for post-exposure prophylaxis for those rare situations where such exposure did occur. All of these policies are now integrated as part of official health care policy and practice in Côte d'Ivoire. However, in the public sector, the Ministry of Health (MOH) has limited resources to effectively promote, implement and monitor these practices. More support is needed (1) to effectively sensitize staff and promote these practices with IEC materials, (2) to provide adequate training on appropriate policies and procedures; (3) to provide adequate supplies, including sharps with retractable needles and/or other safety features and barrier materials; and (4) to supervise, monitor and evaluate whether the correct practices are being implemented.

Comprehensive implementation of the National Injection Safety Program in both the public and private sectors will result in reduction of a substantial part of nosocomial and occupational transmission to both patients and providers. This in turn will contribute significantly to the national goals for preventing HIV infection. Integration of the policies into day-to-day clinical practice should improve the morale of health professionals, heighten public confidence and strengthen the overall health system. Further all health interventions involving potential exposure from injection practices (and related hygiene and handling of instruments) will benefit, with effects not limited to HIV/AIDS related procedures. Strengthening of the logistics system for Safe Injection commodities will be part of the integrated logistics system which will eventually support all prevention, care and treatment and commodities. A monitoring system for injection safety will be integrated with overall HMIS which will support all injection safety program elements and targets. Improved quality of care resulting from the implementation of the injection safety program will result in better outcomes for patients under OI, STI and other treatment involving injections or universal precautions. This in turn will lead to decreased complications and an overall improvement in patient health.

The linkages to injection safety will not be limited to the health care system. A substantial component of the envisioned program involves educating consumers of health services regarding proper technical injection application practices. The program will also focus on the important area of appropriate injection use, to educate consumers when injections are truly needed and when they are not (overuse of injections is believed to be widespread in Cote d'Ivoire).

In this effort there have been a number of other partners beside GERES-CI, the MOH, and the U.S. Government. The WHO, UNICEF, the World Bank, and the Global Alliance for Vaccines and Immunizations (GAVI) have all assisted the MOH in their efforts to improve injection safety in Côte d'Ivoire.

Program Area Target:

Number of individuals trained in injection safety	500

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	JSI Injection Safety
Prime Partner:	John Snow, Inc.
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	N/A
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	5498
Planned Funds:	

Activity Narrative: The goal of the "Making Medical Injections Safer (MMIS)" project in Cote d'Ivoire is to provide a rapid response to medical transmission of HIV infection by improving the safety of medical injections. Technical assistance is provided JSI Research and Training Institute Inc. The current situation of safer practices in the country is marked by a political crisis that results in the disruption of national health system with sometimes precarious security situation. Due to such an environment, safe injection field activities as well as the other PEPFAR component interventions represent a major contribution and an exciting challenge in AIDS relief. Principal achievements of the Injection Safety project in collaboration with Ministry of Health and other in-country injection safety stakeholders during FY04 and FY05 include:

1) Development of injection safety policy, guidelines and tools
- Ministry of Health charter and Terms of Reference for the National Committee for Injection Safety and Health Care Waste Management in Côte d'Ivoire;
- National policy on Injection Safety and Health Care Waste Management;
- Norms and Standards for safe injection and waste management practice;
- Training modules for health care workers
- District level injection safety and heath care waste management action plan in 9 districts

2) Capacity Building
- Training of 21 national trainers in safe injection, supply management and health care waste management. A pool of 5 trainers in each of the pilot districts and 1 one master trainer at national level.
- Training of 235 health care workers including health facility Directors, care and injection givers (physician, nurses, midwives), supply managers, waste handlers in 4 districts.

3) Logistics (procurement of supplies, storage and distribution)
In partnership with National Public Health Pharmacy (PSP), provide 2,417,600 auto disable syringes and 16,550 safety boxes to the target health districts.

4) Advocacy and Behaviour Change Communication (BCC)
- Conducted a rapid qualitative assessment of knowledge, attitudes and practices of health workers and community members on injections and handling of health care waste;
- Developed a 5-year strategy for Advocacy, Behavior Change and Communication to support improved health worker practices and reduction of unnecessary injections;
- Developed IEC material and implemented pilot test in the use of those materials to support safe injection and waste management practices.

5) Health care waste management
- Training of waste handlers in the 4 pilot health districts
- Provided safety boxes for safe immediate disposal of used sharps
- Assisted health district leaders in the implementation of a system to collect and destroy full safety boxes in 1 district.
- Provided logistical, technical and financial assistant to support injection safety and waste management practices during the National Measles Immunization Campaign.

6) Monitoring and Evaluation
- Supervised activities in the pilot districts
- Conducted a qualitative survey to assess the practices and attitudes of health workers and community members
- Conducted situation analysis on injection safety in Health facilities.

Building on FY05 activities JSI-MMIS will scale-up the coverage of injection safety intervention from 9 districts to 20 with 11 additional health districts. The funds requested in FY2006 will be used to continue/consolidate previous activities and for the implementation of new activities. Specifically, in collaboration with injection safety partners and stakeholders, the project will support national health by:

1) Strengthening capacities of the National Injection Safety Committee by
- Assist in organizing periodic technical meeting on Injection Safety and Waste Management

2) Developing National Injection Strategic Plan of action:
- Develop a plan to ensure sustainability of injection safety practices beyond the project timeframe;
- Disseminate National Policy, guidelines, norms and standards for injection safety and waste management in 11 additional districts

3) Expanding the coverage of injection safety concept and activities in health facilities:
- Expand injection safety and waste management (ISWM) strategies to 11 additional health districts
- Expand injection safety and waste management strategies to 10 Regions major hospitals and 1 university hospital
- Expand injection safety and waste management strategies to 5 occupational health facilities

4) Implementing Injection Safety approaches in districts and other health facilities:
- Provide ISWM supplies to 20 districts
- Establish agreement for incinerator operation, repair, user fees, maintenance and fuel supplies
- Advocate for target districts equipment with incinerators
- Adapt monitoring and record keeping systems to document waste management activities
- Develop injection safety and waste management micro-plans of action in 11 additional districts
- Strengthen national/districts capacity in health care waste management

5) Training heath facilities staff:
-Train 55 district level trainers
-Train 500 health workers on injection safety and sharp waste management in health facilities, university hospitals, educational and occupational health facilities. Training will focus on safer medical practices including injection safety, appropriate sharp waste management, infection control, and BCC.

6) Develop and implement a communication and behavior change strategy to improve injection practices and reduce unnecessary injections :
- Develop behavior change strategies and materials targeting the community including health cares clients and health care providers to be piloted in the targeted districts
- Develop and disseminate multimedia messages on injection safety at country, district and health facilities levels (news papers, radio, TV, and various communication channels)
university hospitals, educational health facilities) districts
- Organize meetings with professional associations (doctors, nurses, mid wives) to advocate for the support associations with best practices of injections
- Disseminate BCC materials (posters leaflets etc.) in health facilities additional districts
- Organize a scientific forum of injection safety and waste management including infection prevention at national level on IS&WM
- Organize competition between health centres about quality of care to promote best practices on IS/WM
- Organize round tables for requesting additional resources for IS/WM at national and district level

7) Monitoring, evaluation and Operational research:
- Revise and adapt monitoring and evaluation tools
- organize meeting with project districts teams to discuss and share experience

- Monitor procurement of supplies and ensure the availability of commodities in the selected districts
- Supervise trained health workers on injection safety practices in 20 districts)

To effectively address injection safety issues at country level, activities will be jointly funded with contributions from the government of Cote d'Ivoire, and other donors including the Global Fund. The Ministry for the Fight Against AIDS also plays a basic role in advocating for expanded state contributions for recurrent costs. Technical assistance and collaboration will be provided by other PEPFAR partners including blood safety project, CDC/Projet RETRO-CI, International HIV/AIDS Alliance, JSI subcontractors (AED, PATH), JSI-Measure Evaluation, UN agencies (WHO, UNICEF, UNAIDS).

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in injection safety	500	☐

Target Populations:

Adults
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
Infants
Pregnant women
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Traditional birth attendants (Parent: Private health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

"Other Prevention" strategies are integral to the continuum of prevention, care and treatment interventions. For Cote d'Ivoire, traversing it's deepest military and political crisis, targeted large-scale prevention interventions are critical to help mitigate the crisis related impact on vulnerable and high-risk subpopulations which drive the national and regional HIV epidemics. The prolonged crisis continues to divide Cote d'Ivoire into three zones, distort local economies, disrupt health services and increase formal and informal armed forces. All of these factors create heightened vulnerability and new subgroups at high risk for HIV acquisition and transmission. With the very limited resources available to mount a comprehensive response to HIV/AIDS (mostly from the EP and Global Fund), national priorities include rapid scale-up of effective interventions to mitigate the impact of the crisis and reach the most vulnerable.

Other Prevention also represents a continuum of prevention activities with those described in AB and VCT. The national prevention strategy and the 2005 BCC strategy include a sequenced and targeted ABC approach adapted for the various subpopulations' epidemiological and socio-cultural profile. In addition widespread individual, couple and family counseling and testing is seen as a key primary prevention tool as well as being essential for secondary prevention and to create linkages to care and treatment. Promotion of couple testing is intrinsically linked to promotion of mutual faithfulness due to the high risk of transmission with sero-discordant couples. The 2005 national AIDS Indicator Survey and targeted qualitative and quantitative evaluations will further inform targeted interventions.

The Cote d'Ivoire program continues to build on the success of targeted prevention campaigns for those at highest risk of acquiring and transmitting HIV. Existing EP supported interventions target the various uniformed services, ex-combatants, truckers, displaced and mobile populations, transactional sex workers and their clients, sexually active in and out-of-school youth, and health and education sector workers. All of these are being expanded to extend the scope of services and geographic coverage with EP FY05 funds.

New cooperative agreements launched in September 2005 will allow expanded "ABC" activities and promotion of HIV testing and STI management among underserved populations such as those living in rural areas, in the rebel controlled zones, and for the various uniformed services and ex-combatants. Further, HIV in the workplace programs targeting education and health sector professionals are being launched with FY05 funds. For transactional sex workers and truckers FY05 EP supported services include 7 static clinics with extensive peer outreach which provide peer support, CT, condom negotiation skills and STI management as well as links to health and HIV care, treatment and social and legal services. These complement and are coordinated with USAID and World Bank regional projects targeting transport routes.

Secondary HIV prevention among HIV-infected individuals and sero-discordant couples with identification of, and care for HIV-infected and affected family members are also cross-cutting priorities and provide opportunities to link prevention, care and treatment services (further described in the sections "OVC" and "treatment services").

The pace of expansion is constrained by resource limitations especially given that there are decreased EP program resources in FY06 relative to FY05. Government, donor and other resources are extremely limited in this area with a decrease in most other bilateral donor resources. The World Bank MAP project is delayed. The Global Fund HIV projects, the German KFW and the UN agencies provide limited funds for interventions such as condom social marketing, prevention and care interventions targeting sexual violence and possibly demobilization programs.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	233,772
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	967
Number of targeted condom service outlets	1,183

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4558
Planned Funds:
Activity Narrative: In FY 05 FHI began their new project to provide comprehensive STI and HIV prevention and care services to commercial sex workers and other highly vulnerable populations (HVPs). Additional complementary resources were mobilized from the Belgian Cooperation. FHI and its partners have now completed an exercise to clarify their team structure and relevant roles to ensure that project activities would continue with minimal interruption in the event of ongoing insecurity. They have also developed a capacity development plan to ensure progressively increased participation and ownership by national organizations and developed formal partnerships (sub agreements) with 4 NGOs and developed comprehensive work plans for 2005. This body of work builds on more than a decade of research and service provision through the previously CDC/RETRO-CI supported Clinique de Confiance and 2 other clinics in collaboration with the Institute of Tropical Medicine in Antwerp. The approach increases the possibility of project success and ensures that activities can expand as originally planned while building local capacity to sustain activities with appropriate and targeted external technical assistance.

The FY 05 funding supported the following activities:

1) continued support to three existing services sites (in Abidjan and San Pedro) including counseling and voluntary HIV testing, STI care, condom promotion and links to comprehensive treatment and other services; 2) initial needs assessments for subsequent expansion of services to additional services sites; 3) provided technical assistance to develop technical and managerial capacity and expand coverage of services; 4) supported and reinforced national networks of providers; and, 5) supported innovative strategies that expand access to the existing services and improve links to other care and treatment services in recognition of the 30% current HIV-sero-prevalence rate among 1st time clinic attendees. Activities also included concrete approaches to improve the continuum of care for this population through improved links to other care and treatment activities such as those supported by the Emergency Plan including EGPAF, HIV/AIDS Alliance and other organizations.

With COP06 funds FHI will build upon FY05 activities and continue financial support through sub grants to CBO/FBO partners coupled with technical assistance to strengthen local capacity to develop and manage programs for HVP. This technical assistance will include the strengthening of new service providers and the review of progress made by existing partners. The goal of supporting the CBO/FBOs through sub grants is to transfer technical and management capacity in order to decrease the reliance on international TA in subsequent years. It is estimated that in FY06 18,000 HVPs will be reached with outreach and/or CT and STI services coupled with behavior change messages.

Specifically in FY 06 FHI will:

1. Continue subgrants to the three existing CBOs who support 3 service delivery sites and outreach
2. Continue support to two sites (added before March 2006) with new or existing CBO/FBO partners (one in Abidjan and one in-country)
3. Expand the reach of HVP interventions by providing support to two additional sites in decentralized geographic zones with FY06 funds (seven total).
4. Continue to strengthen operations management of existing CBO/FBOs and associations through capacity building in administrative and financial management; budgeting; leadership; M&E and resource mobilization. More specifically, FHI will support the development of Quality Assurance and Quality Improvement systems in

order to monitor the quality of BCC services which is an integral part of routine program monitoring system
5. Continue to support of BCC activities for HVP including extensive outreach in all existing sites
6. Continue the standardization of STI/CT services with BCC and peer support at existing sites through the dissemination of standardized tools, including a peer health educators training manual
7. Support the participation of local project partners at targeted fora to facilitate the exchange of lessons-learned and best practices.
8. Continue support for the establishment of a national learning center to be used as a practical training center for field workers, including peer health educators involved in the management and delivery of HVP services
9. Increase coordination among NGOs and associations by strengthening efforts and provide technical assistance to national government's working groups, particularly the HVP and HIV/AIDS working group within the Ministry fighting AIDS (MLS)
10. Conduct baseline quantitative and/or qualitative evaluations at service sites complementing other national evaluation efforts coordinated by MLS
11. To address stigma and sexual violence by providing HVP friendly services, staff with non judgmental attitudes and by conducting IEC activities with other HVP (partners, clients, bar owners)
For the implementation of these activities, co-funding of ~$85,000 from the Belgian Cooperation will support some field activities including training activities, purchase of male and female condoms and lubricant gel, as well as contribute to support expatriate technical assistance.
The FHI lead HVP project will collaborate with other PEPFAR partners such as Alliance for the strengthening and capacity building of NGOs, EGPAF for initiating ARV services and drugs to HVP in the different sites, and with the AWARE project to improve regional coordination of HVP projects.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	30	☐
Number of targeted condom service outlets	7	☐

Target Populations:

Brothel owners
Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Most at risk populations
Men who have sex with men (Parent: Most at risk populations)
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Program managers
Volunteers
Partners/clients of CSW (Parent: Most at risk populations)
Transgender individuals (Parent: Most at risk populations)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: International HIV/AIDS Alliance
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4567
Planned Funds:
Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, in collaboration with HOPE Worldwide, JHU/CCP, ANADER, CARE International, PSI and the Ministries responsible for Health, Education and OVCs, the ANS-CI will build upon FY05-supported Alliance activities to expand the capacity of local communities nationwide to respond to HIV, particularly among hard-to-reach highly vulnerable populations (HVPs).

With FY05 funds, the Alliance has worked with national authorities and other stakeholders, including PEPFAR funded JHU-CCP, FHI, PSI, CARE International, the uniformed services, and PLWHA and ASO NGO/CBOs such as Espace Confiance and Arc en Ciel, to collect data regarding HVPs in Côte d'Ivoire. Based on this data, the Alliance has conducted a situational analysis of street children and children in prisons to establish a mapping of appropriate interventions to address these specific challenges.

In collaboration with JHU/CCP and FHI's project focusing on HVPs, the Alliance has worked with NGOs and CBOs to better understand the concept of "vulnerability," to map out target populations and target areas, and to refine approaches and tools to improve the quality and expand the reach of prevention services for HVPs. At the same time, HVPs were mobilized and encouraged to get involved in prevention activities within their communities through peer education and other BCC approaches.

The Alliance has provided start-up grants of approximately [redacted] to 10 NGO/CBO/FBOs to reach and work with marginalized HVPs. Funded activities have included a situation analysis of MSM; prevention and treatment of STIs among female and male sex workers and their partners and MSM in Abidjan and San Pedro (with Arc en Ciel, Espace Confiance, APROSAM, and ASAPSU), including setting up a mobile clinic for Espace Confiance to target professional sex workers in their places of work; advocacy to strengthen legal protections and improve the lives of street children and children in prison in Abidjan (with the Children Help NGOs Forum); and HIV prevention among the uniformed services and their families .

With continued funding in FY06, the ANS-CI will focus on strengthening the capacity of NGOs and CBOs to reach and work with marginalized HVPs, with an emphasis on expanding coverage to hard-to-reach and underserved HVPs. This activity will collaborate closely with FHI and the newly awarded PEPFAR projects, which focus on a) rural populations (ANADER), b) crisis affected areas including those under control of the Force Nouvelle (CARE) and, c) promotion of VCT and other services to the uniformed services (PSI).

Based on the results achieved in FY05, the ANS-CI will continue to provide small grants totaling [redacted] to up to 20 NGO/CBO/FBOs including those continuing and up to 10 new grantees and/or sites to expand geographic coverage with the aim to achieve national coverage (complementing other partners). Commodities will be accessed through other USG partners (central procurement or other projects). Grant awards will prioritize the community VCT zones to develop "prevention for positives"

interventions for people with HIV, with the goals of preventing new STIs, delaying HIV/AIDS disease progression, and preventing the transmission of HIV to others. In addition the ANS-CI will provide one grant of approximately $25,000 to support a mobile clinic in San Pedro for prevention and treatment of STIs among female and male sex workers. Activities funded by these grants are expected to reach at least 5,500 HVPs.

These prevention interventions will address the key legislative issues of gender equity and stigma/discrimination reduction and will be provided within an ethical framework that protects the rights of PLWHAs and does not place them at increased risk of stigma and discrimination. Strategies will be implemented synergistically with other prevention, care, and treatment efforts in order to provide a continuum of services. A comprehensive range of prevention services will be provided, including individually focused health education and support, STI prevention and management, VCT, support for discordant couples and prevention for positives, community awareness and community mobilization, and advocacy with links to care and treatment.

The management of, mobilisation of, and diversification of funds will also be included in capacity building to promote sustainability. In FY06, more than 30 persons will be trained in program and financial management and monitoring and evaluation, and 30 persons trained in FY05 will receive refresher courses in positive prevention.

To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,500	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	60	☐
Number of targeted condom service outlets	20	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Community-based organizations

Faith-based organizations

Discordant couples (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Transgender individuals (Parent: Most at risk populations)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Gender

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Rapid expansion uniformed services
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4581
Planned Funds:
Activity Narrative: PSI and sub-partners JHPIEGO, AIMAS, CARITAS and Espoir FANCI (an NGO of military living with HIV) successfully competed for a new PEPFAR-funded project awarded in September 2005. The project proposes to build on existing activities by PSI and sub-partners to increase uptake of HIV prevention and confidential HIV counseling and testing (CT) among the uniformed services, ex-combatants, and their partners.

Before the project was awarded, PSI worked with the ministries of Health, AIDS and Defense to develop and implement peer-education and public awareness materials and campaigns targeting members of the Defense and Security Forces (FDS) in the South and the Forces Nouvelles (FAFN) in the North, as well as their partners. PSI also implemented a national CT campaign and a CT center drawing on its experience delivering CT services at fixed and mobile sites in 20 countries. JHPIEGO developed training materials used in Cote d'Ivoire's national plan for STI management and prevention as well as in CT and HIV prevention activities. AIMAS sold more than 30 million condoms in 2004 and promoted abstinence among youth. CARITAS has a national HIV program with 350 local and 154 regional committees involved in AB promotion and community mobilization. Espoir FANCI used testimonials and psychological support to reduce stigmatization, discrimination and rejection among members of the military and their partners. PSI and its partners have been successful in mobilizing internal resources and attracting funds from USG, Global Fund, KfW, Secure the Future Foundation and others to support their activities.

Activities planned with FY06 funds will draw on quantitative and qualitative assessments in the first six months of FY06. "Other Prevention" activities form a continuum with other project activities described in sections "AB," "Palliative Care" and "CT," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC materials and approaches; ANADER and CARE International expansion of access to HIV/AIDS prevention, care, and treatment in rural, northern and western areas; MOH and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment services; FHI and IMT activities for highly vulnerable populations such as sex workers and truckers; and HIV/AIDS Alliance support for CBO/FBOs providing CT, PMTCT, palliative care and OVC services and promoting treatment literacy.

Interventions will be conducted at sites chosen in collaboration with military authorities and will target the military (both FDS and FAFN), child soldiers, ex-combatants and their partners. Over the life of the project, PSI will collaborate with appropriate authorities to target other uniformed services.

"Other Prevention" activities in FY06 will include a BCC campaign developed in FY05 in collaboration with the ministries of Defense, Health and AIDS as well as local NGOs. The campaign is designed to increase correct and consistent condom use among those engaged in high-risk behaviors as part of a comprehensive ABC prevention strategy; to reduce high-risk behavior and stigma; and to improve perception of personal risk, including the negative effects of alcohol consumption on HIV-infection risk and ART adherence. Activities with FY06 funds will include:

For child soldiers (ages 9-17):
1. Training of 80 child-soldier peer educators and eight child-soldier supervisors to promote correct and consistent condom use among high-risk groups, along with AB
2. Refresher training for 70 peer educators and seven supervisors
3. Participative educational sessions for child soldiers in seven existing and eight new Transit and Orientation Centers as well as with a mobile video unit

4. TRaC study to monitor prevention activities
For uniformed services, ex-combatants and their partners (ages 17 and older):
1. Training of 276 female partners as peer educators to promote HIV prevention
2. Training of 184 male peer educators and refresher training for 368 male peer educators to promote HIV prevention
3. BCC messages delivered through peer-educator sessions, counseling during CT, mobile video unit, DJs working in high-risk bars, and TV and radio spots
4. Production and broadcasting of a documentary film of PLWHA testimonials to reduce stigma and provide information about risk reduction, access to ART and healthy behaviors while in treatment
5. Condom sales in high-risk areas
6. TRaC study to monitor prevention activities

PSI will collaborate with and provide support to the National Security and Defense Forces, Ministry of Health and other government agencies, including helping to develop and implement training and communications materials and improving M&E activities to assure high-quality peer education. AIMAS will create sales points in high-risk areas and ensure condom promotion and accessibility to high-risk target groups. Espoir FANCI will work to reduce stigma through PLWHA testimonials and peer education. PSI and its partners will work to link activities with other HIV prevention, care and treatment and social services in the area and will promote coordination through village, district, regional, and national HIV coordination committees and networks of CBOs, NGOs and FBOs. PSI will participate in relevant national technical coordination committees and ensure that local stakeholders receive information and assistance to access funding opportunities from PEPFAR and other donors. PSI will develop and implement an M&E plan based on national and USG requirements and tools.

The project will work to ensure sustainability by training peer educators and supervisors who will continue their activities once the project ends, by assisting the Ministry of Defense in reinforcing and replicating local and regional AIDS committees, and by linking new condom distribution points in high-risk areas to existing wholesalers, thereby creating a sustainable distribution network.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	144,272	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	584	☐
Number of targeted condom service outlets	100	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

Military personnel (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Rapid expansion North West: RFA # AAA070 North & West of CI
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5016
Planned Funds:
Activity Narrative: CARE and sub-partners Caritas, JHPIEGO and Population Council successfully competed for a new PEPFAR-funded project awarded in September 2005. The project proposes to contribute to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of innovative, culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in the northern and western regions of Côte d'Ivoire, where health care has been disrupted since a 2002 armed rebellion.

CARE initiated operations in northern CI in 2003, in partnership with PSI and FHI, *under the Rail-Link Project. A 2004 grant from the GFATM supported CARE's* emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, including Bouaké, Korhogo and Man, in partnership with PSI and AIMAS. A second two-year phase was recently approved by the Country Coordinating Mechanism and GFATM for FY06 and FY07. CARE used FY04 PEPFAR funds to develop PLWHA/OVC community-care projects in partnership with five NGO/CBO/FBOs, including Caritas. With its faith-based extension network and links to eight health reference centers operated by the church in the project zone, Caritas is well-positioned to initiate HIV prevention and care activities. CARE has established an important presence in the *North and West working in multiple sectors and has developed good working* relationships with FN military and civilian authorities; bilateral and multilateral donors; international, national and local NGO/CBO/FBOs; and appropriate ministries.

As lead implementer of both Global Fund and PEPFAR-supported prevention activities in the regions, CARE will be able to ensure coherence in programming and delivery of HIV prevention services targeting youth, commercial sex workers, transport industry (rail and bus) users and service providers in the main target areas of Bouaké, Korhogo and Man. From each of these central sites, CARE will scale up prevention activities to *at least three satellite sites in each area.*

Building on the coordination model established in 2004 at the regional level, CARE will support steering committees composed of all prevention operators in each area. CARE's program will complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC approaches and mobilize faith-based communities and opinion leaders, and prevention and care interventions targeting commercial sex workers, truckers, uniformed services, discordant couples and "prevention for positives" by ANADER, PSI, FHI and others. *CARE will seek to draw on and share materials and approaches with other* PEPFAR-funded partners.

CARE will disburse at least six sub-grants for OP activities. Applicants will be able to apply for a one-year grant. Eligible FBO/NGO/CBOs will develop an action plan and budget. CARE will disburse funds under a memorandum of understanding. Subsequent disbursements will be contingent upon performance and acceptability of financial reports. To facilitate networking, management and oversight capacity, CARE will work through the local steering committees. CARE will also work with national *partners and PEPFAR-funded HIV/AIDS Alliance to harmonize procedures and M&E.*

OP interventions envisioned with FY06 PEPFAR funds include targeted and coordinated BCC campaigns mediated by influential figures, religious and traditional leaders, and peers designed to increase the correct and consistent use of condoms among high-risk sub-populations, with an emphasis on gender, and to increase uptake of HIV testing for individuals and couples as part of a comprehensive ABC approach. Use of methods of proximity (theater, participatory peer education, video programs, traditional events, etc.) in the community, schools, sporting fields,

mosques, and churches will be reinforced by radio in local languages. Interventions will respect and reflect local cultural and religious mores and will aim to reduce HIV-related stigma and gender inequity. CARE will continue its collaboration with REPMASCI, the local journalists' HIV/AIDS group, to ensure consistency of messages.

The project will train peer educators to educate high-risk groups about condom use, promote access to CT and HIV/AIDS care and treatment, and facilitate PLWHA disclosure to partners and families. The project will draw on the expertise of RIP+ (Network of Persons Living with HIV/AIDS) and existing tools such as PSI/AIMAS films sharing "positive living" stories from PLWHA to reduce stigma and facilitate "prevention for positives." It is expected that OP activities will reach 200,000, including 130,000 youth, during the four-year project.

CARE and Population Council will develop and implement a project-specific M&E plan based on national and USG requirements and tools. The project will contribute to implementation of an integrated M&E system. Baseline data collected with FY05 funds and data from the 2005 national AIDS indicator survey will be used to inform programming. Activities will be coordinated through district, regional, and national forums and will strive to mobilize and build capacity among CBOs and district HIV action committees to achieve local ownership and sustainability.

Using FY06 funds and drawing on materials and approaches developed nationally and by PEPFAR partners, the project will:
1. Support the application of approved national BCC education curriculum and supporting materials, in collaboration with the Ministry of Education and JHU-CCP, for in-school and out-of-school youth
2. Train a pool of 15 peer educators to promote HIV/AIDS prevention targeting high-risk groups, drawing on expertise of RIP+ (Network of Persons Living with HIV/AIDS)
3. Develop and implement a BCC campaign, in collaboration with FHI, to promote condom use, with an emphasis on transactional sex workers and their partners and other HVPs
4. Deliver 200 HIV/AIDS prevention campaigns in local languages on local radio.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	15	☐
Number of targeted condom service outlets		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Traditional healers (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues:

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Democracy & Government

Coverage Areas

18 Montagnes

Savanes

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5477
Planned Funds:	

Activity Narrative:

The National Agency for Support to Rural Development (ANADER) and sub-partners REPMASCI (Network of media professionals and artists fighting against HIV/AIDS), Population Services International CI and ACONDA-VS CI successfully competed for a new PEPFAR-funded project awarded in September 2005.

The project proposes to contribute to a broader effort to build a local response to HIV/AIDS in rural underserved areas, where 60% of Cote d'Ivoire's population lives, much of it functionally illiterate. The project will draw on existing activities of the consortium members to expand access to prevention, care, and treatment. It will improve links to health, social, and education services and will accompany the expansion of these services as national programs scale up. It will draw on technical assistance from MSD Interpharma and International HIV/AIDS Alliance.

Before the project was awarded, ANADER had established a large-scale HIV-prevention program based on participatory risk mapping and risk-reduction approaches centered on village HIV action committees. REPMASCI had developed a lexicon to communicate about HIV/AIDS in 16 local languages. PSI had collaborated with AIMAS (Ivorian Agency for Social Marketing) to produce films sharing "positive living" stories from PLWHA and promoting the correct use of male and female condoms. All three had developed collaborations with multiple ministries (National Education, Health, Solidarity, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS) and youth NGOs and faith-based communities. ANADER, REPMASCI, PSI and ACONDA had also been successful in mobilizing internal resources and attracting PEPFAR, Global Fund, MSD Interpharma and others to support their activities. ANADER has a broad rural development mandate with initiatives designed to address poverty, gender inequities, and food insecurity and seeks to maximize opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan, and other donors/partners have offered or do offer ANADER such opportunities.

Activities planned with FY06 funds will draw on quantitative and qualitative assessments in the first six months of FY06. "Other Prevention" activities form a continuum with project activities described in sections "AB," "Palliative Care," "OVC," "VCT" and "ART Services," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC approaches and mobilize faith-based communities and opinion leaders; Care International and HIV/AIDS Alliance support for CBO/FBOs and PLWHA; and prevention and care interventions targeting commercial sex workers, truckers, uniformed services, discordant couples and "prevention for positives."

"Other Prevention" activities will draw on ANADER's risk-mapping approach, which includes segmenting village populations to allow young women, young men, older women and older men to discuss sexuality and HIV-related risks and risk-reduction strategies separately and together. Village counselors will provide information to high-risk groups identified during risk mapping about using condoms correctly and consistently and will promote access to CT and HIV/AIDS care and treatment. Community counselors will work with support groups to sensitize PLWHA about disclosure of their status to their partners and families to optimize protection of HIV-free partners and encourage psychological support through the family. A specific campaign will address barriers to CT and disclosure, including stigma. Existing tools such as the film on PLWHA testimonials will support communication activities to promote acceptance and minimize stigma. The community will be sensitized about reducing risk factors identified through a participatory mapping exercise.

"Other Prevention" activities envisioned with FY06 funds include targeted and coordinated BCC campaigns drawing on JHU-CCP materials and mediated by influential figures, religious and traditional leaders, teachers, journalists, and peers designed to decrease the number of risk-associated behaviors and sites in villages, increase the correct and consistent use of condoms, and increase uptake of HIV testing for individuals and couples as part of a comprehensive ABC approach. Use of methods of proximity (debates, sketches, videos, participatory peer education, traditional events, etc.) in the community, schools, sporting fields, mosques and churches will be reinforced by radio in local languages. Traditional and religious leaders will be empowered through tools such as the HIV/AIDS lexicon in local languages and use of participatory approaches to lead their communities to address HIV/AIDS in their socio-cultural context, including addressing intergenerational sex, gender inequity, and HIV-related stigma and discrimination. Prevention activities for HIV-positive people will draw on RIP+ expertise and materials. The project will support and/or help establish condom outlets in sites selected by village action committees.

With FY06 funds, the project will extend 2005 activities in scope and geographic area, adding two more regions to Les Lagunes and Bas-Sassandra and reaching at least 56,000 people with BCC prevention messages delivered by 215 newly trained influential figures and peer educators as well as community counselors.

ANADER will implement an M&E plan based on national and USG requirements and tools. The project will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health, and Solidarity. Results of the 2005 AIDS Indicator Survey will be used to inform project programming.

Project activities will be coordinated through village, district, regional, and national forums and will strive to mobilize and build capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	56,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	263	☐
Number of targeted condom service outlets	156	☐

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Lagunes

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CCP
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5478
Planned Funds:
Activity Narrative: In 2005, The President's Emergency Plan for AIDS Relief, through the U.S. Agency for International Development, announced a contract to strengthen the lifeline of essential drugs and supplies for people living with or affected by HIV/AIDS and other infectious diseases in developing countries. Specifically, SCMS will provide one-stop shopping for programs to obtain important HIV/AIDS-related products. These will include facilitating the purchase of lifesaving antiretroviral drugs; drugs for opportunistic infections such as tuberculosis; quality laboratory materials such as rapid test kits; and supplies like gowns, gloves, injection equipment, cleaning and sterilization items.

Condoms will be procured through the SCMS procurement mechanism to support all partners' activities as part of a comprehensive cross-cutting "prevention for positives" program at all service sites where HIV testing is provided including at all VCT, PMTCT and care and treatment services and through peer outreach targeting highly vulnerable populations of PLWH/A, sex workers and military. These activities will complement comprehensive risk reduction counseling.

The USG country team's procurement focal point will provide overall supervision of the project and assure liaison with USAID project staff. The US focal point will liaise with GSO staff to manage the tax-exempt importation and customs clearance processes. The recipient partners as part of their standard distribution channels in collaboration with the central public pharmacy and with technical assistance will then manage storage and distribution by MSH resident technical advisor. Partners will estimate their needs according to current and projected client loads. A 3 month buffer stock will be included. Consumption will be monitored and orders adjusted accordingly.

Given the urgent need for these stocks this will be flagged for early approval in FY06.

As such the following PEPFAR implementing partners will have access to USG procured condom supplies:

1) EGPAF and their sub-partners: PMTCT integrated counseling and testing, HIV/TB and HIV care and treatment services.
2) HIV/AIDS Alliance: Community based voluntary counseling and testing services and community follow-up of PLWH/A and discordant couples.
3) FHI Highly Vulnerable Populations Project: Peer outreach and health services targeting transactional sex workers and their partners.
4) Uniformed services and ex-combatants HIV prevention and care project with peer outreach and STI and VCT services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Target Populations:

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Most at risk populations

Men who have sex with men (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Program managers

Volunteers

Partners/clients of CSW (Parent: Most at risk populations)

Transgender individuals (Parent: Most at risk populations)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6382
Planned Funds:
Activity Narrative: Borrowing from a variety of effective, innovative youth programs in sub-Saharan Africa, Asia, and Latin America, CCP will propose programming to alter socio-cultural norms in support of the adoption of preventive behaviors against the HIV epidemic, particularly by young people. Previous and current CCP work in Africa and the Near East (Arab Women Speak Out, Transformations) has brought to light for us the critical role of gender in shifting the socio-cultural paradigm. In Côte d'Ivoire, we propose to approach the youth audience with a gender perspective to modify how society socializes young men. While the expectation that a boy becomes a man by acquiring employment, income, and starting a family (Barker, G. et al, The World Bank, DRAFT, 2005) other social expectations are that he be strong, powerful, macho with multiple partners, or that a violent man can obtain all he wants, including sex. In today's Côte d'Ivoire, armed conflicts and ensued civil unrest are likely to exacerbate this second perception of manhood, putting young men and women at particularly higher risk for HIV/AIDS infection. "Young men who do not achieve a sense of socially respected manhood are more likely to engage in violence: ethnic clashes, armed militia, gangs." (DRAFT document, Barker, G. et al., the World Bank, 2005.)

Applying a gender perspective geared more toward young men than young women (as it has mostly been the case so far), CCP will identify indigenous sources of social strengths to help youth change their sex-related beliefs, attitudes, and behaviors to protect them from HIV/AIDS. Such sources of indigenous strength include for example religious leaders and their congregations, families, and community networks. Various studies have affirmed that gender roles norms are among the strongest underlying social factors that influence sexual behaviors (Gupta, 2002). In conflict situations, likelihood of youth being involved in transactional, trans-generational, or coerced sex increases tremendously. Such a context leads to augmented risk for HIV infection.

Enabling young men to get involved in low level risk occupation (such as steady employment or school) and safe sexual practices such as abstinence and partner reduction will be beneficial in the long run. This is particularly true in conflict settings where there is urgency in helping (re) channel youth's energy into creative and productive activities that can reduce their increased vulnerability. Teaching respect and learning to take responsibility for one's actions need also to be included in any programming to improve gender norms.

Specifically, CCP will develop a series of video profiles of real young men (some in uniform), their parents, older men, and young women to highlight how some have been able to break out of the socio-cultural norms and take control of their lives and protect themselves and their loved ones from HIV infection. Specific actions to be highlighted would be: getting tested for HIV, accepting to use condoms with regular partners if status is unknown, showing love and respect for one's partner, refusing to use force when one is angry but seeking a peaceful solution to domestic problems, being open about concerns of STI infection with one's casual partner, a teacher who never sleeps with students, etc. The profiles are used in community discussion groups, or in congregations, with a discussion guide.

BCC Capacity-building continues with the various partners (REPMASCI, Internews, GTCCC,ALLIANCE MLS, PNPEC)
In FY 05, linkages will be established with the various partners who will conduct prevention and care and support activities who will need to have good quality BCC. Regular review of the content and quality of the BCC approaches, messages and materials will be part of the mandate of the CCP representative in Abidjan. In FY06,

CCP will continue this mandate and will add a program assistant/local intern to learn the day to day development and monitoring of BCC activities in RCI, and give the resident advisor the time to advise/coach partners in their work.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	15	☐
Number of targeted condom service outlets		☑

Target Populations:

Adults

Community leaders

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

Children and youth (non-OVC)

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Host country government workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas:

National

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

Palliative Care has been identified as a priority for the national HIV response in Cote d'Ivoire, and key elements of palliative care have been incorporated into national policies and comprehensive health including, psychosocial care approaches. Faith based organizations continue to play a key role in palliative care by providing excellent end of life care. The goal of the President's Emergency Plan for AIDS Relief regarding palliative care in Cote d'Ivoire is to provide care to 365,000 people infected and affected by HIV/AIDS over the next 5 years. Therefore, palliative care is a priority for the USG in-country team. With the presence of the Emergency plan, the focus on palliative care services have made significant advances with support to define national policy, use of essential drugs, and an establishment of a national technical committee. The increase of funds through FHI, HIV/AIDS Alliance, PSP one, CARE, ANADER, and EGPAF and the additional increased access to VCT (both integrated and stand alone VCT centers) will allow the task force to address urgent issues and needs in palliative care. For example, the provision of needed medications will provide complete and effective palliative care according to the national policy and affordable drugs for the treatment of OI's. These activities will also complement training and service delivery activities in support of a continuum of care and prevention. In particular, the revision of treatment guidelines will include improved physical and psychological symptom management and pain control, and, an improved continuum of care service model with a case management role for peer counselors. These are expected to provide direct benefits and link home and clinic based care services and providers. Community and home interventions are also expected to help address stigma and ignorance, promote secondary prevention and access to VCT and care services, and improve adherence to antiretroviral and other chronic treatments.

This is a critical time to build upon the success of 2004 and 2005, with the expansion of services to reach a greater number of PLWHA and their families with "palliative care kits to at least 15000 PLWHA including items such as impregnated bed nets, cotrimoxazole prophylaxis, condoms, and safe water promotion tools through HIV treatment service sites and AIDS service organizations in coordination with the HIV/AIDS Alliance, ANADER, and the new Supply Chain Management System. With the scarce donor landscape, the Emergency Plan is currently the largest contributor to palliative care activities. Other partners (Global Fund) are providing limited funds for OI management and civil society response but there is insufficient other donor support to strengthen palliative care

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	269
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	36,172
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	International HIV/AIDS Alliance
Prime Partner:	International HIV/AIDS Alliance
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4563
Planned Funds:	

Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

In FY06, the ANS-CI will build on activities started in FY04 to continue to strengthen and expand CBO/FBO capacity through technical assistance and 40 sub-grants dedicated to provision of palliative-care services by non-health professionals.

The ANS-CI will provide technical assistance and share the HIV/AIDS Alliance's experience in Senegal, Burkina Faso, and other countries in the sub-region to assist national authorities and key stakeholders, including representatives of PLWHA, ASO, and FBO networks, to define a comprehensive monitoring and evaluation plan for community-based activities and to update community care guidelines (including palliative care as well as treatment literacy). In addition, the ANS-CI will continue to provide CBO/FBOs with 40 grants and will provide technical and management assistance to ensure that local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and other donors.

Expanding upon activities in 2005, the HIV/AIDS Alliance will work through the ANS-CI to help strengthen CBO networks and local coordination bodies to improve communication and coordination and promote continuum of care services. The ANS-CI, in collaboration with FHI, will assist the MOH (specifically the PNPEC and PNOEV) and MLS and other key stakeholders to develop tools in support of home- and community-based palliative care and to strengthen continuum of care services. They will help establish a national pool of trainers, refine and adapt the training tools developed in 2005, and continue to develop and implement a training plan with the MOH and MLS. Sub-grants will be provided to continue the activities started in FY05 with the same 40 NGOs (pending positive evaluation results) to provide home- and community-based palliative-care services to alleviate psychosocial, physical, and spiritual distress; promote positive living; and support bereavement to at least 18,000 PLWHAs and their family members in at least six regions throughout the country by March 2007. All sub-grants will be linked to ARV, PMTCT, and VCT services in collaboration with EGPAF. ANS-CI will also collaborate with EGPAF, CARE International and ANADER to ensure subgrantees have access to relevant palliative care commodities including impregnated bednets, safe water and cotrimoxazole.

At least 120 persons will receive updated refresher training to improve their skills in program and financial management, monitoring and evaluation, resource mobilization, advocacy, and/or community- and home-based palliative-care provision. The national policy's definitions of palliative-care services will guide the services supported through the sub-grants, such as the content of commodities provided to NGOs in the form of "palliative care kits" for home-based care.

The ANS-CI will work to link community mobilization, treatment literacy, palliative care, and other support services with related services in the geographic area. It will promote coordination at all levels through the district, regional, and national HIV and other coordination forums and will ensure that M&E reports are provided to the relevant bodies. In addition, the ANS-CI will assist the Ministry of AIDS in the development of a national HIV/AIDS monitoring and evaluation plan through the adaptation and integration of M&E tools for home-based and community care,

including palliative care.

To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	☐

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Microfinance/Microcredit

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Rapid expansion uniformed services
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5036
Planned Funds:
Activity Narrative: PSI and sub-partners JHPIEGO, AIMAS, CARITAS and Espoir FANCI (an NGO of military living with HIV) successfully competed for a new PEPFAR-funded project awarded in September 2005. The project proposes to build on existing activities by PSI and sub-partners to increase uptake of HIV prevention and confidential HIV counseling and testing (CT) among the uniformed services, ex-combatants, and their partners.

Before the project was awarded, PSI worked with the ministries of Health, AIDS and Defense to develop and implement peer-education and public awareness materials and campaigns targeting members of the Defense and Security Forces (FDS) in the South and the Forces Nouvelles (FAFN) in the North, as well as their partners. PSI also implemented a national CT campaign and a CT center drawing on its experience delivering CT services at fixed and mobile sites in 20 countries. JHPIEGO developed training materials used in Cote d'Ivoire's national plan for STI management and prevention as well as in CT and HIV prevention activities. AIMAS sold more than 30 million condoms in 2004 and promoted abstinence among youth. CARITAS has a national HIV program with 350 local and 154 regional committees involved in AB promotion and community mobilization. Espoir FANCI used testimonials and psychological support to reduce stigmatization, discrimination and rejection among members of the military and their partners. PSI and its partners have been successful in mobilizing internal resources and attracting funds from USG, Global Fund, KfW, Secure the Future Foundation and others to support their activities.

Activities planned with FY06 funds will draw on quantitative and qualitative assessments in the first six months of FY06. "Palliative Care" activities form a continuum with other project activities described in sections "AB," "Other Prevention" and "CT," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC materials and approaches; ANADER and CARE International expansion of access to HIV/AIDS prevention, care, and treatment in rural, northern and western areas; MOH and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment services; FHI and IMT activities for highly vulnerable populations such as sex workers and truckers; and HIV/AIDS Alliance support for CBO/FBOs providing CT, PMTCT, palliative care and OVC services and promoting treatment literacy.

Interventions will be conducted at sites chosen in collaboration with military authorities and will target the military (both FDS and FAFN), child soldiers, ex-combatants and their partners. Over the life of the project, PSI will collaborate with appropriate authorities to target other uniformed services.

Palliative Care activities envisioned with FY06 funds include:
1. STI management:
a. Needs assessments in 15 military health centers
b. Training of 30 service providers in STI diagnosis and treatment
c. Provision of STI kits for 25 existing and 15 new military health center pharmacies
d. M&E of STI services at all 40 sites and two mobile CT units
e. Development of a module for peer educator training in STI referral
f. Training of 23 trainers of peer educators in STI referral

2. Psychological support for PLWHA:
a. Identification of PLWHA and their children (OVC)
b. Training of PLWHA peer educators in home visits and psychological support
c. Facilitation of home visits to help seropositive clients disclose their status to their

families
d. Facilitation of home and workplace visits to ensure treatment literacy
e. Mapping of palliative care, treatment centers and OVC care structures for use in referral systems
f. Referral of PLWHA to palliative care and treatment centers
g. Referral of OVC to OVC care structures (PN-OVC, FHI, CARE International)
h. Assistance for PLWHA in cases of discrimination
i. Facilitation of peer-support groups

PSI will collaborate with and provide support to the National Security and Defense Forces, Ministry of Health (MOH), and other Côte d'Ivoire government agencies, including helping to develop and implement training and communications materials and improving monitoring and evaluation activities to assure high quality peer education and counseling services. JHPIEGO will train and supervise service providers in STI diagnosis and treatment, while Espoir FANCI will train and supervise PLWHA peer educators in home visits and psychological support. PSI and its partners will work to link activities with related HIV prevention, care, treatment, and basic social services in the area and will promote coordination at all levels through bodies such as village, district, regional, and national HIV coordination committees and networks of community-based, non-governmental and faith-based organizations. PSI will participate in relevant national technical coordination committees and will ensure that local stakeholders receive adequate information and assistance to engage and access funding opportunities supported by PEPFAR and other donors.

PSI will develop and implement a project-specific M&E plan based on national and USG requirements and tools.

The project will work to build capacity and promote sustainability by training service providers in STI diagnosis and treatment and by strengthening the national psychological-support referral network.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,552	☐

Target Populations:

Adults

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

HIV/AIDS-affected families

International counterpart organizations

Military personnel (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: *Palliative Care: Basic health care and support*
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5037
Planned Funds:
Activity Narrative: In FY 05 FHI began their new project to provide comprehensive STI and HIV prevention and care services to commercial sex workers and other highly vulnerable populations (HVPs). Additional complementary resources were and will continue to be mobilized from the Belgian Cooperation. FHI and its partners have now completed an exercise to clarify their team structure and relevant roles to ensure that project activities would continue with minimal interruption in the event of ongoing insecurity. They have also developed a capacity development plan to ensure progressively increased participation and ownership by national organizations and developed formal partnerships (sub agreements) with 4 NGOs and comprehensive work plans for 2005. This body of work builds on more than a decade of research and service provision through the previously CDC/RETRO-CI supported Clinique de Confiance and 2 other clinics in collaboration with the Institute of Tropical Medicine in Antwerp. The approach increases the possibility of project success and ensures that activities can expand as originally planned while building local capacity to sustain activities with appropriate and targeted external TA.

With FY 05 funds, activities included:

1) ongoing support through subgrants to CBOs for three services sites (in Abidjan and San Pedro) including routine provider initiated counseling and voluntary HIV testing at initial and follow-up visits with supportive counseling and "prevention for positives" for HIV-infected sex workers, STI care, condom promotion and links to comprehensive treatment and other services; 2) initial needs assessments for subsequent expansion of services to additional services sites and outreach into the community; 3) technical assistance to develop technical and managerial capacity and expand coverage of services; 4) support for national networks of service providers for HVPs; and, 5) concrete approaches to improve the continuum of care for this population through improved links to other care and treatment activities such as those supported by the Emergency Plan including EGPAF, HIV/AIDS Alliance and other organizations.

With COP06 funds FHI will build upon these activities continuing sub grants to CBO/FBO partners and expanding service delivery while providing targeted technical assistance to strengthen local capacity to develop and manage programs for HVP. TA will include the strengthening of new service delivery sites and the review of progress made by existing partners. The goal of supporting the CBO/FBOs through sub grants is to transfer technical and management capacity and permit the sub grantees to diversify funding and progressively decrease international TA.

With the estimated percentage of 30% positive at first visit, it is imperative to provide links and adequate referral services to support the large cohort of positive sex workers. It is estimated that in FY 06 at least 400 HVP will receive palliative care services. CT activities are an integral part of comprehensive services complementing those describe in "Other Prevention" and "Basic care". Specific activities include:

1. Continue support to the three existing NGOs, who support the operation of 3 service delivery sites.
2. Continue support to two, newly identified or existing NGOs, who support the operation of 2 additional sites (one in Abidjan and one in-country)
3. Expand the reach of HVP interventions by providing support to two additional sites in decentralized geographic zones.
4. Continue to strengthen operations management of existing NGOs and associations through capacity building in administrative and financial management; budgeting; leadership; M&E and resource mobilization. More specifically, FHI will support the

development of Quality Assurance and Quality Improvement systems in order to monitor the quality of BCC services which is an integral part of routine program monitoring system.
5. Continue support of health care services for HIV infected HVP, including treatment for opportunistic infections, sexually transmitted infections (STI) care in all existing sites.
6. Continue psychological and social support for HIV infected HVP in all existing service centers sites.
7. Expand on these services by including development of outpatient provision of palliative care, i.e. pain and physical symptom assessment and management, social, psychological and spiritual needs assessment and referral, provided through a family-centered approach to care; support additional staff in the implementation of these services, and provide training both to additional staff and to existing staff at the site in San Pedro.
8. Support the participation of local project partners in regional conferences in order to facilitate the exchange of lessons-learned and best practices.
9. Continue support for the establishment of a national learning center to be used as a training ground for field workers, including peer health educators implicated in the management and delivery of HVP services.
10. Increase coordination among NGOs and associations by strengthening efforts and provide technical assistance to national government's working groups, particularly the Sex Work and HIV/AIDS working group within the MLS.
11. To conduct a baseline assessment of sexual behavior indicators among sex workers visiting new service sites (new and repeat).
12. To address stigma and sexual violence by providing HVP friendly services, staff with non judgmental attitudes and by conducting IEC activities with other HVP (partners, clients, bar owners)

The HVP project will have [redacted] from the Belgian Cooperation (STI and primary health care drugs plus part of the salary of a technical assistant). The HVP project will collaborate with other PEPFAR partners such as Alliance for the strengthening and capacity building of NGOs, EGPAF for initiating ARV services and drugs to HVP in the different sites, and with the AWARE project to improve regional coordination of HVP projects.

Emphasis Areas	% Of Effort
Health Care Financing	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Number of local organizations provided with technical assistance for HIV palliative care policy development		☑

Target Populations:

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Most at risk populations

Men who have sex with men (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Transgender individuals (Parent: Most at risk populations)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5038
Planned Funds:
Activity Narrative: In 2005, FHI/IMPACT provided technical assistance to the MOH in a national assessment of palliative care (PC) and home-based care (HBC) services and in development of national capacity to provide comprehensive coverage of PC in collaboration with the national PC task force. FHI continues to provide technical assistance to the MOH to develop national provision of integrated PC and HBC through national policy review and revision, advocacy and development of a strategic framework for PC, including training and capacity building, ,. FHI supported the MOH and the task force to:
1. Develop, validate, and disseminate the first draft of a national PC policy ,
2. develop 3-year plan to initiate and implement integrated PC services.
2. review the national essential drugs list and assisted the national task force in developing an advocacy approach for broader access to , narcotic analgesics (opioids) , and other medications to support PC, and revision of the EDL to include these drugs at each level of health services.
3. Develop, validate, and disseminate a PC training curriculum adapted for trainers of trainers and health professionals as part of the clinical guidelines for HIV care. This included training 25 trainers and 100 providers from 20 service sites, including 5 FBOs.
4. Advocate for and contribute technical assistance to develop a system of procurement and accessibility of medications and material resources needed to provide effective PC, including access to drugs for opportunistic infections .

In FY06, due to FHI/IMPACT reaching its project ceiling and to address issues of sustainability and replicability, the USG/CI team has elected to continue follow-on activities through the PSP-One project. This requires the involvement of non-public stakeholders in service provision, commodities management, and generation of additional resources at local and national levels.
San Pedro District Pilot
PSP will evaluate the San Pedro district pilot model of comprehensive care , started with FY05 funds. This is a public-private sector partnership with service delivery predominantly by non-public-sector partners. It is part of a pilot district project to develop a replicable model of integrated HIV health and social services (OVC, PC, VCT, PMTCT, HIV/TB, HIV, STI, etc) as part of a district network of prevention, care, treatment, and support interventions, with planning and implementation led by local authorities, including the San Pedro district health management team and HIV district coordination committees. It will reinforce local coordination bodies and enable collaboration between district services, regional and tertiary referral health services and other centralservices . This model takes into account the roles of both the public sector (MEN, MOH, MSSSH) and private sector. With regard to the private sector, PEPFAR, through partners HIV/AIDS Alliance and ANADER, is supporting CBO/FBOs at the community level and EGPAF and FHI at the district level (with private clinics and CBO/FBOs) to deliver HIV/AIDS services. A technical collaboration of private and public sector partners and stakeholders is designed to implement the national policy and guide the direction of the district model. PSP will assist the technical collaboration to gain funds in the private sector, to help implement appropriate HIV programs in the workplace, to develop cost-effective interventions to meet PC needs, and to develop income-generating and micro-credit opportunities for clients and families.

PSP specific support for PC will include technical assistance to all PC-implementing agencies (most importantly MSSSH, HIV/AIDS Alliance, and ANADER); incentives and small grants to CBO/FBOs to support PC; and technical assistance (PC technical and capacity development) to several agencies and others entering the PC arena. With FY06 funds, PSP will:

1. Provide technical assistance to the national task force and commission to develop a strategy to ensure equitable access to essential drugs, including opioids.
2. Engage national and regional bodies to conduct a self-audit of policies and processes for regulation of essential drugs , including opioids, and support the national task force to develop a communications strategy to increase community demand for access to essential PC drugs, including opioids and psychotropic drugs.
3. In collaboration with JHPIEGO and MEMSP/DFR, assist the national task force and commission to develop, validate, and disseminate a PC training curriculum adapted for trainers and health professionals.
4. Assist the national task force and commission to develop, validate, and disseminate PC policy to five regions.
5. In collaboration with JHPIEGO and MEMSP/DFR, assist the national task force to develop, validate, and disseminate a PC training curriculum adapted for trainers, community health workers, and lay counselors.
6. Train 20 health professionals and 20 lay people as trainers in PC.
7. Provide technical assistance to local partners to develop a pilot project to procure, package, and distribute basic care packages, contents defined in collaboration with partner organizations.
8. Continue advocacy to improve access to PC services, drugs, and education and for the integration of PC services at all levels of the health system.
9. Assist the national task force and commission to develop a system of quality assurance that includes validation and dissemination of PC standards and clinical guidelines.

Continue technical assistance to establish improved M&E systems for PC services provided by other Emergency Plan-funded partners.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Number of local organizations provided with technical assistance for HIV palliative care policy development	3	☐

Target Populations:

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Key Legislative Issues

Wrap Arounds

Food

Other

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with Ministry of National Education, # U62/CCU24223
Prime Partner: Ministry of National Education, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5039
Planned Funds:
Activity Narrative: The education sector in Cote d'Ivoire has been hard hit by the HIV/AIDS epidemic. Large numbers of teachers, other staff and adolescents continue to be HIV-infected and affected by the epidemic. Young children are starting to receive care and treatment on a large scale resulting in an aging cohort infected through MTCT in addition to the many HIV-affected children living with HIV-infected family members. HIV-related teacher absenteeism is a major problem undermining quality and continuity of education. Both teachers and students need both better and multifaceted support to mitigate the adverse effects of HIV/AIDS. The Ministry of National Education has created a national committee and an action plan to try to address this enormous problem. Practical steps have included assistance to create teachers auto-support groups for those living with and affected by HIV/AIDS and attempts to improve access to HIV related prevention, care and treatment services especially for staff based in rural areas. The Ministry has requested assistance from PEPFAR to establish a large scale HIV in the workplace program that will commence with FY05 funds in the 1st 6 months of FY06. This palliative care component is part of a more comprehensive response also described in "systems/policy", "OVC" and "A/B". The Ministry of National Education has a multifaceted prevention and care project funded by PEPFAR that complements other education sector projects supported by UNICEF, UNESCO, WFP and other partners.

The collaborative spirit of the MEN project team has already led to the creation of effective collaborations with ministries responsible for AIDS coordination, health and social services as well as PEPFAR funded partners FHI, HIV/AIDS Alliance, EGPAF, ANADER and REPMASCI and other donors and partners (including the USG country team). These collaborations provide an effective platform to address the HIV-related needs of students and staff working in the education sector.

Using FY06 funds coupled with the technical assistance from the Private Sector Partnership Project (Abt and FHI), the Ministry of Education proposes to contribute their expertise and capacity in the education sector to meet the HIV related palliative care needs of staff and students in the following ways:

Planned activities with FY06 funding by MEN include:

1. Promotion of peer-support to HIV-infected and affected teachers and staff through collaboration and direct support of the training of at least 40 QUITUS peer counselors/educators. QUITUS is an NGO of teachers living with HIV and AIDS which was created with support from MEN and the national network of PLWH/A and HIV/AIDS Alliance in 2004. QUITUS currently has 40 peer counselors/educators and 327 HIV-affected family members. This NGO provides advocacy to: 1. mobilize resources and fight stigma and discrimination, 2. offer supportive services such as direct peer support in the workplace to HIV-infected and affected family members, 3. create functional referral links to various social, spiritual and health services. Because PLWH/A networks are so critical to raise awareness and fight discrimination, the MEN will actively support the establishment of such self-support groups throughout the country with QUITUS.
2. In coordination with PEPFAR funding, the technical assistance provider (PSP project) and with technical assistance from EGPAF (medical care), a complimentary HIV in the workplace program with teachers as potential "community change agents" will be implemented. It will build upon the initial work from FY05 funds and will be implemented in the 1st 6 months of FY06. This will improve the ability of the MEN to provide enhanced support to HIV infected and affected teachers, their families and their communities. Additionally, counseling on prevention, peer support, and links to comprehensive social and health services will be included as part of the support

provided.

At least 500 HIV-infected teachers and staff members will receive palliative care services during the FY06 project period.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐

Target Populations:

Adults

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5040
Planned Funds:	

Activity Narrative:

CARE and partners Caritas, JHPIEGO and Population Council successfully competed for a PEPFAR award in September 2005. The project contributes to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of innovative, culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health care has been disrupted since the 2002 rebellion.

CARE initiated operations in northern CI in 2003, in partnership with PSI and FHI, under the Rail-Link Project. A 2004 grant from the GFATM supported CARE's emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, including Bouaké, Korhogo and Man, in partnership with PSI and AIMAS. This program was effectively the sole prevention activity of scale in the North. A second two-year phase was recently approved by the CCM and GFATM for FY06 and FY07. CARE used FY04 PEPFAR funds to develop PLWHA/OVC community-care projects in partnership with five NGO/CBO/FBOs, including Caritas. With its faith-based extension network and links to eight health reference centers operated by the church in the project zone, Caritas is well-positioned to initiate PC activities. CARE has established an important presence in the area and has developed good working relationships with FN military and civilian authorities; bilateral and multilateral donors; international, national and local NGO/CBO/FBOs; and appropriate ministries.

As lead implementer of both Global Fund and PEPFAR-supported PC activities in northern and western CI, CARE will be able to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo and Man. From each of these central sites, CARE will gradually scale up PC activities to three satellite sites in each area.

Planned PC activities will draw on baseline quantitative and qualitative assessments conducted with FY05 funds in the first six months of FY06. PC activities complement and form a continuum with other project activities described in "AB," "Other Prevention," "VCT" and "OVC," with M&E integrated across all the areas. CARE's program will complement and build on other PEPFAR-funded efforts, including Ministry of Health and FHI development of palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care; Ministry of AIDS activities to develop effective approaches and mobilize faith-based communities and opinion leaders; Ministry of Education and Ministry of Solidarity activities in support of youth and OVC; and ANADER, PSI, HIV Alliance and EGPAF/ACONDA prevention, care and treatment activities. CARE has effective collaborative relationships with all these institutions.

Basic health care and support activities envisioned with FY06 funds include:
1. Training of public- and private-sector and NGO/CBO/FBO health workers in caring for PLWHA, including diagnosis and treatment of STIs and OIs and provision of psychosocial support
2. Training of health personnel at nine rural health centers in treatment of STIs and OIs, palliative care and monitoring of ARV treatment, with links to accredited ARV treatment sites
3. Support and monitoring of treatment for STIs and OIs by NGOs and rural health centers
4. Support to NGO/CBO/FBOs for home-based care, including training of community carers, provision of palliative-care kits (impregnated bed nets, safe water, etc.), and sharing and replicating of best practices with ANADER, FHI and others
5. Establishment of a mobile team to reinforce and support three existing rural health centers in target areas through training, monitoring of STI and OI care and of HIV

counseling and testing, and provision of medications and HIV tests.

The project will select 12 FBO/NGO/CBOs for capacity-building activities, based on an assessment of their current performance, reach and capacity to benefit from training, funding and related activities. CARE will use best practices, government standards and guidelines, modules and curricula approved for training activities. Technical core competencies will be strengthened and quality will be assured through training, cross-visits, mentoring, technical assistance and follow-up. ToT will be emphasized so that FBO/NGO/CBOs can train community-care groups, religious leaders, clinic staff and counselors as appropriate. Achievement of key PEPFAR indicators will be monitored for quantity and quality of the response. CARE with JHPIEGO will assess clinics for their ability to provide quality CT, PMTCT and OI/ARV treatment; will provide funds for essential rehabilitation; and will identify and address training needs of staff.

District health management teams will be involved in planning, M&E and supervision to maximize capacity-building and coordination with the MOH, particularly in preparation for the political transition.

The CARE consortium will ensure access to PMTCT, CT, ART and STI services at 15 health sites (2 per hub in Man, Bouake, and Korhogo, plus 3 satellites per hub). The consortium will use mastery learning and performance improvement (PI) approaches to improve the quality of health services at these sites.

Expected PC outputs for this period include:
1. 45 health personnel trained in care and support of STIs, OIs, palliative care and ARV treatment monitoring; 15 biotechnologists trained in provision of HIV testing and related functions; 60 members of NGOs/CBOs/FBOs trained in home-based palliative care; 60 persons trained in care and support of OVC
2. Treatment: 15,000 patients receive treatment for STIS; 15,000 HIV patients receive preventative or curative treatment for OIs; 1,000 PLWHA receive basic care and support with links to ARV treatment
3. Home-based care: 3,000 PLWHA and OVC receive home-based psychosocial and, with WFP assistance, nutritional care and support; 5,000 OVC and host families benefit from care and support services.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,800	☐
Number of local organizations provided with technical assistance for HIV palliative care policy development		☑

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Most at risk populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Coverage Areas

18 Montagnes

Savanes

Sud-Bandama

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5479
Planned Funds:	

Activity Narrative: The National Agency for Support to Rural Development (ANADER) and sub-partners REPMASCI (Network of media professionals and artists fighting against HIV/AIDS), Population Services International CI, and ACONDA-VS CI successfully competed for a new PEPFAR-funded project awarded in September 2005.

The project proposes to contribute to a broader effort to build a local response to HIV/AIDS in rural underserved areas, where 60% of Cote d'Ivoire's population lives, much of it functionally illiterate. The project will build on existing activities of consortium members to expand access to prevention, care, and treatment. It will improve links to health, social, and education services and will accompany expansion of these services as national programs scale up. It will draw on technical assistance from partners MSD Interpharma and International HIV/AIDS Alliance.

Before the project was awarded, ANADER had established a large-scale HIV-prevention program based on participatory risk mapping and risk-reduction approaches centered on village HIV action committees. ACONDA VS-CI had worked on promotion of clinical care, operational research on PLWHA comprehensive care, and training of health-care professionals. ACONDA had trained ANADER's medical doctors as well as three of its social workers in HIV counseling and testing and care of PLWHA. Since 2004, ACONDA has provided more than 3,000 patients in Abidjan and two rural districts with access to ART through a five-year PEPFAR grant to EGPAF. ANADER and ACONDA had developed collaborations with multiple ministries (Health, National Education, Solidarity, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS), youth NGOs and faith-based communities. ANADER and partners had also been successful in mobilizing internal resources and attracting PEPFAR, Global Fund, MSD Interpharma, and other funds/partners to support their activities. ANADER has a broad rural development mandate with initiatives designed to address poverty, gender inequities, and food insecurity and seeks to maximize opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan, and other donors/partners have offered or do offer ANADER such opportunities.

With FHI assistance, the MOH has established an HIV palliative care task force to revise national policy. A national goal is to strengthen continuum of care services and psychosocial support for PLWHA through a "minimum package of care" that includes home-based care and prevention and care for opportunistic infections (OIs). At present, palliative care services for PLWHA and their families are limited and fragmented even in urban areas, addressing mostly HIV-TB co-infected people. These activities complement those of the Global Fund and of national support for the TB program.

Palliative-care activities planned with FY06 funds form a continuum with other project activities described in sections "AB", "Other Prevention", "OVC," "VCT," and "ART Services," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including MOH activities to develop effective national policies and guidelines; U.S.-supported HIV/AIDS Alliance FBO/CBO training and subgrants to clinics and community-based services; and Hope Worldwide basic palliative care, support and counseling for PLWHA.

This project will address TB- and HIV-related stigma in rural communities, promote treatment literacy and adherence, and link clients to community-based services with integrated HIV/TB and other palliative-care services (pain management, symptom control, grief and other psychosocial support, etc.). The existing system for TB screening, follow-up, and referral by rural health centers will be reinforced with automatic TB screening for HIV-positive patients and systematic HIV/AIDS counseling

and testing for TB patients. This activity will be implemented through collaboration with HIV/AIDS Alliance and FBOs in the targeted areas.

FY06-funded activities will also promote referral to comprehensive clinical care for PLWHA through rural health centers, with emphasis on prevention, diagnosis, and treatment of opportunistic infections as well as promotion of malaria prevention.

Building on existing activities and available tools from other PEPFAR-funded organizations (MOH, Alliance) and coordinating activities through village, district, regional, and national forums, the project will:
1. Educate village HIV/AIDS action committees about palliative care
2. Train 80 community counselors (20 per region) and two physicians (part-time for ANADER) in community-based palliative care
3. Promote use of referral and counter-referral tools to improve continuum of care
4. Establish outreach services through the project's mobile CT units to increase access to services for rural populations in collaboration with the Ministry of Health. This outreach will work to identify and follow up families of HIV-positive clients and provide appropriate home-based palliative and HIV/TB care, treatment, and referral as well as messages about disclosure, stigma reduction, and prevention for positives. The project will also procure essential commodities such as palliative-care kits, including impregnated bednets and safe-water devices, for its own as well as HIV/AIDS Alliance community- and home-based care activities.

ANADER will implement an M&E plan based on national and USG requirements and tools. Data will be collected by rural health center personnel and community counselors and will be transmitted to ANADER's district, regional, and project central units. Project reporting will occur monthly at the regional level and quarterly at the central level. The project will contribute to the implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health, and Solidarity. Results of the AIDS Indicator Survey and other data will be used to inform project programming.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	96	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,820	☐
Number of local organizations provided with technical assistance for HIV palliative care policy development		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

People living with HIV/AIDS

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Lagunes

Zanzan

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

Globally TB is the leading cause of mortality among HIV patients. In Cote d'Ivoire, results of provider initiated HIV testing show 47% of TB patients tested are co-infected with HIV and in need of dual treatment. Clinical trials in Cote d'Ivoire have shown that co-trimoxazole prophylaxis to TB/HIV co-infected patients reduces morbidity and mortality. National and international treatment guidelines recommend that ARVs should be made available for HIV/TB patients with providers trained to manage both infections. At present INH prophylaxis is not part of national policy.
Despite the crisis, the TB program continues to decentralize with 57 functional sites with the capacity to diagnose and treat TB with DOTS. With support from international NGOs the 3 specialized TB services in the Force Nouvelle controlled North have all been reopened.
With USG support over many years, the TB program has 1st piloted and, in 2005, integrated routine provider initiated counseling and testing, and co-trimoxazole prophylaxis at 4 specialized centers (2 in Abidjan and 2 in the interior) and developed adapted monitoring and training tools. The national treatment guidelines and the treatment training materials include specific sections for management of the HIV-TB co-infected client. In addition, in coordination with the national HIV program, it is extending on-site antiretroviral treatment at these 4 centers with links to both ongoing treatment as well as community-based organizations. The work of the CBOs has been shown to improve treatment completion with community and home based follow-up to promote adherence and support to the family with detection and care for other HIV and TB infected household members.
In late 2004, the Global Fund project for TB ("pure") began and represents an excellent example of wrap around funds to improve the TB program to complement EP contributions to integrate HIV/TB services. WFP is also beginning to provide focused nutritional assistance for Tb and HIV-TB clients. The MOH leadership has been stable in the TB program over many years that has facilitated a strong Global Fund application and subsequent technical leadership in programming and coordination of activities. The UNDP is also the principal beneficiary for the TB project (as for the HIV project) but it is a different program management model. To date, (despite the crisis) the Global Fund targets for the TB project have all been met or exceeded with the minor exception of community activities that are now moving forward.
With FY06 funds, the EP, will support the national HIV care and TB control programs (complementing other partner and state inputs) to implement an aggressive integrated approach to achieve national coverage of CT and on site or referred HIV treatment at all 57 TB service sites. This will build on the FY05 activities with routine free "opt-out" HIV testing in the four main TB centers which have a case load of more than 60% of the 18 thousand smear positive TB patients recorded annually. This is expected to result in treating at least 3,000 HIV-TB co-infected patients by the end of March 2006 and at least 5,000 with 2006 funds. Substantial training, supervision, monitoring and evaluation, and laboratory and commodities management systems strengthening activities are planned. The district and regional health teams will play an integral role in the planning, coordination and monitoring of these decentralized services. In addition subgrants and technical assistance will be provided to CBOs to support the delivery of continuum of care services linked to each major TB center.
A second priority for the TB program is to improve TB case detection and referral to TB treatment services, especially at HIV service delivery sites. To this end training tools for counselors and other professionals and job aids are being adapted in 2005 and will be integrated and monitored at all EP supported CT, PMTCT and treatment service sites (at least 72).

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	57
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	212
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000
Number of HIV-infected clients given TB preventive therapy	

Table 3.3.07: Activities by Funding Mechanism

Mechanism: International HIV/AIDS Alliance
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4569
Planned Funds:
Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, ANS-CI will build on Alliance activities started in FY04 to strengthen and expand CBO/FBO capacity and to award and manage sub-grants dedicated to improving the continuum of care for HIV-TB co-infected persons and their families through comprehensive community-based palliative-care services.

In coordination with the national HIV and TB programs of the Ministry of Health and EGPAF, the ANS-CI will provide nine sub-grants (between [redacted] each) including four to experienced CBO/FBOs (FRATERNITE, SIDALERTE, ASAPSU, AIDES) in Abidjan and Gagnoa. These grants continue sub-grants awarded in 2005 to improve community support for persons living with HIV and TB and their families, reduce TB- and HIV-related stigma, promote treatment literacy and adherence, and link clients to comprehensive HIV/TB services in collaboration with the four main specialized TB clinics offering such services. Five new sub-grant supported activities will be initiated with FY06 funds targeting experienced NGO/CBOs to support services in San Pedro, Daloa, Abengourou and Bouaké and Adzope. ANS-CI will provide training and ongoing support in program planning, management, and monitoring and evaluation. It is expected that in total, 9,100 people infected with TB will be served in 2006.

These strategies will be implemented synergistically with other prevention, care, and treatment efforts in order to provide a continuum of services. A whole range of prevention services will be provided, including individually focused health education and support, VCT, referrals, community awareness and community mobilization, and advocacy.

To further support the growing number of local NGOs nationwide, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	57	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	170	☐
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

National Health program and staff

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: EGPAF Rapid expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5041
Planned Funds:
Activity Narrative: Building on a decade of USG-RCI collaborative work on HIV-TB through CDC/Projet RETRO-CI, Project HEART is collaborating closely with the MOH's TB Control Program and the MOH's HIV Care Program and other central and decentralized offices/departments to integrate HIV routine CT and comprehensive care services into TB services and improve TB detection and screening and referrals as part of all HIV services (VCT, PMTCT and treatment). This activity is complemented by a) direct PEPFAR funding to the MOH National Tb program to support HIV-TB related planning, supervision and provider trainings, b) small grants through HIV-AIDS Alliance to CBO/FBOs to provide continuum of care and assist community mobilization, fight stigma and provide peer-support to promote adherence to chronic HIV and complete TB treatment, c) ongoing work with the MOH and Measure Evaluation-JSI to integrate HIV indicators within the national health system including at the specialized TB centers and at the integrated peripheral sites, d) laboratory services including quality assurance, e) JPHIEGO support to improve performance and use of quality training materials and, f) multifaceted activities to promote CT and increase awareness and demand for services and combat stigma (with JHU-CCP, Alliance and others).

In 2004, the National Tb program has also benefited from a grant from the Global Fund for "pure" TB which is helping to support the ongoing decentralization of TB services and which represents an excellent wrap-around activity. These build on longstanding CDC, IUTLD, WHO and NGO support for the program. Further wrap around opportunities are being explored with WFP for targeted nutritional support.

With Fy05 funds, EGPAF will help the MOH to provide routine free HIV testing in the two main TB centers in Abidjan with a case load of more than 10 thousands patients out of the annual case load of 18,000 smear-positive TB patients. In addition integration of routine provider initiated CT will be integrated at 2 specialised services outside Abidjan. These activities are expected to result in detection and care of at least 3,000 HIV-TB coinfected patients by the end of March 2006. In addition monitoring and evaluation activities are planned to document and learn from these initial experiences and tailor the interventions for the subsequent expansion.

With FY06 funds, an aggressive expansion effort is planned in collaboration with national and local health authorities. This will help strengthen existing HIV/TB health services with integration of the management of HIV and TB care for co-infected patients. By increasing clinical capacity to provide routine provider initiated CT services and reinforce a functional referral system (linking clinics providing HIV and/or Tb diagnosis with those providing HIV and TB care and treatment services), enhancing community level support to promote adherence, completion of TB therapy, and seeking to care for the family of HIV and TB –affected persons with detection of other TB or HIV-infected persons in the household, EGPAF seeks to contribute to the creation of a new standard of care and decrease HIV-related morbidity, mortality and HIV transmission while contributing to strengthen the TB control program.

After joint planning with the national TB and HIV programs, and complementing other initiatives, with FY 06 funds, EGPAF aims to:
a) Improve HIV diagnosis in TB patients and facilitate access to on site HIV care during TB treatment and link to ongoing care at HIV treatment centers
b) Improve TB/HIV diagnoses (including children) as part of the family centered approach with household follow-up for HIV/TB coinfected clients
c) Improve TB diagnosis and treatment in HIV infected patients at "HIV" points of entry where HIV is diagnosed (VCT, PMTCT etc)
d) Improve the quality of care for TB/HIV coinfected patients and their families

e) Strengthen laboratory, supervision and commodities management systems

This will be achieved by the:
a) Integration of routine provider initiated CT and comprehensive care and treatment for both HIV and TB at all the national TB diagnosis and care service sites (57 sites) with links created with HIV treatment services for ongoing HIV care. Planning and management will be conducted in collaboration with the district health management teams and specialized regional TB and HIV centers. Training of at least 120 persons is planned in CT and management of HIV/TB coinfection as well as related training for planning, supervision, and commodities and data management. More than 5000 HIV+ persons should receive their HIV test results and receive HIV and TB care by March 2006.
b) Integration of clinical TB screening in at least 80% of the EGPAF supported MTCT, VCT facilities and *all* HIV treatment sites (at least 72 sites). TB detection will be integrated in training materials with at least 250 persons trained.
c) Strong joint planning and coordination with the central and district health authorities and other stakeholders including other PEPFAR funded partners to strengthen continuum of care in collaboration with Alliance and local CBO/FBOs, as well as system strengthening efforts with monitoring and evaluation (JSI), laboratory (APHL/RETRO-CI), commodities management (MSH), human capacity (PSP) and training and performance standards (JHPIEGO/CCP). Ongoing technical assistance will be sought from CDC experts.

To improve quality of care EGPAF will work with the national program to document experiences at pilot sites to inform program expansion and improvement. Of particular interest are approaches to: improve decentralised management and supervision, detect and link HIV and/or TB infected children to care, improve TB detection at peripheral health facilities, and improve adherence and TB completion rates. A pilot evaluation will also be considered to include secondary INH prophylaxis for TB-HIV infected patients upon completion of their TB therapy as part of ongoing HIV care. Human resources support (on a contractual basis) is anticipated but would require further policy discussions and approval by the GoCI and USG team.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	57	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	170	☐
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Savanes

Sud-Bandama

Worodougou

Zanzan

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

The Emergency Plan and partners have taken important steps toward ensuring OVC well-being through policy, coordination and service delivery. In 2004, CI estimated 310,000 HIV-related orphans and 80,000 infants and children living with HIV (UNAIDS 2004). However, orphans and child vulnerability have increased through the crisis, heightened HIV transmission and disrupted health-care services. It also continues to delay the major anticipated funding source for OVC services, the World Bank Multisectoral AIDS Project, leaving a major donor gap to achieve national targets.

The Ministry of Solidarity (MSSSH) coordinates the National OVC Program (created in 2003) in support of OVCs to assist the national response and support the strained extended family and community support networks and help coordinate the hitherto fragmented responses from CBOs, FBOs and traditional leaders. Advocacy, legal reform and promotion of community-level "human-rights literacy" are integral parts of the program, along with meeting children's psychosocial, health and nutritional needs. A central OVC consultative committee complements decentralized technical coordination platforms and HIV/AIDS coordination committees. These groups have improved planning and coordination in the sector through development of a national strategic plan (2003), the ministry's HIV sectoral plan (2004-2007) and the national OVC policy and communication plan (2005). The policy and other documents clearly define the national priority of supporting OVC within their families and communities rather than through institutionalized care.

Improved planning and coordination have allowed complementary programming with contributions by the Emergency plan, the Cote d'Ivoire government, UNICEF, WFP and others. MSSSH continues to advocate for larger state contributions (from central and local resources) to support recurrent costs as well as mobilize community and private sector resources.

To date, public sector social-welfare services (53 offices nationwide) have had a poorly adapted model of individual service delivery by social workers, with limited geographic coverage and inadequate links to other health and social services. With FY05 funding, the USG initiated a pilot project to define a new model of service delivery in relation to community groups supporting OVCs, with improved links to education, health and other services. These services represent a significant untapped resource with trained social workers and an infrastructure of decentralized offices under MSSSH.

With minimal institutional and community-based services for HIV-affected families, especially outside Abidjan, EP (bilateral), Global Fund and UNICEF funds in 2005 allowed rapid expansion of sub-grants to CBOs and FBOs to support expanded decentralized services for OVC, their host families, and communities. EP-funded partners include MSSSH's National OVC Program as well as national and international NGOs and FBOs are providing sub-grants and TA to build capacity and sustainability to implementing partners at the community level to achieve national coverage, including in the north. A central part of the OVC strategy is building linkages between children living in an HIV-affected household and receiving comprehensive services including pediatric HIV treatment if needed. Aggressive household outreach to support access to testing and supportive services linked to VCT, PMTCT, TB and other HIV services is being launched with EP and UNICEF support.

While data on OVC remains limited, PEPFAR partners FHI and HIV/AIDS Alliance have assisted the MLS and MSSSH in developing and beginning to implement a national monitoring system with standardized OVC indicators. Through FHI and CARE, the USG has also supported authorities in implementing a national HIV indicator survey and in conducting rapid mapping of services in six districts in the South and three districts in the North.

Program Area Target:

Number of OVC served by OVC programs	38,431
Number of providers/caretakers trained in caring for OVC	915

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with Ministry of Solidarity, #U62/CCU024314
Prime Partner: Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4554
Planned Funds:
Activity Narrative: During FY05 and the first six months of FY06, with the assistance of the PEPFAR funded CDC-MSSSH cooperative agreement, the national program for OVC (PN-OEV) has continued to coordinate the national OVC response with a small team of professional staff hired to complement the core team and with the technical assistance of PEPFAR funded partners. Key activities completed include: OVC mapping and needs assessments conducted in 6 pilot sites, establishment of a network (collaborative platform) of organizations providing services to OVCs in the 6 pilot districts, provision of educational and other support to OVCs, training of social workers and religious leaders, technical and organizational capacity assessment of social worker training institute (INFS) and evaluation of OVC content of social workers' training curricula, development of the national OVC policy document, minimum packages of care, and the national OVC M&E plan and tools.

The collaborative spirit of the PNOEV team has lead to the creation of effective collaborations with ministries responsible for education and health as well as PEPFAR funded partners FHI, HIV/AIDS Alliance, ANADER, CARE International and journalists/REPMASCI and other donors and partners (including the USG interagency country team). These collaborations provide an effective platform to address the needs of OVCs and their host families. These are formalized in the district level technical coordination platforms that bring together local representatives of the technical Ministries (Health, Social Services and Education) as well as NGO/CBO and FBO stakeholders.

With FY06 funds, PNOEV will build on these activities to lead and coordinate the national response with the technical assistance of PSP Project/FHI. The PNOEV/MSSSH will:
• Continue and expand support to OVC and their host families through the interventions of platforms' stakeholders with the technical and financial support of UNICEF, WFP, the Global Fund, and PEPFAR funded partners HIV/AIDS Alliance, CARE International, ANADER as well as other partners
• Continue advocacy and sensitization activities towards parliamentarians, economic and social policymakers, political and administrative leaders as well as local governments and religious and community leaders
• Continue the implementation, monitoring and evaluation of a pilot social centre in San Pedro. The district pilot project serves as a model for a network of linked social and health services (OVC, palliative care, VCT, PMTCT, HIV/TB, HIV treatment, STI etc) services at the public and private sector level within a geographic area, reinforcing local coordination bodies and linking district services to regional and tertiary referral and other central structures. This serves to strengthen and support the rollout of HIV prevention, care and treatment services as part of a network of social and health services integrated into the local response and reinforcing the national system of planning, coordination and monitoring and evaluation. This model takes into account the roles of both the public sector (MEN, MOH, and MSSSH) and the private sector. PEPFAR, through partners the HIV/AIDS Alliance, ANADER and CARE is supporting CBO/FBOs at the community level and EGPAF, FHI, and PSP-one at the district level (private clinics, CBO/FBOs) to provide HIV/AIDS service delivery. In addition, a technical platform of which both private and public sector partners and key stake holders are members is designed to implement the national policy and guide the direction of the district model lead by the MSSSH. Using this platform, PNOEV through the CEROS will continue to promote human and legal rights and strengthen the network for ethics and HIV/AIDS through the organization of training sessions on OVC rights for stakeholders, reviewing the laws and policies on OVC with suggested amendments
• Evaluate San Pedro pilot social center and results of OVC public-private sector

platform in six districts and develop expansion plan on basis of results. Extend the initial OVC situation analysis to at least 6 additional regions, including those of interest for the MEN PEPFAR project regarding OVC at schools (Daloa, Dimbokro and Agboville) and UNICEF and CARE International in at least 3 regions in the rebel controlled regions.

• To conduct baseline community assessments, in collaboration with MEN, to identify OVCs and their social, health, and educational needs in three of the pilot districts at Daloa, Agboville, and Dimbokro. To continue to identify and include OVCs at all seven districts. (Noting that assessments in the other four sites (Yamoussoukro, Abengourou, Bondoukou, and San Pédro) were already conducted by MSSSH/FHI and technical coordination platform members in 2005)

• Collaborate with PSP-one and JHPIEGO and the national technical OVC committee to complete training modules on OVC issues and care to be included in the training curricula of social workers of INFS by October 2006.

• Provide assistance to strengthen the institutional and organizational capacities of CEROS-EV and local NGO members from the decentralized platforms of collaboration. Capacity-building plans will be developed based on the results of the technical and organizational capacity assessment conducted previously to assess the CEROS-EV and the identified NGOs.

• Organize and/or participate in experiences sharing activities among stakeholders, sub-grantees and national program leaders from the platforms, at national, sub regional, regional and international levels. These activities will include limited visits (study tours) attendance to national and possibly international workshops or meetings.

• In Monitoring and Evaluation, MSSSH will continue to coordinate the supervision and monitoring of activities implemented by CBOs, NGOs, FBOs providing care to OVC in collaboration with MLS as part of the one national program. PNOEV will also conduct an evaluation of its 2004-2006 strategic plan and prepare the development of the 2007-2010 strategic plan. The evaluation and the preparation of the new strategic plan will be made with the technical support of the PSP project/FHI and Alliance.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	*200*	☐
Number of providers/caretakers trained in caring for OVC	240	☐
Number of local organization provided with technical assistance *for HIV-related policy development*		☑
Number of income-generating activities developed		☑

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

HIV/AIDS-affected families

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	International HIV/AIDS Alliance
Prime Partner:	International HIV/AIDS Alliance
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	4562
Planned Funds:	

Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

This activity will help address an urgent need for OVC services that has been exacerbated by the country's continuing politico-military crisis. In FY05, funds from the anticipated major donor for OVC services, the World Bank/MAP project, did not materialize, and available donor funds are grossly inadequate to meet the FY05 aggregate PEPFAR target of serving 39,000 OVCs.

ANS-CI will work with the OVC National Program (PNOEV) under the Ministry of Solidarity and the OVC national technical committee (including FHI, UNICEF, ANADER, CARE International, EGPAF/ACONDA and other national and international partners) to support implementing CBOs/FBOs to provide quality community based OVC services according to national priorities and standards. These will be designed to wrap around initiatives such as the canteen school feeding program and UNICEF's school-kit and other education and OVC initiatives. Through subgrants and technical assistance, ANS-CI will provide direct services for OVCs through CBO/FBOs. ANS-CI will also collaborate with PEPFAR funded partners EGPAF, CARE International, ANADER and the Ministry of Education to harmonise interventions and ensure subgrantees have access to relevant OVC commodities including impregnated bednets, safe water and educational supplies. ANS-CI will provide OVC kits designed specifically to meet the population's needs where there is a deficit of other partners.

In FY06, ANS-CI will add at least 10 subgrants to the 20 subgrants awarded in FY05. The 20 continuing subgrantees will receive additional funding based on a performance evaluation after six months to expand range and coverage of services. In all, at least $500,000 will go directly to support 30 subgrants in FY06. These funds are critical to achieving broader service delivery to meet the needs of OVCs and their families and will be particularly targeted to complement the network of health and social services that are being created in collaboration with the PNOEV and OVC coordination groups in 6 regions as well as in the hard-hit western part of the country, where poverty, displacement, and HIV/AIDS have rendered children especially vulnerable. In addition, at least 200 persons will be trained in program and financial management, monitoring and evaluation, OVC service provision, family social and psychosocial support, school and life-skills support, nutritional support, income-generation support, child-protection services (inheritance, legal, etc.), and home-based care.

Partnerships with organizations such as ANADER, Save the Children UK, CARE International, and UNICEF, as well as links with groups such as Rotary and Lion's Clubs, provide ongoing access to regions throughout the country, as well as the supervision and support required to ensure that small grants to CBOs/FBOs are used effectively. These subgrants are developed and awarded with the PNOEV, UNICEF and technical assistance partners to ensure quality services with adequate monitoring and evaluation.

To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the

data management team working with the district HIV/AIDS committees.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	11,000	☐
Number of providers/caretakers trained in caring for OVC	200	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4593
Planned Funds:
Activity Narrative: Through the new Track 1 award, the ANCHOR partnership of HW, in collaboration with Rotary International's HIV/AIDS Fellowship (RFFA), and with support from the Emory Schools of Public Health and Nursing, the International AIDS Trust, and Coca Cola, will strengthen existing OVC activities in the greater Abidjan area. Activities will support OVC with provision of home- and community-based counseling, psychosocial support, and health and nutritional services.

With the additional country funds added to support the central funding, HW will be able to reach an additional 500 OVCs, for a total of at least 5000 OVC and affected family members served in FY06. In addition, HW will:

- Strengthen the capacity of CBOs, NGOs and FBOs by providing IEC materials for OVC support groups.
- Assure greater quality assurance for services provided to OVC. This includes increased staffing for better monitoring and evaluation, and supervision.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	☐
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Infants

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Volunteers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Religious leaders

Host country government workers

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Lagunes

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5042
Planned Funds:
Activity Narrative: In 2005 FHI/IMPACT provided substantial TA to the National OVC Program (PNOEV) under the MSSSH, MLS and the OVC technical committee to achieve the activities defined in the MSSSH OVC portfolio to support expanded quality services for OVCs and their families living in Cote d'Ivoire through: 1) central policy, planning training and coordination activities; 2) initiation of a pilot project to improve decentralized coordination and service delivery; and 3) implementation of the OVC monitoring and evaluation plan. Furthermore, in 2005 a resident technical advisor and targeted international assistance to meet the TA which included program design, implementation, and M&E were supported. The detailed FHI work plan was validated by the USG as well as MSSSH. Outcomes included: validated national policy and planning documents, a detailed work plan including management, M&E components for the pilot project, documentation of small grants procedures for service providers, a capacity building plan in response to the needs assessment among targeted FBO/CBO service providers, and required reports. The MLS and MSSSH will receive TA to develop the national M&E plan for community interventions including OVC, and related data collection and other tools.

In FY 06, due to FHI/IMPACT reaching its project ceiling limit, the USG/CI team has decided to continue follow on activities through the PSP one mechanism. Therefore Abt. Associates with their sub partners will continue in its role of TA to the MSSSH in the decentralization of their activities.

San Pedro District Model
PSP will conduct an evaluation of the San Pedro district model social center project commenced with FY05 funds. This is an integral part of the broader district pilot project designed to integrate comprehensive HIV services as part of a district network of HIV/AIDS prevention, care, treatment and support interventions with planning and implementation lead by local authorities including the San-Pedro district health management team and HIV district coordination committees. The district pilot project serves as a model for a network of linked social and health services (OVC, palliative care, VCT, PMTCT, HIV/TB, HIV treatment, STI etc) services at the public and private sector level within a geographic area, reinforcing local coordination bodies and linking district services to regional and tertiary referral and other central structures. This serves to strengthen and support the rollout of HIV prevention, care and treatment services as part of a network of social and health services integrated into the local response and reinforcing the national system of planning, coordination and monitoring and evaluation. This model takes into account the roles of both the public sector (MEN, MOH, and MSSSH) and the private sector. With regard to the private sector, PEPFAR, through the HIV/AIDS Alliance is supporting local NGOs at the community level and EGPAF at the district level (private clinics and NGOs) to provide HIV/AIDS service delivery. In addition, a technical platform of which both private and public sector partners and key stake holders are members is designed to implement the national policy and guide the direction of the district model. This technical platform is responsive to linking with corporate or large private sector companies such as VANCO Energy to mobilize additional resources and/or to provide referral services for employees.

PSP-one will continue to provide TA to all OVC implementing agencies, focusing on PNOEV and the Alliance as they establish their operations, and disburse small grants to the private sector to support OVC; and TA (depending on need) to several other agencies, and others entering into the OVC arena. With the support of the project coordinator based in San Pedro, under the direction of the Director, the following detailed activities will be continued in FY 06:

1. Coordination with JHPIEGO for the development and the pretest of the training modules on OVC issues and care to be included in the training curricula of social workers of INFS by October 2006.
2. Building collaborations between services, private/public sectors and stakeholders including training for focal persons responsible for referral and liaison within their services
3. Extend the initial OVC situation analysis to 6 additional regions, including those of interest for the MEN and UNICEF regarding OVC at schools.
4. Selecting a consultant to conduct a situation analysis on disabled OVC in the context of HIV/AIDS. In order to strengthen the institutional and organizational capacities of the CEROS-EV and local private sector NGO members from the platforms of collaboration.
5. Collaborating with health and social sectors/services in building roles of organizations within the network; hold information-sharing problem-solving and consensus-building meetings with community stakeholders and staff of participating organizations on operating principles, human rights and protection fro OVCs, and refinement of operations and guidelines in both the private and public sectors.
6. Implementation of referral mechanisms, including documentation & institutionalization of standardized forms, instruments and procedures compatible with existing local systems.
7. Involve PLWHA, their families and caregivers in the implementation of the network; including community mobilization in demand creation for services in both the private and pubic sectors in order to develop community ownership.

This activity will provide for the comprehensive needs of clients who present at health services (both public and private) at an advanced stage of AIDS and to complete the continuum of care for people living with HIV/AIDS as a chronic illness. Furthermore, an evaluation of the five other district social centers in preparation for replication activities based on the success of the San Pedro district model will be conducted.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑
Number of local organization provided with technical assistance for HIV-related policy development	3	☐

Target Populations:

Business community/private sector

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with Ministry of National Education, # U62/CCU24223
Prime Partner: Ministry of National Education, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5043
Planned Funds:
Activity Narrative: During FY06, the Ministry of National Education (MEN) PEPFAR project will build on existing activities targeting school-aged children to expand and formalize their collaboration with the National Orphans and Vulnerable Children's Program (PNOEV) under the Ministry of Solidarity and Social Security. The Ministry of National Education has a multifaceted prevention and care project funded by PEPFAR that complements other education sector projects supported by UNICEF, UNESCO, WFP and other partners. UNICEF, WFP and PEPFAR are working to ensure their interventions are jointly planned with national authorities to maximize their impact.

The collaborative spirit of the MEN project team has led to the creation of effective collaborations with ministries responsible for health and social services as well as PEPFAR funded partners FHI, HIV/AIDS Alliance, ANADER, REPMASCI and other donors and partners (including the USG country team). These collaborations provide an effective platform to address the needs of OVCs and their host families. These are formalized in the district level technical coordination platforms that bring together local representatives of the technical Ministries (Health, Social Services and Education) as well as NGO/CBO and FBO stakeholders.

With these FY06 funds, in collaboration with the PNOEV/MSSSH and technical assistance partner FHI, the Ministry of Education proposes to contribute their expertise and capacity in the education sector to meet the needs of school-age orphans and children made vulnerable by HIV/AIDS in the following ways:

1. Local representatives of MEN will participate in the technical coordination platforms at all seven of the pilot districts included in the PEPFAR MEN project. Baseline community assessments will be conducted to identify OVCs and their social, health, and educational needs in three of the pilot districts at Daloa, Agboville, and Dimbokro. It is important to note that assessments of the other four sites, Yamoussoukro, Abengourou, Bondoukou, and San Pédro, were already conducted by MSSSH/FHI and technical coordination platform members in 2005).
2. To provide: 1. education related services to at least 7,231 OVCs at the 7 sites along with education kits (taking into consideration the needs related to enrollment, school books/materials, examination fees and clothing appropriate for different grade levels at public schools) 2. access to nutritional support at the school canteen program and 3. links to other health and social services through the technical platform and their members' organizations.
3. To monitor and evaluate the program with an outlook to improve and replicate the program on a national scale and provide data to all partners (PEPFAR, UNICEF, WFP and others).
4. To advocate for an expanded response to OVCs educational and other needs using the data from the program results targeting national and regional policy/decision makers including the Minister of Education and his cabinet members. Specific objectives are to ensure access to education for OVCs through measures such as abolishing and/or assuring sponsorship of school fees and reducing other costs of schooling, such as the purchase of uniforms and books, and to expand the role of schools in providing care and support for OVCs through partnerships with social, nutritional and health services and community networks.
5. To mobilize additional resources in support of a comprehensive response to OVCs and HIV/AIDS in the education sector through advocacy.

The MEN in collaboration with PNOEV and UNICEF will also coordinate with CARE International (the recipient of both PEPFAR and Global Fund projects in the regions controlled by the Force Nouvelle) to expand educational and other services to OVCs in these regions. In the subsequent two years, if expanded national, UNICEF and

PEPFAR and other donor resources are available, the MEN plans to rapidly expand services to achieve national coverage of OVC educational needs.

In light of research showing that orphans are less likely to attend school than non-orphans, education related services will be provide to at least 7,231 OVCs at the 7 districts with education kits (which include books approved by MEN, exercise-books, pens, bag). 21 people will be trained for assessments and for provision of education kits at the site level. The 21 people trained will be comprised of three persons: 1 specialized educator, 1 social assistant and 1 teacher from each district.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Needs Assessment	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,231	☐
Number of providers/caretakers trained in caring for OVC	21	☐

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lacs

Zanzan

Agnebi

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5044
Planned Funds:	

Activity Narrative:

CARE and partners Caritas, JHPIEGO and Population Council successfully competed for a PEPFAR award in September 2005. The project contributes to building an indigenous, sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health care has been disrupted since the 2002 rebellion.

CARE initiated operations in northern CI in 2003, in partnership with PSI and FHI, under the Rail-Link Project. A 2004 grant from the GFATM supported CARE's emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, including Bouaké, Korhogo and Man, in partnership with PSI and AIMAS. This program was effectively the sole prevention activity of scale in the North. A second two-year phase was recently approved by the CCM and GFATM for FY06 and FY07. With its faith-based extension network and links to eight health reference centers operated by the church in the project zone, Caritas is well-positioned to initiate OVC activities. CARE has established an important presence in the area and has developed good working relationships with FN military and civilian authorities; bilateral and multilateral donors; international, national and local NGO/CBO/FBOs; and appropriate ministries.

With PEPFAR funding, CARE supported several local NGO/CBOs/FBOs (including Caritas) in Bouaké, Man and Korhogo to implement care and support activities for PLWHA and OVC. Organizations such as INADES, BDPH and MSF/Belgium assisted in developing capacities of the implementing groups, while the World Food Program provided food baskets for eligible target groups. This assistance was mainly provided to primary school children, who received school assistance (school uniforms, tuition, counseling with teachers), food assistance (canteen fees, family rations), social assistance (clothes, cleaning products), psychological support in their families and health care. The current project aims to build on this reservoir of compassion by scaling up and sustaining efforts to assist PLWHA and OVC.

As lead implementer of both Global Fund and PEPFAR-supported OVC activities in northern and western CI, CARE will be able to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo and Man. From each of these central sites, CARE will gradually scale up OVC activities to three satellite sites in each area.

Planned OVC activities will draw on baseline quantitative and qualitative assessments, including participative assessments with OVC, conducted with FY05 funds in the first six months of FY06. OVC activities complement and form a continuum with other project activities described in "AB," "Other Prevention," "PC," and "CT," with M&E integrated across all areas. CARE's program will complement and build on other PEPFAR-funded efforts, including Ministry of Education, Ministry of AIDS, HIV/AIDS Alliance, ANADER and Hope Worldwide activities in support of youth and OVC. CARE has effective collaborative relationships with all these institutions. The project will operate in consultation with the Ministry of Solidarity's National OVC Program and the national OVC committee (CEROS-EV) and will be coordinated through village, district, regional, and national forums.

A major program thrust will be linkages with health and CT services to identify HIV-infected or -affected children through CT, PMTCT, and TB services. OVC and their families will also be identified using or adapting data-collection tools developed by the Ministry of Solidarity and FHI. Follow-up at household level will assess needs of various OVC groups (HIV-positive children and their families, children of HIV-positive

parents, adolescent girls, orphans requiring grief support, etc.) and provide or facilitate psychological support and monitoring, access to school and legal assistance (e.g. birth certificates), and distribution of support packages (school kits, exam fees, basic health supplies) for OVC and other children in their host families. Limited support for income-generating activities for child-headed households and others highly vulnerable populations will be considered. CARE will work to mobilize wrap-around funds to address other poverty-reduction challenges.

OVC activities envisaged with FY06 funds include:
1. Sub-grants to NGO/CBO/FBOs for OVC care and support
2. Support and monitoring of OVC by a mobile team at target sites
4. Core technical capacity-building activities in OVC, including promotion of a child-mentor model

Six sub-grants will be disbursed in Year 1. Applicants will be able to apply for a one-year grant. Eligible FBO/NGO/CBOs will develop an action plan and budget. CARE will disburse funds directly to the sub-grantee in accordance with pre-designed systems under a memorandum of understanding. Subsequent disbursements will be released contingent upon performance and acceptability of financial reports. To facilitate future networking, management and oversight capacity, CARE will work through the local steering committees whose responsibilities for the last two years of the project will range from action plan and budget development to accounting for funds and achievements.

CARE will collaborate with PEPFAR-funded partners EGPAF, HIV/AIDS Alliance, ANADER and the Ministry of Education to harmonize interventions and ensure that sub-grantees have access to relevant OVC commodities, including impregnated bednets, safe water and educational supplies.

With FY06 funds, the project will:
1. Provide care and support services to 2,000 OVC and host families
2. Train 60 social workers and community counselors in community mobilization, promotion of CT uptake and psychosocial support
3. Conduct quarterly steering meetings with partners to share experiences
4. Develop and implement a project-specific M&E plan based on national and USG requirements and tools

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC	60	☐
Number of local organization provided with technical assistance for HIV-related policy development		☑
Number of income-generating activities developed		☑

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas

18 Montagnes

Savanes

Sud-Bandama

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5164
Planned Funds:
Activity Narrative: With FY06 funds, USG technical staff will be supported and will continue to work closely with the interagency country management team and HQ technical staff to provide technical assistance and coordination for PEPFAR supported activities aimed at improving the lives of orphans and other vulnerable children (OVC) and families affected with HIV/AIDS. USG technical staff assists host government and non-governmental organizations with continued cooperation and coordination of OVC related activities. These efforts are conducted in consultation with the Ministry responsible for the Fight Against AIDS, other technical Ministries (Education, Health, Solidarity, Human Rights), non-governmental organizations (NGOs), multinationals, and bilateral organizations (e.g. UNICEF and other UN agencies), PEPFAR funded partners including FHI, HIV/AIDS Alliance, CARE, and JHPIEGO).

USG technical staff contributes to the planning and implementation of policies reaching OVC populations and ensures the ongoing development of programs to improve delivery systems for OVC of the national public health sector of Cote d'Ivoire. USG staff provides technical support to partners to expand quality services for OVCs and their families and provides technical assistance in program design, supervision, and monitoring and evaluation of PEPFAR supported OVC activities.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community-based organizations

Faith-based organizations

Infants

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Host country government workers

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5480
Planned Funds:
Activity Narrative: The National Agency for Support to Rural Development (ANADER) and sub-partners REPMASCI (Network of media professionals and artists fighting against HIV/AIDS), Population Services International CI (PSI), and ACONDA-VS CI successfully competed for a new PEPFAR-funded project awarded in September 2005.

The project proposes to contribute to a broader effort to build a local response to HIV/AIDS in rural underserved areas, where 60% of the population lives, much of it functionally illiterate. The project will draw on the substantial existing activities of consortium members to rapidly expand access to prevention, care, and treatment interventions. It will improve links to existing health, social, and education services and will accompany the expansion of these services as national programs scale up. The consortium will draw on technical assistance from partners MSD Interpharma and International HIV/AIDS Alliance.

Before the project was awarded, ANADER had successfully established a large-scale HIV-prevention program based on participatory risk mapping and risk-reduction approaches centered on village HIV action committees. ANADER had developed collaborations with multiple ministries (National Education, Health, Solidarity, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS), youth NGOs and faith-based communities. ANADER, REPMASCI, PSI and ACONDA VS-CI had also been successful in mobilizing internal resources and attracting PEPFAR, Global Fund, MSD Interpharma, and other funds/partners to support their activities. ANADER has a broad rural development mandate and thus also has initiatives designed to address poverty, gender inequities, and food insecurity and seeks to maximize any opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan, and other donors/partners have offered or do offer ANADER such partnership opportunities.

Activities planned with FY06 funds will draw on baseline quantitative and qualitative assessments conducted in the first term of FY06. OVC activities will complement and form a continuum with other project activities described in sections "A/B", "Other Prevention", "Palliative Care," "VCT," and "ART Services," with monitoring and evaluation integrated across all the areas. The project will operate in consultation with the Ministry of Solidarity's National OVC Program and the national OVC committee (CEROS-EV), seeking to extend services into underserved rural areas. Activities will be coordinated through village, district, regional, and national forums and will complement and build on other PEPFAR-funded efforts, including Ministry of Education and Hope Worldwide activities in support of youth and OVC; Ministry of AIDS activities to develop effective BCC approaches and mobilize faith-based communities and opinion leaders; HIV/AIDS Alliance support for CBO/FBOs, OVC and PLWHA; and CARE International and CARITAS support for OVC in underserved northern and western regions. ANADER has established effective collaborative relationships with several of these institutions/organizations in addition to its direct presence throughout most of the country.

With FY06 funds, the project will extend 2005 activities in terms of geographic area and scope, adding two more regions to Les Lagunes and Bas-Sassandra, serving at least 4,000 OVC, training at least 144 persons in OVC care, and providing:

1. Sensitization about the importance of community-based support for OVC and HIV-affected families
2. Information about and referral to existing sources of care, support and education for OVC.
3. Training of community counselors, providers/caretakers, CBOs and local NGOs in

providing psychological support and monitoring, facilitating access to school and legal assistance (e.g. birth certificates) for OVC
4. Identification of OVC and affected families using or adapting data-collection tools developed by the Ministry of Solidarity and FHI as well as following up HIV-positive clients self-identified after testing provided by ANADER's mobile CT units. Follow-up at household level will identify and address needs of different OVC groups, including HIV-infected children and their families, children of HIV-infected parents, adolescent girls, orphans requiring grief support, and different age groups.
5. *Procurement and distribution of support packages (school kits, exam fees, basic* health supplies) for OVC and other children in caregivers' families. ANADER will also manage procurement for HIV/AIDS Alliance.
6. Stigma reduction using REPMASCI's expertise and materials

In a pilot project in one region, ANADER's expertise in rural development will be used to help affected families develop income-generating activities, mainly linked to agriculture. Project funds will allow supplying the necessary tools and equipment. ANADER will work to mobilize additional resources to expand these IGAs.

ANADER and subpartner PSI will collaborate with PEPFAR-funded partners EGPAF, HIV/AIDS Alliance and the Ministry of Education to harmonize interventions and ensure that sub-grantees have access to relevant OVC commodities, including impregnated bednets, safe water and educational supplies.

ANADER will implement a project-specific monitoring and evaluation (M&E) plan based on national and USG requirements and tools. Data will be collected by rural health center personnel and community counselors and will be transmitted to ANADER's district, regional, and project central units. Project reporting will occur monthly, quarterly and yearly. The project will contribute to the implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health, and Solidarity. Results of the AIDS Indicator Survey will be used to inform project programming.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	4,000	☐
Number of providers/caretakers trained in caring for OVC	144	☐
Number of local organization provided with technical assistance for HIV-related policy development		☑
Number of income-generating activities developed	8	☐

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00
Prime Partner:	Hope Worldwide
USG Agency:	U.S. Agency for International Development
Funding Source:	N/A
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5499
Planned Funds:	

Activity Narrative: Through the new central award, the ANCHOR partnership of HW, in collaboration with Rotary International's HIV/AIDS Fellowship (RFFA), and with support from the Emory Schools of Public Health and Nursing, the International AIDS Trust, and Coca Cola, will strengthen existing OVC activities in the greater Abidjan area. Activities will support OVC with provision of home- and community-based counseling, psychosocial support, and health and nutritional services, and will reach at least 4,500 OVC and affected family members in FY06. Additional country funds will allow the achievement of expanded service delivery. Hope WW will implement the following activities in FY06:

- Continue facilitate after-school programs to provide multilevel support for children through support groups for OVC. This includes counseling, play therapy, nutritional support, referrals, and educational support. Child participation and interaction is promoted.
- Childcare facilitators and volunteers will conduct OVC-focused Home-Based Care activities and will visit children with special needs and assess living conditions and family needs and concerns.
- Provide technical assistance to selected NGOs/CBOs working in OVC care and support to prepare proposals to Alliance or other funding sources to receive sub grants, as well as provide programmatic and administrative assistance. HWSA will find new partners to scale up OVC reach.
- Train and mentor CBOs, NGOs and FBOs and other community stakeholders on OVC issues. This includes training in OVC community mobilization strategies, psychosocial support, counseling, nutritional support, succession planning, and play skills etc. The different training will be done in conjunction with the MSSSH or Alliance training and technical platform.
- Subcontract to have an independent evaluation by FHI of their OVC and related community mobilization activities to assist documentation of their best practices and identify areas for improvement and program gaps including in their monitoring and evaluation plan as well as services provided and organizational capacity.
- Revise and implement their monitoring and evaluation plan in light of their expanded activities.
- Collaborate with the MSSSH and participate in the national OVC consultative committee and contribute to national policy, planning and training material development (including definition of targeted OVC care packages to support OVC within the community) and ongoing coordination at the national level.
- Continue to mobilize additional financial and in-kind resources (including from WFP) and develop a plan to promote local ownership and long term sustainability of quality services.
- Collaborate with other PEPFAR partners such as Alliance, FHI and certain national partners (MSSSH/PN-OEV, MLS, first lady's office) as well as other donors (Global Fund, UNICEF)
- HOPE worldwide South Africa (HWSA) will provide technical assistance to the program both in terms of programmatic assistance as well as organizational capacity development. HWSA will share key documents and manuals, conduct site visits and hold a regional ANCHOR conference in South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,500	☐
Number of providers/caretakers trained in caring for OVC	250	☐
Number of local organization provided with technical assistance for HIV-related policy development		☑
Number of income-generating activities developed		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Infants
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers (Parent: Host country government workers)
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Host country government workers
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Lagunes

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

As the key entry point to care and treatment and an effective tool for primary and secondary prevention access to quality counseling and HIV testing services remains grossly inadequate in Cote d'Ivoire. Accelerated expansion of CT services represents a national and EP priority for 2006 as part of the national HIV/AIDS response. The national goal is "to improve quality of and access to VCT in all regions of Côte d`Ivoire by 2007" through both integrated CT services (with health services) as well as community based service delivery models.

Public officials (the 1st Lady, Ministers, Mayors) have strongly promoted CT. The Health Minister has repeatedly been tested to promote CT. The national policy is to provide free HIV testing services.

There are various CT service delivery and financing models. As of September 2005, there were less than 25 functional CT service sites (without PMTCT services) for the general community as well as those targeting high-risk populations (youth, sex workers, military, TB, STI clients etc). However these include a number of innovative partnership models with financial and technical contributions from the public, private and/or NGO/FBOs, emphasizing sustainability and local ownership. At present these services remain concentrated in Abidjan. In 2005, Global Fund resources have permitted 7 laboratories and/or regional hospitals to integrate testing and provide counseling services in the interior including in the zones most affected by the crisis. The EP support continuing services at 10 diverse targeted CT services and, with FY05 funds, will support the establishment of 15 community based CT centers in partnership with local government and CBOs as well as at least another 25 integrated and targeted services. Over the next 6 months, there will be at least a doubling of CT services, and, in 2006 that number will at least double again with services in every district.

The national HIV Care Program, MOH, includes a CT technical lead who has the responsibility to plan, coordinate and monitor CT activities. Regular meetings are held with the CT technical group bringing together key stakeholders to discuss coordination and technical issues. The MOH expert biology committee (created September 2003) provides guidance on HIV testing and other laboratory issues, including use of rapid HIV tests and quality assurance. In 2004 standardized MOH CT guidelines were disseminated, a national evaluation of CT services was conducted and disseminated, and an expansion plan was formulated (2004). National CT "norms and procedures", developed in 2002 with USG support, are used and referenced in CT centers. In 2005 standardized monitoring tools as well as CT training materials have been developed, the latter target both health professionals and peer-counselors. Job aids are being finalized. CT promotional materials were also developed and an initial social mobilization campaign conducted. Specialized promotional materials were also developed for uniformed services, sex workers and truckers.

With the award of 3 new cooperative agreements in September 2005, EP efforts are now underway to rapidly expand CT services to reach rural populations with a network of mobile clinics linked to the community "youth and couple friendly" CT clinics and to expand coverage for uniformed services, truckers and sex workers and other highly vulnerable populations with targeted services. In addition, a major initiative will be undertaken to introduce routine provider initiated CT services at health services including all 57 TB service sites nation wide, at large inpatient services, and at family planning services complementing expanding PMTCT and treatment services and accompanied by CT social marketing campaigns.

These EP efforts are designed to complement those of the government, Global Fund, and other partners. In 2004, the GOCI introduced an annual budget for HIV rapid tests (~$USD 400,000). A large funding gap remains in CT.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	230
Number of individuals who received counseling and testing for HIV and received their test results	134,880
Number of individuals trained in counseling and testing according to national or international standards	952

Table 3.3.09: Activities by Funding Mechanism

Mechanism: International HIV/AIDS Alliance
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4564
Planned Funds: [redacted]
Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, ANS-CI will support the expansion, strengthening, and replication of successful stand-alone youth- and couple-friendly voluntary HIV counseling and testing (CT) centers.

This expansion of CT services will be based on the HIV/AIDS Alliance's work with the office of the Mayor of Port Bouet, the Mayor's Alliance against HIV/AIDS in Cote d'Ivoire, the national HIV care and treatment program (PNPEC/MOH), JHPIEGO, and other stakeholders to develop a national initiative and a sub-granting model to support replication of the model Port-Bouet VCT center and community support space (evaluated in 2005). This model involves the leveraging of resources from multiple sources, including the local mayor or general council (to provide a building, amenities, and support staff), the national government (to provide HIV tests and professional health and/or social worker staff), an external donor (to provide leveraging funds for equipment and minor renovations), and a technical provider (to assure training supervision, quality assurance, and monitoring and evaluation).

With USG support, JHPIEGO will provide technical assistance to assure training supervision and the quality of VCT services. ANS-CI will establish a written memorandum of understanding (MOU) with the Ministry of Health (MOH) defining the roles and responsibilities of the various parties in accordance with national policy and regulations and will assume the role of overall coordination, management, and monitoring of the sub-grants. Each VCT center will have an MOU to define the contributions and responsibilities of the financial and technical assistance partners.

With the ANS-CI granting mechanism fully operational in FY06, the number and size of grants will increase significantly. In collaboration with the MOH and EGPAF, ANS-CI will provide 18 continuing grants of approximately [redacted] each to VCT centers (three existing and 15 from FY05), conditional on their 2005 performance. These grants will be used to promote VCT services and income-generating activities, such as an Internet café and library (in partnership with an Internet provider). To promote VCT activities; ANS-CI will support the development of an MOU between the VCT centers and the Ministry of Education for a free weekly pass for members of "Clubs de Santé" with VCT tests.

With additional funds in FY06 and in collaboration with EGPAF, the Port Bouet model will be expanded to four more sites through sub-grants of approximately [redacted] each by June 2006. A sustainability plan will be included in the criteria for sub-grant awards. The new center projects will explicitly enhance links with related health and social services in the geographic area and will promote coordination at all levels through the district, regional, and national HIV and other coordination forums. Regular monitoring reports will be provided to the relevant bodies and donors. It is expected that in FY06, funded activities will provide CT services to approximately 30,000 people and will train 185 people in providing CT services.

To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized

levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	*10 - 50*
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	22	☐
Number of individuals who received counseling and testing for HIV and received their test results	30,000	☐
Number of individuals trained in counseling and testing according to national or international standards	185	☐

Target Populations:

Adults

Community-based organizations

Family planning clients

Infants

National AIDS control program staff (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Increasing women's access to income and productive resources

Wrap Arounds

Microfinance/Microcredit

Education

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4577
Planned Funds:
Activity Narrative: JHPIEGO's work in Cote d'Ivoire for Counseling and Testing has been complementary to the technical work of other PEPFAR partners. In particular, JHPIEGO has been providing expertise in use of the mastery-learning approach in training, and more recently the performance improvement (PI) approach. Accomplishments through FY05 include: development of training curricula for VCT (as well as PMTCT and ART); development of preservice and inservice trainers in VCT (as well as PMTCT and ART); holding curriculum review workshops with preservice training institutions to determine how the VCT (and PMTCT and ART) training materials will be integrated into the school's curriculum; and piloting PI in PMTCT/VCT at 10 sites in collaboration with the MOH and other PEPFAR implementing partners. JHPIEGO has also been part of 2 winning consortia applications for PEPFAR projects in partnership with prime partners CARE and with PSI which will allow further opportunities for extension of JHPIEGO's work and transfer of competence.

To continue these efforts and further build local capacity in training and PI, in conjunction with institutional partners JHPIEGO will:
• Follow up on national trainers as they implement training of service providers in VCT, PMTCT, ART (whenever possible, during cascade training supported by EGPAF, Alliance, ANADER, PSI, CARE, Ministry of Health etc.) with the JHPIEGO Technical Advisor observing new trainers "in action" and provide them with feedback to strengthen their performance
• Conduct TOT in counseling and testing for at least 20 more pre-service educators so that they have the training skills to implement the VCT content that has been added to the curricula at preservice training institutions.
• Follow-up on PI efforts in PMTC and VCT at 10 initial pilot sites, and expand approach to 10 additional sites in PMTCT, VCT, ART in collaboration with EGPAF, CARE and PSI
• Based on results from the initial pilot phase, hold discussions with appropriate ministry partners regarding feasibility of institutionalizing PI into the integrated health supervision system.
• Build institutional capacity to integrate these training and PI approaches

The cross-cutting, complementary nature of JHPIEGO's work necessitates close collaboration with national and international partners working on PEPFAR. Training materials development has been coordinated through the SSPA (Secretariat de Suivi du Plan d'Action), a committee made up of national institutions that was created by ministerial decree to follow-through on the creation of national curricula in HIV/AIDS. Individual national and technical institutional partners for Counseling and Testing work include:
• Ministry of Education: The MOE participated in planning meetings regarding the integration of HIV content into preservice curricula. In anticipation of an increased focus on integration of HIV content at the preservice education institutions, JHPIEGO will recommend bringing the MOE into the SSPA.
• Preservice Education Institutions (Medical School, Nursing/Midwifery and Laboratory School, School of Social Work, Pharmacy School, and the Dentistry School): Preservice institutions are all represented on the SSPA. Now that inservice training capacity exists for PMTCT, VCT and ART, JHPIEGO will focus on integrating these content areas into preservice curricula at these schools.
• PNPEC: To ensure country ownership, JHPIEGO is working closely with PNPEC in planning and implementing all training and PI activities.
• DFR: As the division of the Ministry with oversight of training, DFR has been a key partner and the Director is president of the SSPA. The JHPIEGO Country Representative is currently co-located at the DFR to work with their staff on a continuous basis, promoting transfer of program management skills.

• SASED: JHPIEGO will seek to associate SASED (which has as their mandate to support the capacity of regions and districts) in PI to support institutionalization of the PI approach.
• SMIT: SMIT, a national technical leader in ART implementation, has been a member of the SSPA since its inception and will continue to be asked for input into the development of training materials.
• WHO: WHO, a member of the SSPA, has participated in validation of training materials. JHPIEGO is coordinating with them to ensure complementarity of materials with WHO's PCIMA materials.
• AIDS Alliance: Alliance is working with the community and ensuring free-standing VCT services. JHPIEGO will coordinate with them to ensure their use of the VCT training package and trainers. They will also participate in development of VCT performance standards. PI tools and facilitators will be made available to Alliance.
• FHI: JHPIEGO is coordinating with FHI regarding ensuring the PI approach is complementary to the San Pedro district model.
• JHU/CCP: JHPIEGO has been coordinating with JHU/CCP, serving as a pass-through for CCP to received funds, and ensuring local funds availability until CCP opens a bank account. Future collaboration can include JHPIEGO technical input into CCP training material and job aids.
• APHL: APHL is working with the national lab on training materials and has requested JHPIEGO assistance in curriculum development.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards	20	☐

Target Populations:

Country coordinating mechanisms
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
Teachers (Parent: Host country government workers)
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Lagunes

Moyen-Comoé

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Rapid expansion uniformed services
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4580
Planned Funds:
Activity Narrative: PSI and sub-partners JHPIEGO, AIMAS, CARITAS and Espoir FANCI (an NGO of military living with HIV) successfully competed for a new PEPFAR-funded project awarded in September 2005. The project proposes to build on existing activities by PSI and sub-partners to increase uptake of HIV prevention and confidential HIV counseling and testing (CT) among the uniformed services, ex-combatants, and their partners.

Before the project was awarded, PSI worked with the ministries of Health, AIDS and Defense to develop and implement peer-education and public awareness materials and campaigns targeting members of the Defense and Security Forces (FDS) in the South and the Forces Nouvelles (FAFN) in the North, as well as their partners. PSI also implemented a national CT campaign and a CT center drawing on its experience delivering CT services at fixed and mobile sites in 20 countries. JHPIEGO developed training materials used in Cote d'Ivoire's national plan for STI management and prevention as well as in CT and HIV prevention activities. AIMAS sold more than 30 million condoms in 2004 and promoted abstinence among youth. CARITAS has a national HIV program with 350 local and 154 regional committees involved in AB promotion and community mobilization. Espoir FANCI used testimonials and psychological support to reduce stigmatization, discrimination and rejection among members of the military and their partners. PSI and its partners have been successful in mobilizing internal resources and attracting funds from USG, Global Fund, KfW, Secure the Future Foundation and others to support their activities.

Activities planned with FY06 funds will draw on quantitative and qualitative assessments in the first six months of FY06. CT activities form a continuum with other project activities described in sections "AB," "Other Prevention" and "Palliative Care," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC materials and approaches; ANADER and CARE International expansion of access to HIV/AIDS prevention, care, and treatment in rural, northern and western areas; MOH and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment services; FHI and IMT activities for highly vulnerable populations such as sex workers and truckers; and HIV/AIDS Alliance support for CBO/FBOs providing CT, PMTCT, palliative care and OVC services and promoting treatment literacy.

Interventions will be conducted at sites chosen in collaboration with military authorities and will target the military (both FDS and FAFN), child soldiers, ex-combatants and their partners. Over the life of the project, PSI will collaborate with appropriate authorities to target other uniformed services.

Building on FY05-funded activities, including the establishment of one CT center and two mobile CT units (one in the North and one in the South) in the first half of FY06, CT activities envisioned with FY06 funds include:
1. Reinforcing capacity at the military's two CT centers through technical assistance, training and supervision
2. Establishing one new CT site in a military health center outside Abidjan chosen by the MoD and project partners
3. Conducting needs assessments for 15 new sites at military health centers to be visited by the two mobile CT units
4. Training 53 military members as CT counselors according to protocols approved by the MOH
5. Providing CT services at three fixed sites and 40 sites (15 new and 25 existing) at military health centers visited by the two mobile CT units
6. Providing TB screening and training 15 service providers in STI diagnosis and

treatment
7. Strengthening the country's referral network through mapping and linkages with partners
8. M&E of services with mystery-client surveys and exit interviews

PSI will collaborate with and provide support to the National Security and Defense Forces, MOH and other government agencies, including helping to develop and implement training and communications materials and improving M&E activities. JHPIEGO will train service providers and supervise STI diagnosis and treatment. PSI and its partners will work to link activities with related HIV prevention, care, treatment, and social services in the area and will promote coordination at all levels through bodies such as village, district, regional, and national HIV coordination committees and networks of CBOs, NGOs and FBOs. PSI will participate in relevant national technical coordination committees and will ensure that local stakeholders receive adequate information and assistance to engage and access funding opportunities supported by PEPFAR and other donors. PSI will develop and implement a project-specific M&E plan based on national and USG requirements and tools.

The project will promote sustainability by:
1. Training military authorities to manage two mobile CT units and two mobile video units for the promotion of BCC messages (by end of project)
2. Reinforcing organizational and supervisory capacities of COSCI (network of NGOs fighting HIV/AIDS), RIP+ (Network of Persons Living with HIV/AIDS) and Espoir FANCI through training and shadowing
3. Building capacity at three CT centers

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	18	☐
Number of individuals who received counseling and testing for HIV and received their test results	15,600	☐
Number of individuals trained in counseling and testing according to national or international standards	53	☐

Target Populations:

Adults

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

Military personnel (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Table 3.3.09: Activities by Funding Mechanism

Mechanism: EGPAF Rapid expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5045
Planned Funds:
Activity Narrative: The MOH and the USG team in Côte d'Ivoire have asked EGPAF to support the integration of routine provider-initiated counseling and testing (CT) as part of comprehensive HIV services at health centers. This program area includes the dual goals of detecting patients with HIV in need of care, especially those in need of ARV treatment, and reinforcing provider-delivered behavior-change interventions for primary and secondary prevention (sexual and mother-to-child HIV transmission). The CT project will focus on rapidly complementing and completing overall Project HEART activities and two other rapid-expansion proposals launched in 2005 to expand treatment services using a network approach in Cote d'Ivoire.

The Foundation will support the MOH and its other partners to refine and strengthen national policies and guidelines for scaling up CT services. The US country team and Project HEART are aware of a critical gap manifested by a lack of general CT service availability and a lack of overall funds dedicated to CT expansion in 2005. At present, there are only 17 integrated or stand-alone CT service sites (exclusive of PMTCT services). These remain concentrated in Abidjan. Integrated HIV counseling services are poorly developed at major health facilities even when testing and treatment facilities are available. The project will need to aggressively expand routine availability of CT services, especially at health facilities providing care to persons with advanced HIV disease in urgent need of life-saving treatment. These services will complement other PEPFAR-supported CT initiatives targeting high-risk populations (sex workers, uniformed services and truckers/mobile populations) and the general community, especially youth and couples, with reach to rural and underserved populations and promotion of CT to increase demand and combat stigma in collaboration with the network of PLWHA.

Project HEART Côte d'Ivoire has been growing at an exceptional rate, with 47 comprehensive care and treatment sites and 18,900 ART patients (including >20% TB clients and >10% pediatric clients) expected at the end of PY2 and 72 sites and 35,000 patients on ART expected at the end of PY3.

At the largest University Hospital (CHU) in Treichville, 50%-80% of the 27,000 annual hospitalizations and a substantial proportion of the 75,000 annual outpatient visits are HIV-related. A similar profile is anticipated at the university hospitals of Yopougon and Cocody. The Foundation will work with the various professional associations in Côte d'Ivoire to develop routine provider-initiated CT protocols for inpatients at these hospitals. Simplified versions of the CT protocols will be developed for implementation at all non-CHU hospitals where the Foundation is supporting HIV treatment interventions.

An estimated 47% of the ~18,000 annual TB case load are co-infected with HIV and in need of HAART and comprehensive treatment services. EGPAF will provide the integration of HIV CT at all 57 national TB facilities, building on FY05 activities at the four major specialized TB centers.

Existing CBO/TB program case-detection visits to households to identify TB-infected family members and provide care will be expanded to offer HIV testing as well and, in collaboration with HIV/AIDS Alliance and ANADER subgrants, will help identify others (including children) with one or both of these infections requiring treatment and support.

Project HEART can largely meet its treatment and care targets and contribute to national targets by ensuring that routine CT services with functional links to HIV care and treatment are rapidly established through existing partnerships with the national

HIV and TB programs and the expanded twinning collaboration with CHU-Treichville and the University of California-San Francisco as well as through links with other PEPFAR-supported CT providers, especially those working with highly vulnerable populations such as commercial sex workers.

CT services will be integrated into pediatric, internal medicine and other services at all Project HEART treatment delivery sites at CHU-Treichville, CHU-Yopougon and CHU-Cocody; at eight major regional TB centers and 49 TB corners; at all newly established treatment sites; and, if possible, at all large PMTCT service delivery sites (at least 72 sites total), targeting CT services for 40,000 clients, with training in CT for 350 health professionals and community counselors. This activity will be part of the district networking proposal, which will ensure that HIV-positive clients are effectively linked to comprehensive clinic- and community-based services in collaboration with FHI, HIV/AIDS Alliance and ANADER. Innovative models such as outreach to offer CT to families of HIV-infected persons in care will also be explored, building on successful approaches used in Uganda and elsewhere to target the family as a whole in prevention and treatment efforts.

FY06 funds will permit EGPAF to pursue its district-driven implementation approach in integrating CT in decentralized health facilities. Priority will be given to hospitals with large case loads of inpatients and access to HIV treatment services. District health management teams and PLWHA will be involved in the entire process, from planning to M&E. Working closely with national key players and the USG team to establish a functional supply chain in CT commodities, EGPAF will be responsible for ensuring that all commodities are available to offer the services. EGPAF will also work closely with the MOH training department, JHPIEGO and professional associations and NGOs to benefit from their skills and experience in training, supervision and integration of routine testing in decentralized health services. Competitive subgrants will be awarded to experienced NGO/CBO/FBOs to a) integrate CT in various services targeting vulnerable and high-risk populations and b) increase access to women through inclusion of CT at family-planning service sites.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	72	☐
Number of individuals who received counseling and testing for HIV and received their test results	40,000	☐
Number of individuals trained in counseling and testing according to national or international standards	350	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Infants

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Agnebi

Bas-Sassandra

Haut-Sassandra

Lagunes

Savanes

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5046
Planned Funds:
Activity Narrative: In FY 05 FHI began their new project to provide comprehensive STI and HIV prevention and care services to commercial sex workers and other highly vulnerable populations (HVPs). Additional complementary resources were mobilized from the Belgian Cooperation. FHI and its partners have now completed an exercise to clarify their team structure and relevant roles to ensure that project activities would continue with minimal interruption in the event of ongoing insecurity. They have also developed a capacity development plan to ensure progressively increased participation and ownership by national organizations and developed formal partnerships (sub agreements) with 4 NGOs and comprehensive work plans for 2005. This body of work builds on more than a decade of research and service provision through the previously CDC/RETRO-CI supported Clinique de Confiance and 2 other clinics in collaboration with the Institute of Tropical Medicine in Antwerp. The approach increases the possibility of project success and ensures that activities can expand as originally planned while building local capacity to sustain activities with appropriate and targeted external technical assistance.

With FY 05 funds, activities included:
1) ongoing support through subgrants to CBOs for three services sites (in Abidjan and San Pedro) including routine provider initiated counseling and voluntary HIV testing at initial and follow-up visits with supportive counseling and "prevention for positives" for HIV-infected sex workers, STI care, condom promotion and links to comprehensive treatment and other services; 2) initial needs assessments for subsequent expansion of services to additional services sites and outreach into the community; 3) technical assistance to develop technical and managerial capacity and expand coverage of services; 4) support for national networks of service providers for HVPs; and, 5) concrete approaches to improve the continuum of care for this population through improved links to other care and treatment activities such as those supported by the Emergency Plan including EGPAF, HIV/AIDS Alliance and other organizations.

With COP06 funds FHI will build upon these activities continuing sub grants to CBO/FBO partners and expanding service delivery while providing targeted technical assistance to strengthen local capacity to develop and manage programs for HVP. This technical assistance will include the strengthening of new service delivery sites and the review of progress made by existing partners. The goal of supporting the CBO/FBOs through sub grants is to transfer technical and management capacity and permit the subgrantees to diversify funding and progressively decrease international TA.

It is estimated that in FY 06 at least 1,100 sex workers and HVP will receive CT and their test results. CT activities are an integral part of comprehensive services complementing those describe in "Other Prevention" and "Basic care and support"

Specifically in FY 06 FHI will:

1. Continue subgrants to the three existing CBOs who support 3 CT service delivery sites and outreach for HVPs
2. Continue support to two CT sites (added before March 2006) with new or existing CBO/FBO partners (one in Abidjan and one in-country)
3. Expand the reach of HVP interventions by providing support to two additional CT sites in decentralized geographic zones with FY06 funds (seven total).
4. Continue to strengthen operations management of existing NGOs and associations through capacity building in administrative and financial management; budgeting; leadership; M&E and resource mobilization. More specifically, FHI will support the

development of Quality Assurance and Quality Improvement systems in order to monitor the quality of CT services which is an integral part of routine program monitoring system.
5. Continue promotion of CT services for HVP including extensive outreach in all existing sites.
6. Continue the standardization of CT services at existing sites through the dissemination of standardized tools.
7. Support the participation of local project partners in regional conferences in order to facilitate the exchange of lessons-learned and best practices.
8. Continue support for the establishment of a national learning center to be used as a training ground for CT for HVPs, including peer health educators implicated in the management and delivery of services.
9. Increase coordination among NGOs and associations by strengthening efforts and provide technical assistance to national government's working groups, particularly the HVP and HIV/AIDS working group within the MLS.
10. Conduct baseline quantitative and/or qualitative evaluations at CT service sites complementing other national evaluation efforts coordinated by MLS
11. To conduct a continuous assessment of the prevalence of HIV among sex workers visiting existing CT service sites in FY06 (new and repeat)
12. To address stigma and sexual violence by providing HVP friendly CT services, staff with non judgmental attitudes and by conducting IEC activities with other HVP (partners, clients, bar owners)
For the implementation of these activities, co-funding of ~$85,000 from the Belgian Cooperation will support some field activities including training activities, purchase of male and female condoms and lubricant gel, as well as contribute to support expatriate technical assistance.
The FHI lead HVP project will collaborate with other PEPFAR partners such as Alliance for the strengthening and capacity building of NGOs, EGPAF for initiating ARV services and drugs to HVP in the different sites, and with the AWARE project to improve regional coordination of HVP projects.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	7	☐
Number of individuals who received counseling and testing for HIV and received their test results	2,000	☐
Number of individuals trained in counseling and testing according to national or international standards	8	☐

Target Populations:

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Program managers

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5047
Planned Funds:	
Activity Narrative:	CARE and partners Caritas, JHPIEGO and Population Council successfully competed for a PEPFAR award in September 2005. The project contributes to building an indigenous, sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health care has been disrupted since the 2002 rebellion.

CARE initiated operations in northern CI in 2003, in partnership with PSI and FHI, under the Rail-Link Project. A 2004 grant from the GFATM supported CARE's emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, including Bouaké, Korhogo and Man, in partnership with PSI and AIMAS. This program was effectively the sole prevention activity of scale in the North. A second two-year phase was recently approved by the CCM and GFATM for FY06 and FY07. CARE used FY04 PEPFAR funds to develop PLWHA/OVC community-care projects in partnership with 5 NGO/CBO/FBOs, including Caritas. With its faith-based extension network and links to eight health reference centers operated by the church in the project zone, Caritas is well-positioned to expand service delivery. CARE has established projects covering multiple sectors and has developed good working relationships with FN military and civilian authorities; bilateral and multilateral donors; international, national and local NGO/CBO/FBOs; and the various ministries.

As the principal beneficiary of both Global Fund and PEPFAR-supported CT activities in northern and western CI, CARE is well-placed to ensure coherence in programming and delivery of services in the main cities of Bouaké, Korhogo and Man. From there, in FY06 CARE will scale up CT and other services to three satellite sites per region, in coordination with local district health teams, as well as build collaborations with HIV/AIDS Alliance and ANADER. Planned CT activities will draw on baseline quantitative and qualitative assessments, including those conducted with FY05 funds in early FY06 and the MOH/PSI-supported evaluation of CT services in 2005.

CT activities complement and form a continuum with other project activities described in "AB," "Other Prevention," "PC" and "OVC," with M&E integrated across all areas. With GFATM funding, integrated CT services have already been established at health centers in Man, Bouaké, Korhogo and Odienné. This project will seek to draw from and complement CARE's GFATM activities and those of other partners to achieve geographic and service-delivery coverage in the North and West. Of note, PEPFAR-funded partners EGPAF and ACONDA are integrating CT and HIV/TB services at health facilities; HIV/AIDS Alliance is supporting local authorities to establish sustainable community CT centers; PSI and FHI are providing CT and other services to uniformed services, truckers and sex workers; and ANADER is increasing awareness and access among rural populations. CARE's program will complement and build on other PEPFAR-funded efforts and work to achieve national priorities respecting the role of the district health team and other local authorities in planning, coordination and monitoring and evaluation, as well as the MOH's normative role. CARE has effective collaborative relationships with all these institutions and will actively participate in the creation of a referral network with CT promotion and service delivery linked to HIV care and treatment and other services.

The CARE consortium will ensure access to CT services at 15 health sites (two per hub in Man, Bouake, and Korhogo, plus three satellites per hub). The project will select local institutions/FBO/NGO/CBOs supporting the 15 sites for capacity-building activities, based on an assessment of their current performance, reach, and capacity to benefit from training, funding and related activities. CARE will use best practices, government standards and guidelines, modules and curricula approved for training

activities. Technical core competencies will be strengthened and quality will be assured through training (ToT), cross-visits, mentoring, technical assistance and follow-up. Achievement of key PEPFAR indicators will be monitored for quantity and quality of the response. CARE with JHPIEGO will assess sites for their ability to provide quality CT services, support essential rehabilitation and equipment, and identify and address training needs of staff using mastery learning and performance improvement approaches to improve the quality of health services at these sites.

With FY06 funds, the project will:

1. Train 60 social workers and community counselors for community mobilization, promotion of CT uptake and psychosocial support
2. Organize 36 CT community-mobilization activities
3. Train 60 health personnel, laboratory technicians and community counselors to support CT
4. Conduct minor renovation and repair of six community-based CT centers and nine integrated CT services in rural health facilities
5. Establish integrated CT services and use mobile teams to expand coverage with links to nine existing rural health centers in target areas
6. Provide sub-grants to local institutions/CBOs/FBOs for CT activities
7. Train nurses and community counselors at nine rural health centers in CT and STI/OI and palliative care
8. Provide TA and supplies to support 5,000 on-site HIV tests
9. Provide psychosocial support to 5,000 persons tested, with follow-up to household level by community counselors
10. Establish quality-assurance systems for HIV testing with national reference lab
11. Conduct quarterly steering meetings with partners to share experiences
12. Develop and implement a project-specific M&E plan based on national and USG requirements and tools, including the support and monitoring of CT at target sites in collaboration with district health management teams

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	15	☐
Number of individuals who received counseling and testing for HIV and received their test results	5,000	☐
Number of individuals trained in counseling and testing according to national or international standards	120	☐

Target Populations:

Adults
Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
Most at risk populations
Discordant couples (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Mobile populations (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
Pregnant women
Program managers
Volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Religious leaders
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Traditional birth attendants (Parent: Private health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Coverage Areas

18 Montagnes

Savanes

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5166
Planned Funds:	
Activity Narrative:	With fiscal year 2006 funds, the USG technical staff will be supported and will continue to work closely with the interagency management team and HQ technical staff to provide technical assistance for the design, implementation and evaluation of counseling and testing interventions. USG's technical assistance contributes to the strengthening of national guidelines and adoption of routine testing policies at health facilities. USG staff consults with the national VCT technical working group, expert HIV laboratory committee and other technical forums, to assure the quality of decentralized HIV counseling and testing services. USG staff provides ongoing technical assistance for the inspection and supervision of HIV testing services performed at peripheral sites. These efforts are conducted in consultation with the Ministry responsible for the fight against AIDS, other technical Ministries (Health, Education, Solidarity), non-governmental (NGOs), multinational, and bilateral organizations (e.g. UNAIDS and other UN agencies, and with PEPFAR funded partners including EGPAF, CARE, FHI, International HIV/AIDS Alliance, JHPIEGO, and ANADER). Ongoing specific activities will include technical assistance to the MOH and other partners to improve quality and monitoring of counseling and testing through evaluation of existing counseling and testing services. USG staff, in conjunction with JHPIEGO and other partners, provides technical assistance for the integration of HIV testing at health care service sites. Some examples of the technical assistance provided by USG staff include strengthening professional health worker and counselor (including lay counselor) training and improving linkages to ensure persons who test HIV-positive are linked with ongoing care and treatment services. These activities complement direct USG laboratory and other donor contributions to support the expansion and reinforcement of a national network of laboratories involved in the development and implementation of laboratory plans and resources for training, inspection, supervision, monitoring and evaluation of laboratory personnel and facilities.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑

Target Populations:

Adults
Business community/private sector
Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Most at risk populations
Discordant couples (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Religious leaders
Host country government workers
Public health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5482
Planned Funds:
Activity Narrative: The National Agency for Support to Rural Development (ANADER) and sub-partners REPMASCI (Network of media professionals and artists fighting against HIV/AIDS), Population Services International CI, Aconda-VS CI successfully competed for a new PEPFAR-funded project awarded in September 2005.

The project proposes to contribute to a broader effort to build a local response to HIV/AIDS in rural underserved areas, where 60% of Cote d'Ivoire's population lives, much of it functionally illiterate. The project will build on the existing activities of consortium members to expand access to prevention, care, and treatment interventions, including voluntary HIV counseling and testing (CT). It will improve links to health, social, and education services and will accompany expansion of these services as national programs scale up. It will draw on technical assistance from MSD Interpharma and International HIV/AIDS Alliance.

Before the project was awarded, ANADER had established a large-scale HIV-prevention program based on participatory risk mapping and risk-reduction approaches centered on village HIV action committees. PSI had produced several videos about CT and other HIV/AIDS-related issues aimed at youth and rural populations and had implemented an easily replicable testing center that currently tests 570 people per month. PSI and REPMASCI had developed and implemented campaigns to promote CT uptake, and ACONDA-VS had integrated provider-initiated routine CT as part of PMTCT and care and treatment services. All three had developed collaborations with multiple ministries (Health, National Education, Solidarity, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS) and youth NGOs and faith-based communities. They had also been successful in mobilizing internal resources and attracting PEPFAR, Global Fund, MSD Interpharma, and others to support their activities. ANADER has a broad rural development mandate with initiatives designed to address poverty, gender inequities, and food insecurity and seeks to maximize any opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan, and other donors/partners have offered or do offer ANADER such opportunities.

As of September 2005, there were 20 CT centers in Cote d'Ivoire, 16 in Abidjan and only four inland, all in urban areas; 14 health regions had no CT services. National campaigns for CT are limited to areas where a CT center is operational.

During the second half of FY05, HIV/AIDS Alliance is supporting town councils in creating or upgrading 16 (one existing and 15 new) CT centers in seven regions under government control, with four more planned in FY06. The Global Fund is supporting establishment of other CT services. This project builds on these and other PEPFAR-funded efforts, including Ministry of Health and EGPAF/ACONDA support for expanded PMTCT, integrated CT and treatment services. PEPFAR funds provided for this project will be used to extend CT activities to rural areas by providing mobile outreach CT and basic health and HIV care and support services, in collaboration with the MOH, and referring people who live within a reasonable range to static CT centers. Village residents who test positive and need further care will be referred to existing health-care centers.

Activities planned with FY06 funds will draw on quantitative and qualitative assessments in the first term of FY06. CT activities form a continuum with project activities described in sections "AB," "Other Prevention," "Palliative Care," "OVC," and "ART Services," with M&E integrated across all areas.

With FY06 funds, the project will extend 2005 activities in scope and geographic

reach, adding two more regions to Les Lagunes and Bas-Sassandra. A campaign will address barriers to CT. Existing tools, such as a documentary film on PLWHA testimonials, will support communication activities to minimize the stigma of living with HIV. Activities will include:

1. One additional mobile unit equipped to provide CT in the two additional regions (the two current regions will continue to be served by the project's first mobile unit). Staffed by a driver/screener, two counselors and a laboratory technician, it will provide CT services for 24 project sites per region, along with TB screening and palliative care for HIV-positive clients and their families. When available, a nurse from the MOH will provide malaria, parasite and vaccination services to increase confidentiality for HIV testing. The project's two mobile units will also work to educate about HIV prevention and PMTCT services, to facilitate links to palliative care and ARV, and to help ensure adherence to ARV.
2. PSI will organize CT training sessions for 216 health professionals and community counselors.
3. Village AIDS action committees will conduct campaigns in local languages to promote voluntary CT for individuals, couples and pregnant women.
4. Community counselors and nurses will provide psychological support to HIV-affected and infected people and will facilitate the establishment of auto-support groups.

ANADER will implement an M&E plan based on national and USG requirements and tools. Data will be collected by the mobile unit team and by village action committees using simple tools. Data will be transmitted to ANADER's district, regional, and project central units. Project reporting will occur monthly at the regional level and quarterly at the central level. The project will contribute to the implementation of an integrated M&E system in collaboration with national and international stakeholders, including the Ministries of AIDS, Health, and Solidarity. Results of the AIDS Indicator Survey and other data will be used to inform project programming.

Project activities will be coordinated through village, district, regional, and national forums and will strive to mobilize and build capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	96	☐
Number of individuals who received counseling and testing for HIV and received their test results	42,280	☐
Number of individuals trained in counseling and testing according to national or international standards	216	☐

Target Populations:

Adults

Community leaders

HIV/AIDS-affected families

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 98

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Côte d'Ivoire has a strong advantage over many other priority countries in that it has a large cadre of physicians and other health professionals available to work in the public and private health systems and a 8-year history of ART prescription as part of the UNAIDS drug access initiative. The national public pharmacy (PSP) has been the only structure authorized to import and distribute antiretroviral medications and the Department of Pharmaceuticals and Medications is the department responsible for licensing pharmaceutical products for use in Cote d'Ivoire (both under the Ministry of Health). The PSP has substantial infrastructure and experience and has benefited from substantial EU and other donor support. UNICEF and the 2002 Global Fund HIV award provided additional resources to support the strengthening of commodities management systems. The Drug Access Initiative and sustained USG support expanding in FY04 with the advent of EP have strongly contributed to building the foundation that will allow a rapid scale-up of access to comprehensive care including HAART. The USG strengthened the institutional capacity of PSP to ensure availability of needed commodities at service delivery points. This allowed procurement of large quantities of ARVs and other commodities by implementing partners using the PSP. In addition, EGPAF was able to start its program very quickly due to effective coordination with PSP/MOH and UNICEF.

In 2004 and 2005, a national policy of heavily subsidized ARV treatment ($10 USD/quarter) and decentralized services resulted in increases of the government's financial contribution towards ART purchase in spite of the politico-military crisis. Furthermore, the validation of an expansion plan to provide HIV treatment services in all regions including integrated HIV/TB services and standardized pre-service and in-service training materials with adoption of standardized first and second line regimens was achieved. A three year action plan to strengthen the capacity of the national commodities management system with creation of a technical working group lead by the MOH PSP with participation of key stakeholders/partners from the RCI, USG, Global Fund and other donors was implemented.

The USG is putting in place a number of systems to promote sustainable integrated drug management services. To support these systems a resident technical advisor was placed at the PSP as part of an integrated HIV commodities management team. In addition, the advisor will develop training materials for pharmacy managers and improved informatics tools for central and peripheral stock management. Other systems include an uninterrupted supply of drugs and health commodities, longitudinal monitoring of patient visits, including detection of missed appointments, and a laboratory quality assurance program. ARV facility-level tracking tool "SIMPLE" was developed by MSH to generate information on HIV/AIDS patients, patient regimens, and ARV management and was implemented at 9 ART sites. Furthermore, steps to build a national HIV/AIDS database in coordination with EGPAF, for collecting information on patients and drug use from health facilities in their network is in process. This data on ARVs will support the PSP with the installation of the new drug management software ORION.

These systems become part of the Cote d'Ivoire health care system as they are mainstreamed in routine health facility management and complement other EP supported activities in these areas. Using HIV/AIDS as an entry point and based on the lessons learned from previous years, the USG program will strongly contribute to the reinforcement of national capacity in data management, laboratory development, supervision, monitoring and evaluation, and drug management.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Working Commodities Fund
Prime Partner: The Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4572
Planned Funds:
Activity Narrative: In 2005, The President's Emergency Plan for AIDS Relief, through the U.S. Agency for International Development, awarded a contract to strengthen the lifeline of essential drugs and supplies for people living with or affected by HIV/AIDS and other infectious diseases in developing countries. Specifically, SCMS will provide one-stop shopping for programs to obtain important HIV/AIDS-related products. These will include facilitating the purchase of lifesaving antiretroviral drugs; drugs for opportunistic infections; quality laboratory materials such as rapid test kits; and supplies like gowns, gloves, injection equipment, cleaning and sterilization items.

USG funds will be used to purchase and distribute ARV (including emergency stock), laboratory reagents and supplies and other commodities in FY06 with this central procurement mechanism. This mechanism should allow the USG to streamline the process for commodity procurement for implementing partners more cost effectively than any other current mechanism available in country. Anticipated commodities will be laboratory supplies, antiretrovirals, and OI medications with ongoing monitoring of supply needs related to rapid program expansion will permit the identification of real-time commodity needs. Technical assistance related to commodity management will be transitioned from MSH/ RPM + to MSH in their new role as a consortium member. Supplies will:

1. Support and complement the implementation of the MOH national expansion plan for comprehensive care and treatment services of at least 36,000 persons under ART and networking projects of clinical sites (72 to be supported by EGPAF)
2. Be ordered, managed and distributed in consultation with the national MOH program, EGPAF and national public pharmacy (PSP).

In FY 05 MSH received funds from the US Government with a mandate to strengthen the commodities management system in support of the expanded HIV services (PMTCT, CT, and Treatment). The goal was to ensure continuous availability of needed commodities at the service delivery points. In FY 06, through SCMS, MSH technical assistance will:
1. Enhance the institutional capacity of PSP-CI, health districts and target service facilities to ensure adequate management of HIV/AIDS products and other health commodities.
2. Strengthen PSP-CI ARV and other HIV-related commodities management unit, to support the health district depots and institutional pharmacies at HIV/AIDS facilities in all areas related to commodities management.
3. Provide continued support for the implementation and reinforcement of good drug management principles.

More Specifically, in collaboration with the MOH, MSH will:
1. Review and disseminate drug management tools for district and facility levels.
2. Review/develop drug management standard operating procedures (SOPs) for district and facility levels.
3. Assist the PSP team to conduct follow-up and monitoring activities to assure appropriate implementation of SOPs, and to track and monitor ARV and HIV/AIDS related commodities
4. Assist the PSP team and key stakeholders to forecast commodities needs and manage national stocks to avoid central and/or peripheral stock-outs.
5. Provide initial and continued training and supervision to pharmacists on commodity management prioritizing large and newly accredited ARV centers using TOTs.
6. Train drug managers in inventory management at VCT/PMTCT services delivery points, mainly but not exclusively to midwives
7. Follow-up visits post the training phase to monitor basic drug management

procedures.
MSH will also ensure that the drug management software ORION installed at PSP-CI is fully functional. Specific support will be provided to:
8. Ensure initial routine maintenance and support of ORION and develop local capacity to take over this function
9. Develop and disseminate practical reports such as a chart for tracking expiring products.
MSH will provide assistance to strengthen the commodity information system to support HIV service scale-up. This is critical to the quantification process for these products and hence to their continuous availability. MSH will:
• Continue to assist SIMPLE users in existing and new sites in order to make available quality information on stock and dispensing patterns.
• Develop manual tools for monthly reports enabling the tracking of commodity deliveries and use of ARV
• Assist in the collection/analysis of HIV/AIDS drug management reports and assist in using them in the quantification and the monitoring of the national pipeline for HIV/AIDS commodities.
• Develop and implement an M&E plan for HIV/AIDS pharmaceutical management indicators.
MSH plans to official register in Côte d'Ivoire in order to reinforce technical assistance activities and coordination with donors and MOH to improve the availability of essential drugs and to ensure an uninterrupted supply of commodities. This will enable the following activities:
• Conduct and participate in regular coordination meetings with the USG team, PNPEC, donors and HIV/AIDS stakeholders.
• Develop a monitoring and reporting system coordinated by PSP-CI and managed by PNPEC to allow the sharing of information on availability of ARVs at the different levels of the pipeline.
• Assist in national quantification exercises for HIV/AIDS products.
• Provide assistance to the GF in the preparation of proposals and implementation of procurement plans.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
International counterpart organizations
Policy makers (Parent: Host country government workers)
USG in-country staff
USG headquarters staff
Host country government workers
Public health care workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: EGPAF Rapid expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5049
Planned Funds:
Activity Narrative: Project HEART has rapidly established an innovative family-and child-centered approach to comprehensive HIV treatment services in Côte d'Ivoire. The project launch and advocacy work by the USG country team facilitated the landmark decision by the Minister of Health to launch the national treatment expansion program with heavily subsidized treatment for all in 2004.

Since May 2004 HIV treatment and support services have been initiated in 30 sites in 9 districts. As of August 2005, there were over 15,000 patients enrolled in HIV/AIDS care, with > 10,000 on ART.

Project HEART Côte d'Ivoire is a partnership between EGPAF, The University of Bordeaux, the Ivorian NGO ACONDA, JSI, and the UCSF Medical School. Working closely with and strongly supported by the USG Country Team, Project RETRO-CI and the national HIV Treatment Program, the project will have 47 sites established by the end of the second project year (far exceeding the original 5 year goal of the project) and is on track to meet the goal of having 18,900 ART patients by end Y2, again, surpassing the 5 year goal.

The project encompasses PMTCT, VCT, TB/HIV integration, and ART services into one comprehensive, family-based model that uses the initial visit by a family member as an entry point to reach out with testing and services for all family members. Other USG partners have provided support including JHPIEGO for training and JSI/Measure for SI and M&E approaches. For procurement and logistics, the project is working closely in coordination with MSH who has been supplying technical assistance and software support to strengthen the national commodities management system at central and peripheral levels with direct support to the National Public Health Pharmacy and national HIV and TB programs and decentralized authorities complementing Global Fund and WHO assistance. Expanded in country collaborations are being established with both UNICEF and WFP to take advantage of their substantial warehousing, commodities management and distribution systems including in the force nouvelle controlled areas. Wrap around nutritional programs are also being discussed with WFP for persons receiving ARV.

The rapid expansion in treatment services was possible because of high-level political and technical leadership from the GoCI, strong technical capacity and commitment of the local implementing partners, notably the Ivoirian NGO ACONDA, a high level of engagement from staff at site level and strong USG team support. The knowledge accrued through 8 years of the national drug access initiative and the first year of project HEART, particularly as related to the lessons learned through ACONDA's growth, relationships with diverse public and non-public (NGO/FBO and private) structures and the experiences of the country office senior staff (drawing on their diverse USG/RETRO-CI, NGO and MOH national program backgrounds) and through close contact and regular support from the USG Country Team. The establishment of a strong EGPAF country office has reinforced in-country management capacity and ensures that the necessary training, logistics, monitoring and evaluation, and management mechanisms are in place to manage rapid project expansion and build relationships with the national program and local partners.

Due to a MOH directive to coordinate antiretroviral procurement to maximize efficiency and numbers of patients treated, the Project HEART Côte d'Ivoire program worked with national authorities and the principal beneficiary of a Global Fund HIV grant (UNDP) to create a cooperative ARV procurement strategy formalized by an MOU signed between the Foundation, the Central Public Health Pharmacy for the

MOH and the UNDP. As the MOU begins, the USG and EGPAF are primarily responsible for buying all of the 2nd line and pediatric ARV formulations for the country (currently the most cost-effective portion given current FDA approved medications and USG procurement regulations). In return, Project HEART sites access national stocks of WHO pre-qualified first line ARVs purchased with Global Fund and GoCI funding. Should track one, track 2 and plus up funds all be approved, by end September 26,500 patients, and, by March 2007 34,200 patients are projected to be on antiretroviral treatment (with 35,000 ever receiving drugs during the one year period). Requested Track 2.0 Funding would provide [redacted] for the purchase of ARV and other medical supplies (for opportunistic infections etc), to supplement the [redacted] in Track 1.0 funding. While additional plus up funds of [redacted] would allow an additional 1,800 persons to commence treatment. If complementary procurement is not possible then the total numbers under treatment would decrease significantly.

These funds are requested to be made available early due to the significant lead time necessary for commodities to be made available in the country and the current critical lack of adequate reserve stocks in country of some critical commodities. In addition EGPAF would work closely with the USG team and the new supply chain management project staff to access additional supplies later in the year after adjustments in drug forecasting needs are made based on national recommendations, consumption patterns, and progression to second line therapy. Specific TA needs to strengthen commodities management will also be communicated to the USG team and MSH. These funds are necessary to meet the overall needs based on the detailed projections undertaken by the MOU partners (w/support from the USG contractor RPM+).

Emphasis Areas	**% Of Effort**
Quality Assurance and Supportive Supervision	10 - 50
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50

Target Populations:

Country coordinating mechanisms

Faith-based organizations

HIV/AIDS-affected families

International counterpart organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	EGPAF Track 1 (level funds)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	5494
Planned Funds:	

Activity Narrative:

Project HEART has rapidly established an innovative family-and child-centered approach to comprehensive HIV treatment services in Côte d'Ivoire. The project launch and advocacy work by the USG country team facilitated the landmark decision by the Minister of Health to launch the national treatment expansion program with heavily subsidized treatment for all in 2004.

Since May 2004 HIV treatment and support services have been initiated in 30 sites in 9 districts. As of August 2005, there were over 15,000 patients enrolled in HIV/AIDS care, with > 10,000 on ART.

Project HEART Côte d'Ivoire is a partnership between EGPAF, The University of Bordeaux, the Ivorian NGO ACONDA, JSI, and the UCSF Medical School. Working closely with and strongly supported by the USG Country Team, Project RETRO-CI and the national HIV Treatment Program, the project will have 47 sites established by the end of the second project year (far exceeding the original 5 year goal of the project) and is on track to meet the goal of having 18,900 ART patients by end Y2, again, surpassing the 5 year goal.

The project encompasses PMTCT, VCT, TB/HIV integration, and ART services into one comprehensive, family-based model that uses the initial visit by a family member as an entry point to reach out with testing and services for all family members. Other USG partners have provided support including JHPIEGO for training and JSI/Measure for SI and M&E approaches. For procurement and logistics, the project is working closely in coordination with MSH who has been supplying technical assistance and software support to strengthen the national commodities management system at central and peripheral levels with direct support to the National Public Health Pharmacy and national HIV and TB programs and decentralized authorities complementing Global Fund and WHO assistance. Expanded in country collaborations are being established with both UNICEF and WFP to take advantage of their substantial warehousing, commodities management and distribution systems including in the force nouvelle controlled areas. Wrap around nutritional programs are also being discussed with WFP for persons receiving ARV.

The rapid expansion in treatment services was possible because of high-level political and technical leadership from the GoCI, strong technical capacity and commitment of the local implementing partners, notably the Ivoirian NGO ACONDA, a high level of engagement from staff at site level and strong USG team support. The knowledge accrued through 8 years of the national drug access initiative and the first year of project HEART, particularly as related to the lessons learned through ACONDA's growth, relationships with diverse public and non-public (NGO/FBO and private) structures and the experiences of the country office senior staff (drawing on their diverse USG/RETRO-CI, NGO and MOH national program backgrounds) and through close contact and regular support from the USG Country Team. The establishment of a strong EGPAF country office has reinforced in-country management capacity and ensures that the necessary training, logistics, monitoring and evaluation, and management mechanisms are in place to manage rapid project expansion and build relationships with the national program and local partners.

For 2006-7, the care and treatment goal is to open 25 more comprehensive Care and Treatment sites, bringing the total to 72. These sites have a goal of initiating 35,000 people on HAART, of which at least 10% (3,500) will be children.

Due to a MOH directive to coordinate antiretroviral procurement to maximize efficiency and numbers of patients treated, the Project HEART Côte d'Ivoire program

worked with national authorities and the principal beneficiary of a Global Fund HIV grant (UNDP) to create a cooperative ARV procurement strategy formalized by an MOU signed between the Foundation, the Central Public Health Pharmacy for the MOH and the UNDP. As the MOU begins, the USG and EGPAF are primarily responsible for buying all of the 2nd line and pediatric ARV formulations for the country (currently the most cost-effective portion given current FDA approved medications and USG procurement regulations). In return, Project HEART sites access national stocks of WHO pre-qualified first line ARVs purchased with Global Fund and GoCI funding. Should track one, track 2 and plus up funds all be approved, by end September 26,500 patients, and, by March 2007 34,200 patients are projected to be on antiretroviral treatment (with 35,000 ever receiving drugs during the one year period). Requested Track 2.0 and Plus Up Funding would provide [redacted] for the purchase of ARV and other medical supplies (for opportunistic infections etc), to supplement the [redacted] in Track 1.0 funding.

These funds are requested to be made available early due to the significant lead time necessary for commodities to be made available in the country and the current critical lack of adequate reserve stocks in country of some critical commodities. In addition EGPAF would work closely with the USG team and the new supply chain management project staff to access additional supplies later in the year after adjustments in drug forecasting needs are made based on national recommendations, consumption patterns, and progression to second line therapy. Specific TA needs to strengthen commodities management will also be communicated to the USG team and MSH. These funds are necessary to meet the overall needs based on the detailed projections undertaken by the MOU partners (w/support from the USG contractor RPM+).

The overall funding request represents an increase over the ARV procurement budget of FY05, needed to cover the increasing number of patients on 2nd line regimens due to first line treatment failure (forecast at 5,785 patients) and, from a concentrated effort to increase the number of pediatric ART patients, the 3,500 children expected to be on ART by the end of March 2007.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Target Populations:

Country coordinating mechanisms

Faith-based organizations

HIV/AIDS-affected families

International counterpart organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Program Area Context:

With a ~ 16 million strong population and adult HIV prevalence of ~7%, there are 770,000 PLWH/A including 80,000 children and 69,000 adults and 8,000 children in urgent need of antiretroviral treatment in Cote d'Ivoire. Most remain ignorant of their sero-status due to very limited counselling and testing (CT) access nationwide. While Emergency Plan (EP), Global Fund and other resources are now flowing and will assist the government and civil society partners to more than quadruple CT service sites over the next 12 months, a large funding gap remains an obstacle to EP and national CT, PMTCT and treatment targets being achieved.

Despite the complex politico-military crisis in Cote d'Ivoire, since 2004, significant progress has been made in scaling-up comprehensive and affordable HIV treatment services. Drawing on the experience gained during the national Drug Access Initiative (1998-2000), and the expanded resources from the EP and Global Fund, treatment coverage has increased 6-fold with more than 14,000 PLWH/A currently receiving HAART (Sep 05) and ongoing rapid expansion of sites as well as enrolment at existing sites. Exponential growth is slowed only by availability of drugs and financial resources.

In 2004, major national milestones included the creation of the national treatment access program with a client contribution of ~$10/quarter, standardized 1st and 2nd line regimens and the opening of the first center outside Abidjan. In September 2005, two reviews of the scale-up plans for pediatric and adult treatment were conducted with strong national and international participation resulting in a further reduction in the client co-payment and initiatives to improve planning, coordination, commodities management, monitoring and links between prevention, care and treatment services. Government funding allocations for ARVs has increased annually (from USD 1.2 million in 2003 to USD 1.8 million in 2005) along with laboratory and other commodities.

The EP supports the national roll-out plan complementing GFATM and other partner funded activities. With EP support, Project HEART has rapidly established an innovative family-centered approach to provide comprehensive, decentralized, HIV treatment services at public, faith-based and private facilities. Since May 2004 HIV treatment and support services have been established in 30 sites in 9 districts with over 15,000 patients enrolled in HIV/AIDS care, and more than 10,000 receiving ART. With FY05 funds, 47 sites will be established with 18,900 ART patients by end March 2006, (exceeding the original 5-year target under the initial award). The integration of joint HIV and TB services at all 57 national TB service sites will be completed in FY06 complementing GFATM and WFP contributions. Further, the twinning partnership between UCSF and the national ART referral centers will build capacity at the heart of the national treatment network.

The EP will also strengthen key systems that are critical for scale-up of quality sustainable treatment services, including HIV commodities management; monitoring through the health management information system, targeted evaluations such as antiretroviral resistance; human capacity with in-service and pre-service training for health professionals and the decentralized health authorities; and the establishment of a laboratory network to provide decentralized HIV services with quality assurance. Small grants to PLWHA and media networks/organizations will continue to promote treatment literacy and uptake of counseling and testing and to provide peer support and sensitize against gender- and HIV-related stigma and discrimination. Overall efforts will contribute to development of a system that can provide a continuum of comprehensive care and treatment services, including antiretroviral drug therapy, psychosocial support, treatment of opportunistic infections and care for HIV-affected families, including prevention of further infections.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	65
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	15,600
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	34,300
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	31,055
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	490

Table 3.3.11: Activities by Funding Mechanism

Mechanism: International HIV/AIDS Alliance
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4565
Planned Funds: [redacted]
Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, ANS-CI will continue and expand its support for NGOs promoting treatment literacy and home- and community-based care, including promotion of adherence to ARV treatment, positive living, and secondary prevention.

In FY05, the HIV/AIDS Alliance is working with JHU/CCP, FHI, and PNPEC to develop tools for treatment literacy and home-based care and to create a national pool of trainers with adequate training tools and implement plans.

With FY06 funds, ANS-CI will assist key stakeholders in replicating and disseminating tools developed in FY05 and will continue to strengthen CBO networks and local coordination bodies to improve communication and coordination and to promote continuum of care services.

Based on a performance evaluation of their previous work, the 20 NGOs supported in FY05 will receive sub-grants of approximately [redacted] each to continue promoting treatment literacy and home- and community-based activities, including promotion of adherence to ARV treatment, positive living, and secondary prevention. With additional funds, ANS-CI will extend the sub-grants to 10 new NGOs to conduct similar activities nationwide. All NGOs receiving sub-grants for treatment literacy will be linked to NGOs receiving sub-grants for palliative care. The sub-grants will serve 7,500 PLWHA.

In FY06, more than 50 people will be trained in program and financial management, monitoring and evaluation, and/or community- and home-based care provision, and 120 people trained in FY05 will receive refresher courses.

Drawing on the Alliance's international experience, ANS-CI will provide technical assistance to help PNPEC, PLWHA groups such as RIP+ and COSCI, FBO networks and other stakeholders in implementing a comprehensive monitoring and evaluation plan for community-based activities, updated guidelines for community care (including palliative care and treatment literacy), and a CBO/FBO small-grants program. It will provide technical and management assistance to ensure that local stakeholders receive sufficient information and assistance to access funding opportunities supported by PEPFAR and other donors.

ANS-CI will work to link community mobilization, treatment literacy, and support services with related services nationwide, will promote coordination at all levels through district, regional, and national HIV and other coordination forums, and will ensure that M&E reports are provided to the relevant bodies.

To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑
Number of local organization provided with financial support (sub-grants)	30	☐
Number of individuals trained in program and financial management	30	☐
Number of individuals trained in treatment literacy	140	☐
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)	7,500	☐

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: EGPAF Rapid expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4592
Planned Funds:
Activity Narrative: With PEPFAR support, Project HEART has rapidly established an innovative family-centered approach to provide comprehensive, decentralized, HIV treatment services in Côte d'Ivoire. Since May 2004 HIV treatment and support services have been established in 30 sites in 9 districts. As of August 2005, there were over 15,000 patients enrolled in HIV/AIDS care, of which more than 10,000 were receiving ART as part of Project HEART Côte d'Ivoire. With FY05 funds, 47 sites will be established (exceeding the original 5 year goal of the project) and, given timely availability of funds, is on track to meet the goal of having 18,900 ART patients by end Y2, again exceeding the original 5 year target under the initial award.

The selection of the first 47 sites was undertaken through consultation with the GoCI MOH and the USG country team. The underlying strategy includes the following considerations:
- HIV prevalence/disease burden (prioritizing TB and hospitalized/ill patients with routine provider initiated CT as part of these services);
- the development of a network model with services including national centers of excellence and linked services at the regional, district and decentralized levels;
- potential for scale-up for decentralized services with use of district pilot models to develop and evaluate a comprehensive approach complementing continuum of care services and community mobilisation outside the health centers;
- complementary support from other PEPFAR funded projects (e.g. HIV/AIDS Alliance subgrants to CBO/FBOs, ANADER rural project and CARE in North and West) and other funds/initiatives including government resources, the Global Fund for HIV, TB and malaria, WFP and WHO 3x5, with funds anticipated from the World Bank;
- continuing USG-MOH collaborative support for treatment scale-up through Projet RETRO-CI, which provides data management and laboratory services including ARV-resistance and other program evaluations.

The rapid expansion in treatment services was possible because of high-level political and technical leadership from the GoCI, strong technical capacity and commitment of the local implementing partners, notably the Ivoirien NGO ACONDA, a high level of engagement from staff at site level and strong USG team support. The knowledge accrued through 8 years of the national drug access initiative and the first year of project HEART, particularly as related to the lessons learned through ACONDA's growth, relationships with diverse public and non-public (NGO/FBO and private) structures and the experiences of the country office senior staff (drawing on their diverse USG/RETRO-CI, NGO and MOH national program backgrounds) and through close contact and regular support from the USG Country Team. The establishment of a strong EGPAF country office has reinforced in-country management capacity and ensures that the necessary training, logistics, monitoring and evaluation, and management mechanisms are in place to manage rapid project expansion and build relationships with the national program and local partners.

The objective of the Track 2.0 funding (additive to flat-lined track one budget) is to support continued treatment of the 18,900 patients anticipated by end March 2006 and enroll 13,000 new patients at the 47 existing sites (by end PY2) and to begin comprehensive, family-base care and treatment services at 15 new decentralized sites to be selected through a competitive process, these sites will add at least 2,300 new ART patients (15,300 total) to the Project HEART goal of 34,200 patients on ART with FY06 funding (drawing on the national complementary procurement plan with MOH and Global Fund and assuming funds are available from all sources in a timely manner). *Note that Global Fund continuation request is under negotiation for years 3 to 5.

At current enrolment rates, the 47 Project HEART supported sites expect to have 18,900 patients on ART by end March 2006, just 19 months after the launch of the national expansion treatment program. These sites are expected to continue enrolling patients at a steady rate consistent with national and international Foundation experience. The site-by-site projections indicate that 13,000 new patients will start ART.

The selection of the 47 sites supported in the first two years of the project was purposive following national directives. These sites include most of the large health facilities as well as all of the sites that were already delivering ART as part of the UNAIDS-GoCI pilot. The project's experience has been that most of these sites were ready and able to add comprehensive, family-base care and treatment services to their facilities, and they demonstrated this by the enthusiasm with which they integrated treatment services.

Some sites, however, demonstrated a distinct lack of enthusiasm, requested "incentives" to perform the work, and demonstrated less than optimal results. To avoid this problem during the subsequent expansion we propose to change from a "push" to a "pull" model for selecting new sites. Working closely with the National MOH Program and the USG team, Project HEART will determine criteria for new sites and invite health facilities to meet the criteria through letters of intent and a competitive proposal process. Geographic and population coverage as well as interest and commitment to the services will be included among the determining criteria. Project HEART will invest resources in capacity-building for subgrantees including development of financial and administrative functions to promote local capacity and sustainability.

This will result in a program that is working with multiple sub-recipients of funding. From the project debut EGPAF worked with the Ivorian health professionals' NGO "ACONDA" which was very successful in expanding innovative family based ART services at 13 sites. In Y2 EGPAF expanded support for ACONDA and also began working with other local partners (FBO, NGO, public and private). Two of these partners include decentralized authorities (in San Pedro and Abengourou) where we are implementing district-led initiatives and jointly managing project resources. The San Pedro district pilot is also designed to develop a replicable comprehensive service network including linked PMTCT, VCT, and ART services, community-based services provided by CBO/FBOs as well as social and other services (complementing work of other PEPFAR partners HIV AIDS Alliance, FHI, ANADER, JHPIEGO and Measure Evaluation) and a referral system for complex cases that links district, regional and tertiary care facilities.

The unadjusted cost per patient in this model is just over [redacted] a year. This is only achievable because it does not include the full costs of ARVs (which, with brand-name drugs, would cost over [redacted] alone) and is also supported by baseline Track 1.0 funding for partial costs at the 47 existing sites. The Foundation has negotiated a cooperative ARV procurement strategy where USG funds will be used to buy mainly second line ARV and pediatric regimens and GoCI and GF funding will be used to supply generic first line regimens. It is anticipated that approximately [redacted] of Track 2.0 funding will be used to buy ARVs and other commodities with an additional [redacted] of commodities available to Project HEART through the new large supply chain mechanism along with commodities management technical assistance.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	15	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	15,300	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	15,300	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	13,770	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	250	☐
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials		☑

Target Populations:

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Health social workers

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5050
Planned Funds: [redacted]
Activity Narrative: In an literature review conducted by the Health Communication Partnership (HCP) in 2005, gaps in communication for effective ART included: poor quality and poor access to patient provider materials; IPC/C training – particularly regards to adherence dialogue; the need to include treatment counseling in hotline services; quality of care – from the client perspective; self-management/client empowerment materials (not yet found in African programs). ART communication tools and materials will be featured on the HCP website in Oct 2005, as well as the literature review itself.

Areas currently being strengthened are IPC/C in services and IPC/C by community counselors in the communities they serve. The counselors are given job aids to allow them to be sure of consistent, quality information sharing. The same job-aids will be made available to service providers who will be trained by JHPIEGO and PNPEC.

In 2006, CCP will assist local partners (PNPEC, RIP+, Alliance, etc) to review the effectiveness of community counselors trained in 2005 with regards to the goals of increasing adherence, referring PLWHA to services and increasing knowledge about availability of services. The periodic reviews of the program will lead to discussions and action about improving the outcomes of the community counselors' work.

CCP will lead the process of developing a strategic framework for treatment communication which will look at the current portfolio and identified needs in CI. Areas that will undoubtedly need attention include: treatment literacy among care-takers, ART adherence, PMTCT, pediatric and adolescent treatment issues, ART policy, FP during ART, management of TB treatment and ART, and the management of malaria treatment and ART. Included in this framework will be the promotion of ART services and adherence to drug regimens.

Specifically during this funding period, planned activities include:
• Meet quarterly with NGOs with community counselors to review performance, In the new FY06, a short analysis will be conducted with trained counselors (both in services and with community counselors) to detect any problems. The content of this analysis will be used to troubleshoot, retrain, if needed, develop a referral guide, and feed into the development of an ART communication framework.
• Strategic Framework developed on ART communication. CCP has developed strategies and easy-to-understand frameworks to present domains of intervention and the programmatic and behavioral outcomes that the interventions should achieve, which feed into the population-based targets for ART programming. An example of an ART Communication framework from Ethiopia is attached here for consideration. An ART communication strategy will also be developed in 2006.

• ART service promotion/adherence promotion will be developed together with PNPEC, and others providing this service in order to be sure not to outstrip service availability, and to be sure that PLWHA know about the services and other life-extending practices that the community counselors will be equipped to train people living with HIV/AIDS and their families. In countries such as Kenya, ART promotion has taken the form of testimonials of the effect that ART has had on the lives of families living with HIV/AIDS. These testimonials are broadcast on TV and on matching posters. These promotional materials also refer potential clients to service sites as well. CCP will develop a similar campaign together with service deliver partners so as to be sure not to create demand where services don't exist or cannot absorb. Campaigns like this have also done much to break down stigma and discrimination of persons living with HIV/AIDS by showing others that AIDS is not a 'death-sentence.'

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials	2	☐

Target Populations:

Community-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Tx expansion
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5051
Planned Funds:
Activity Narrative: This new procurement will directly fund an experienced national non-governmental organization to expand the family-centered approach to comprehensive HIV treatment services in Côte d'Ivoire. This national organization, in conjunction with national authorities, other PEPFAR-funded partners and other funds/initiatives (Global Fund, WHO, UNICEF, Belgian Cooperation, etc.), will contribute to achieving the Cote d'Ivoire PEPFAR-specific treatment goal of 77,000 patients on antiretroviral therapy by the end of 2008.

This new grant will also be designed to strengthen the national response to treatment by promoting local capacity, ownership and sustainability. With FY06 funds, this national organization will build capacity for treatment services by expanding family-based care and treatment services in new sites complementing other PEPFAR-funded partners (EGPAF treatment, ME-JSI M&E, JHPIEGO supervision and training, ANADER and CARE International continuum of health and social services in rural and northern and western regions) and expanding access to antiretroviral drugs and other commodities procured by PEPFAR and/or the Global Fund, host government and other partners.

The establishment of new sites will be undertaken through consultation with the USG country team and the government of Cote d'Ivoire. The underlying strategy will be to prioritize based on:
- HIV prevalence/disease burden (e.g. TB, STI and hospitalized/ill patients first);
- the development of a network model with potential for scale-up including decentralized services to reach rural and underserved populations, complementing the ANADER project in rural areas;
- complementary support from other international funds/initiatives, such as the Global Fund, WFP and WHO 3x5; and
- continuing USG-MOH collaborative support for treatment scale-up through Projet RETRO-CI, which provides data management and laboratory services including ARV-resistance and other program evaluations.

With FY06 funds, the new recipient will open at least three new decentralized service sites with at least 15 trained staff and essential equipment and supplies, and support 300 patients to begin comprehensive, family-based care and treatment services. The recipient will also develop a scale-up plan including monitoring and evaluation, links to other services and considerations of long term sustainability.

Working closely with the National HIV Care Program (Ministry of Health) and the USG team, the national organization will determine criteria for new sites and invite health facilities to meet the criteria through letters of intent and a transparent proposal and review process. While geographic coverage will be among the determining criteria, interest and commitment to the services will also play a role. The national organization will invest resources in capacity-building, particularly in financial and administrative functions, to ensure that it is able to meet USG reporting requirements and effectively manage expanded funding.

The national organization will be encouraged to play the role of innovator/national leader and to support the development of materials, systems and approaches that meet supported site needs, but it will also ensure that these are available to the national program for adoption and use at the national level.

Côte d'Ivoire has a strong advantage over many other priority countries in that it has a large cadre of physicians and other health professionals available to work in the public and private health systems as well as an eight-year history of ARV prescription

as part of the UNAIDS drug-access initiative.

This national organization will also put in place or link to a number of systems to promote sustainable integrated services. Examples include systems to ensure an uninterrupted supply of drugs and health commodities; systems to allow longitudinal monitoring of patient visits, including detection of missed appointments; and a laboratory quality-assurance program. These systems will become part of the Ivoirian health-care system as they are mainstreamed in routine health facility management and will complement other PEPFAR-supported partners' activities in these areas.

This organization will develop and implement a project-specific participatory monitoring and evaluation plan drawing on national and USG requirements and tools, including the strategic information guidance provided by the Office of the U.S. Global AIDS Coordinator. It will collect, analyze and disseminate data to ensure adequate baseline data and regular data reports to support targeted service delivery, program M&E, and appropriate information systems, and will progressively expand the national capacity of the Ivoirian government and local non-governmental organizations to use data for policy and planning. It will report data to relevant local and national stakeholders in Côte d'Ivoire, including by making it available to the general public in local languages.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	300	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	300	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	275	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	☐
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials		☑
Number of HIV local organization provided with technical assistance for workplace HIV policy development		☑
Number of individuals trained in implementing HIV workplace programs		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5168
Planned Funds:	

Activity Narrative:

With fiscal year 2006 funds, USG technical staff will provide technical assistance, laboratory services and HIV reference laboratory functions in support of all prevention, care and treatment services with direct PEPFAR support and will continue to work closely with integrated management team and HQ technical staff to provide technical assistance and coordination in the area of HIV/AIDS care and treatment, including assisting national programs with the development, implementation and evaluation of care and treatment services in Cote d'Ivoire. These efforts are conducted in consultation with the Ministry for the fight against AIDS, other technical ministries (Health, Education, Solidarity), non-governmental organizations (NGOs), multinationals, and bilateral organizations.

Laboratory services provided by USG technical staff include provision of comprehensive biologic monitoring for screening and follow-up of persons receiving ART, technical assistance to the MOH (PSP and national HIV and TB care programs) to improve laboratories' commodities management system, procurement and distribution of substantial laboratory and other supplies to support laboratory services, and management of the national database of persons screened and taking ART at public sites, with progressive transfer of service-delivery functions to the national laboratory system.

In addition, USG assists host government, non-governmental organizations and donor partners (e.g. UNICEF, UNAIDS, UNDP), and PEPFAR-funded partners (CARE, FHI, JHPIEGO, ANADER, HOPE Worldwide, International HIV/AIDS Alliance, the Ministry responsible for the fight against AIDS, and other technical Ministries) in continued cooperation and coordination of care and treatment. USG staff provides direction to collaborators on USG policies, strategies, priorities, guidelines, and reporting requirements related to ART services.

USG staff provides advice to country partners on the matters of medical and scientific policy and practices associated with program management and operational support for care and treatment services. USG staff substantially contributes to the planning and implementation of policies to ensure the ongoing development of programs to improve health care management and delivery systems of the national public health activities of Cote d'Ivoire. USG staff provides advice and guidance regarding internal and external public health programmatic design, procedures, protocols, and studies as well as technical and administrative policies among various levels of stakeholders. USG staff supports coordination and provides technical assistance to reinforce public-private partnerships efforts to expend an effective and comprehensive HIV/AIDS response in the workplace, including facilitating the coordination and jointed actions related to HIV/AIDS among and between companies, between public and private sectors. In coordination with UNAIDS, ILO, and other bilateral technical cooperation institutions, this activity will support innovative public/private/NGO partnerships to promote HIV/AIDS sustainable and quality health services with expanded coverage, including care and treatment to family members of workers and surrounding communities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials		☑

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Private Sector Partnerships (PSP One)
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5484
Planned Funds:
Activity Narrative: Since FY04, the USG recognized the need to strengthen public-private partnerships in favor of HIV prevention and care in the workplace. There was also the need to expand the use of multiple innovative models promoting access to HIV treatment and care for employees and their families. Existing "solidarity fund" models include mobilizing resources among employers and/or from employee contributions for ART, collaborating with accredited centers and national experts, and developing comprehensive HIV programs in the work place that include the identification of HIV-infected employees and referrals for medical evaluation.

In FY 05, activities were funded to promote HIV in the workplace focusing on prevention, care and treatment activities through enhanced coordination and sharing of materials and best or evolving practices. In FY06 the USG will complement GTZ, ILO and other private sector support and support the PSP one project to continue the following activities:

- With the continued support of a technical advisor hired with FY05 funds, PSP one will provide technical assistance to the national HIV in the workplace public-private coordinating body in developing national policy, tools and M&E systems and continuing to document and disseminate best practices;
- Support legislative advocacy efforts by local stakeholders for the development of a national charter outlining minimum standards for HIV/AIDS workplace programs.

The Ministries of Education (MOE) and Health (MOH) have requested assistance from PEPFAR to establish HIV in the workplace programs in view of the large numbers of HIV-infected personnel in need of care and treatment as well as their unique position to influence attitudes and behaviors of their peers and clients and become "Change Agent Champions" and therefore impact HIV transmission and access to care.

PSP one will work with the MOH and the MOE to establish workplace programs and promote CT services and refer HIV-infected staff to comprehensive care and treatment services linking to existing treatment services (including those supported by EGPAF). With FY05 funds, PSP one will commence work with the MOE and expand support to both ministries with FY06 funding. For the MOE this assistance is part of a more comprehensive response also described in "palliative care", "OVC", and "AB". The MOE has a multifaceted prevention and care project funded by PEPFAR that complements other education sector projects supported by UNICEF, UNESCO, WFP and other partners.

These HIV in the public workplace programs will be designed to maximize direct and secondary benefits through evidence-based approaches, using BCC tools and peer-peer approaches to promote model behavior standards, and gender-sensitive and non-coercive sexual practices. A sero-status centered approach to the epidemic will be included with promotion of counseling and testing and links to HIV care and treatment services including PLWH/A peer-support groups such as the teachers living with HIV/AIDS CBO or "QUITUS" and its equivalent at the Ministry of Health. Further establishment of solidarity funds and other funding mechanisms to provide support to families of staff affected by HIV/AIDS will be evaluated. Building on the central roles already played by these two ministries in the expanded response, PSP one will assist in developing and implementing initiatives that help reduce risk- behavior and promote supportive work environments in both ministries, through:

- Supporting the taskforce that was created in 2005, within each ministry to develop, implement, monitor and evaluate an adapted HIV in the workplace program.

- Training teachers viewed as potential "community change agents" with links established with the PEPFAR funded ANADER project targeting rural communities.
- Conducting needs assessments to help mainstream gender into the decision-making processes;
- Recognizing, promoting and rewarding knowledge and display of gender-friendly, stigma-reducing, low-risk behaviors including uptake of VCT and support to HIV-positive colleagues;
- Improving links to comprehensive services for HIV-infected and affected personnel, their families and communities, including counseling on prevention, peer support, and links to comprehensive social and health services including through private and public providers;
- Evaluating various financing mechanisms including use of "solidarity funds" to provide expanded services to HIV affected personnel and their families;
- Monitoring the effectiveness of the initiative and documenting it to enable replication with an annual meeting of stakeholders to review progress.

With these FY06 funds, with technical assistance from the Private Sector Partnership Project (Abt and FHI), the Ministry of Education and the Ministry of Health proposes to contribute their expertise and capacity in their respective sectors to meet the HIV related prevention, care and treatment needs in the public workplace.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during *the reporting period (includes PMTCT+ sites)*		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, *according to national and/or international standards (includes PMTCT+)*		☑
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials		☑
Number of HIV local organization provided with technical assistance for workplace HIV policy development	2	☐
Number of individuals trained in implementing HIV workplace programs	40	☐

Target Populations:

Business community/private sector

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5485
Planned Funds:
Activity Narrative: The National Agency for Support to Rural Development (ANADER) with sub-partners REPMASCI (Network of media professionals and artists fighting against HIV/AIDS), Population Services International CI (PSI) and Aconda-VS CI successfully competed for a new PEPFAR-funded project awarded in September 2005.

The project proposes to contribute to a broader effort to build a local response to HIV/AIDS in rural underserved areas, where 60% of Cote d'Ivoire's population lives, much of it functionally illiterate. The project will build on the substantial existing activities of consortium members to rapidly expand access to prevention, care, and treatment interventions for rural populations. It will improve links to existing health, social, and education services and will accompany the expansion of these services as national programs scale up. The consortium will draw on technical assistance from partners MSD Interpharma and International HIV/AIDS Alliance.

Before the project was awarded, ANADER had established a large-scale HIV-prevention program based on participatory risk mapping and risk-reduction approaches centered on village HIV action committees. ACONDA VS-CI had been focusing on the promotion of clinical care, operational research aimed at developing innovative methods for PLWHA comprehensive care, and training of health-care professionals. ACONDA has trained ANADER's medical doctors as well as three of its social workers in CT and care for PLWHA. Since 2004, ACONDA has also provided more than 3,000 patients in Abidjan and two rural districts (Dabou and Sassandra) with access to ART through a five-year PEPFAR grant to EGPAF. Both organizations had developed collaborations with several ministries (Health, National Education, Solidarity, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS), youth NGOs and faith-based communities. ANADER, REPMASCI, PSI and ACONDA had also been successful in mobilizing internal resources and attracting PEPFAR, Global Fund, MSD Interpharma, and other funds/partners to support their activities. ANADER has a broad rural development mandate and thus also has initiatives designed to address poverty, gender inequities, and food insecurity and seeks to maximize any opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan, and other donors/partners have offered or do offer ANADER such opportunities.

Côte d'Ivoire has substantial experience in ART, including for HIV-TB co-infected patients, but only in urban centers. Rural health centers do not have the equipment and trained personnel required to monitor people under ART. FY06-funded activities will develop and promote referral to comprehensive clinical care for PLWHA at the district level, including EGPAF/ACONRDA-supported sites in Dabou and Sassandra and community CT and support centers created in FY05 with PEPFAR-funded HIV/AIDS Alliance technical and financial support.
"ARV Services" activities planned with FY06 funds complement other project activities described in sections "AB", "Other Prevention," "Palliative Care," "OVC," and "VCT," with M&E integrated across all areas. They complement and build on other PEPFAR-funded efforts, including Ministry of AIDS and JHU-CCP activities to develop effective BCC materials and approaches and mobilize faith-based communities and opinion leaders; HIV/AIDS Alliance support for CBO/FBOs and PLWHA; and MOH and EGPAF/ACONDA support for expanded HAART, palliative care and CT.

With FY06 funds, the project will extend 2005 activities in scope and geographic reach, adding two more regions to Les Lagunes and Bas-Sassandra. It will address HIV-related stigma in rural communities, promote treatment literacy and adherence, and link clients to community-based services with integrated HIV and TB services. These activities will be implemented in collaboration with HIV/AIDS Alliance and FBOs

in the targeted areas.

The project will rely on the district general hospital and other public/private health-care centers that are adequately equipped for HIV/AIDS care. Clients who test HIV-positive at a rural health center or through ANADER's mobile CT units will be referred to the nearest accredited health facility to initiate ART. Nurses at rural health centers will be trained to follow up ARV treatment and provide psychological support to peer counselors and PLWHA under the supervision of the district health team.

"ARV Services" activities envisioned with FY06 funds include:

1. Participatory assessment of stigma and treatment literacy and prioritization of needs involving PLWHA and in partnership with RIP+, drawing on data from other sources, including the 2005 national AIDS indicator survey
2. Treatment-literacy training for village committees using local languages, in partnership with REPMASCI
3. Promotion of adherence to treatment and secondary prevention with establishment of links to available services
4. Information and assistance to access funding opportunities supported by PEPFAR and other donors.

Community counselors and peer-support groups will promote and ensure adherence to treatment and will contribute to referral activities. The project will create links to services by public providers, NGOs and FBOs supported by PEPFAR, Global Fund, EGPAF, ACONDA, AIBEF and others. Project activities will be coordinated through village, district, regional, and national forums.

ANADER will implement a an M&E plan based on national and USG requirements and tools. Data will be collected by rural health center personnel (clinical) and community counselors (non-clinical). Data will be transmitted to ANADER's district, regional, and project central units. Project reporting will occur monthly at the regional level and quarterly at the central level. The project will contribute to the implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health, and Solidarity.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Adults
People living with HIV/AIDS
Pregnant women
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
HIV positive pregnant women (Parent: People living with HIV/AIDS)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	EGPAF Track 1 (level funds)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5495
Planned Funds:	
Activity Narrative:	Please refer to track 2 submission in same area for initial background on Project HEART.

With PEPFAR support, Project HEART has rapidly established an innovative family-centered approach to provide comprehensive, decentralized, HIV treatment services in Côte d'Ivoire. Since May 2004 HIV treatment and support services have been established in 30 sites in 9 districts. As of August 2005, there were over 15,000 patients enrolled in HIV/AIDS care, of which more than 10,000 were receiving ART as part of Project HEART Côte d'Ivoire. With FY05 funds, 47 sites will be established (exceeding the original 5 year goal of the project) and, given timely availability of funds, is on track to meet the goal of having 18,900 ART patients by end Y2, again exceeding the original 5 year target under the initial award.

The objective of the Track 1.0 funding is to continue support to the 47 sites and 18,900 patients expected to be on ARTs at the end of PY2. Complementary track 2 funds are required to sustain existing patient loads and support further expansion of the program.

Besides keeping the patients on treatment, EGPAF and its partners will work to further develop the family-based approach to HIV/AIDS care that was begun in PY2. The Foundation will make pediatric care a major focus of our program recognizing the special social and technical challenges associated with provision of effective pediatric treatment. The project gained support from the Minister of Health to pilot a unique fee system in which the small quarterly fee (reduced to [redacted] normally applied at the individual level, was applied at the family unit level, removing a critical barrier and encouraging partners and children to enter the program. This merits special evaluation and if successful national and international replication.

The cost per patient in this model is just over [redacted] a year. This is only achievable because the program does not purchase all the ARVs for the patients under treatment (which, with brand-name drugs, would cost over [redacted] alone). The Foundation has negotiated a cooperative ARV procurement strategy where USG funds will be used to buy mainly second line ARV regimens and GoCI and GF funding will be used to supply generic first line regimens. It is anticipated that approximately [redacted] in Track 1.0 funding will be used to buy ARVs (submitted separately).

Project HEART will continue to play a role of innovator/national leader and support the development of materials, systems and approaches that meet Project supported site needs but will also ensure that these are available to the national program for adoption and use at the national level. Project HEART has demonstrated a strong commitment to working with strong national staff leadership and through local public and private (NGO/FBO and other) partners with a model of mutual respect, exchange and transfer of competence (bi-directionally) drawing on twinning models (such as those at Projet RETRO-CI and between the infectious diseases institute and French and American Academic Institutions including San Francisco Hospital and UCSF). An example of this commitment is the successful supported growth of the local health professionals NGO "ACONDA" and the partnership with the national pediatric reference center (public sector) and the Methodist Hospital in Dabou.

Côte d'Ivoire has a strong advantage over many other priority countries in that it has a large cadre of physicians and other health professionals available to work in the public and private health systems and a 8-year history of ART prescription as part of the UNAIDS drug access initiative. Project HEART Côte d'Ivoire has already trained

over 300 health professionals in ART use and comprehensive "continuum of care" treatment approaches. Project HEART Côte d'Ivoire is creating a cadre of well-trained personnel with the capacity to train additional Ivoirian personnel in HIV/AIDS care and treatment as well as contributing to rehabilitate the physical infrastructure and providing needed equipment at project services.

The project is also putting in place a number of systems to promote sustainable integrated services. Examples include: systems to ensure an uninterrupted supply of drugs and health commodities; systems to allow longitudinal monitoring of patient visits, including detection of missed appointments; and a laboratory quality assurance program. These systems become part of the Ivoirian health care system as they are mainstreamed in routine health facility management and complement other PEPFAR supported partner's activities in these areas. Using HIV/AIDS as an entry point and based on the lessons learnt from years 1 and 2, the project will strongly contribute to the reinforcement of national capacity in data management, supervision, monitoring and evaluation, drug management system, in close collaboration with major funded implementing partners present in country such RPM+, Measure Evaluation-JSI, JHIPEGO, FHI, and HIV/AIDS Alliance

Emphasis Areas	**% Of Effort**
Quality Assurance and Supportive Supervision	10 - 50
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	47	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	0	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	18,900	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	17,010	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	☐
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials		☑

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Country coordinating mechanisms

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Infants

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

Volunteers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Twinning

Volunteers

Stigma and discrimination

Food

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5845
Planned Funds:
Activity Narrative: JHPIEGO's work in Cote d'Ivoire for "HIV/AIDS Treatment/ARV Drugs" has been cross-cutting and complementary to the technical work of other PEPFAR partners. In particular, JHPIEGO has been providing expertise in use of the mastery-learning approach in training, and more recently the performance improvement (PI) approach. Accomplishments through FY05 include: development of training curricula for care and treatment (as well as PMTCT and VCT); development of preservice and inservice trainers in care and treatment (as well as PMTCT and VCT); holding curriculum review workshops with preservice training institutions to determine how the ARV (and PMTCT and VCT) training materials will be integrated into the school's curriculum; and piloting PI in PMTCT/VCT at 10 sites in collaboration with the MOH and other PEPFAR implementing partners. JHPIEGO has also been part of 2 winning consortia applications for PEPFAR projects in partnership with prime partners CARE and with PSI which will allow further opportunities for extension of JHPIEGO's work and transfer of competence.

To continue these efforts and further build local capacity in training and PI, in collaboration with the MOH and national institutions, JHPIEGO will:
• Follow up on national trainers as they implement training of service providers in comprehensive HIV treatment (whenever possible, during cascade training supported by EGPAF, Ministry of Health etc.) with the JHPIEGO Technical Advisor observing new trainers "in action" and provide them with feedback to strengthen their performance
• Assist the Training Department to play a coordination role with technical partners for the completion of curricula in additional content areas (with FHI for palliative care, EGPAF and UCSF for pediatric care, CDC for HIV-TB care etc.)
• Conduct TOT in care and treatment for at least 20 more preservice educators so that they have the training skills to implement the care and treatment content that has been added to the curricula at preservice training institutions.
• Based on results from the initial pilot phase, hold discussions with appropriate ministry partners regarding feasibility of institutionalizing PI into the integrated health supervision system
• Build institutional capacity to integrate these training and PI approaches
• Document all trainings with TIMS and promote all stakeholders to have access to this information

The cross-cutting, complementary nature of JHPIEGO's work necessitates close collaboration with national and international partners working on PEPFAR. Training materials development has been coordinated through the SSPA (Secretariat de Suivi du Plan d'Action), a committee made up of national institutions that was created by ministerial decree to follow-through on the creation of national curricula in HIV/AIDS. Individual national and technical partners include:
• Ministry of Education: The MOE participated in planning meetings regarding the integration of HIV content into preservice curricula. In anticipation of an increased focus on integration of HIV content at the preservice education institutions, JHPIEGO will recommend bringing the MOE into the SSPA.
• Preservice Education Institutions (Medical School, Nursing/Midwifery and Laboratory School, School of Social Work, Pharmacy School, and the Dentistry School): Preservice institutions are all represented on the SSPA. Now that inservice training capacity exists for PMTCT, VCT and ART, JHPIEGO will focus on integrating these content areas into preservice curricula at these schools.
• PNPEC: To ensure country ownership, JHPIEGO is working closely with PNPEC in planning and implementing all training and PI activities.
• DFR: As the division of the Ministry with oversight of training, DFR has been a key partner and the Director is president of the SSPA. The JHPIEGO Country

Representative is currently co-located at the DFR to work with their staff on a continuous basis, promoting transfer of program management skills.

- SASED: JHPIEGO will seek to associate SASED (which has as their mandate to support the capacity of regions and districts) in PI to support institutionalization of the PI approach.
- SMIT: SMIT, a national technical leader in ART implementation, has been a member of the SSPA since its inception and will continue to be asked for input into the development of training materials.
- WHO: WHO, a member of the SSPA, has participated in validation of training materials. JHPIEGO is coordinating with them to ensure complementarity of materials with WHO's PCIMA materials.
- EGPAF: As the technical and implementing agency in PMTCT and ART for PEPFAR in Cote d'Ivoire, JHPIEGO will coordinate with EGPAF to use training materials and trainers developed with JHPIEGO's technical assistance, as well as obtaining EGPAF's technical input into the materials.
- ACONDA: A health professionals NGO receiving substantial PEPFAR support through EGPAF supporting innovative approaches to HIV treatment, will participate in development of care and treatment materials, and use the curriculum to train new providers. UCSF, Baylor College also represent additional EGPAF Project HEART partners with technical expertise.
- FHI: JHPIEGO is coordinating with FHI regarding palliative care training materials, and ensuring the PI approach is complementary to the San Pedro district model.
- JHU/CCP: JHPIEGO has been coordinating with JHU/CCP, serving as a pass-through for CCP to received funds, and ensuring local funds availability until CCP opens a bank account. Future collaboration can include JHPIEGO technical input into CCP training material and job aids.
- APHL: APHL is working with the national lab on training materials and has requested JHPIEGO assistance in curriculum development.

Emphasis Areas	% Of Effort
Training	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	☐
Number of local organization provided with financial support (sub-grants)		☑
Number of individuals trained in program and financial management		☑
Number of individuals trained in treatment literacy		☑
Number of PLWHA reached through treatment literacy (promotion of adherence to ARV, positive living and secondary prevention)		☑
Number of local organization provided with technical assistance to develop treatment literacy strategic communication plan and educational materials		☑
Number of HIV local organization provided with technical assistance for workplace HIV policy development		☑
Number of individuals trained in implementing HIV workplace programs		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Teachers (Parent: Host country government workers)

Host country government workers

Public health care workers

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

In Côte d'Ivoire, the Ministry of Health (MOH) coordinates all HIV/AIDS laboratory support activities in partnership with UNDP for the Global Fund and USG (US Embassy/ CDC/Projet RETRO-CI) for PEPFAR; moreover, WHO is a regular partner for laboratory strengthening. Many bilateral support including French Cooperation, which has supported laboratory activities in the past, has halted its support in the aftermath of the political events in November 2004.

An MOH expert biology committee (created in September 2003) provides expert guidance on HIV testing and other laboratory issues, including the use of rapid HIV tests and quality assurance.

The Association of Public Health Laboratories, the major partner on laboratory side of HHS/CDC in country, provides technical expertise through consultancy to manage laboratory quality support.

About 1300 public health centers are authorized to host laboratories in their structures, but less than 300 provide medical care and laboratory services; the centralized national public health laboratory system consists of three levels of institutions: (1) the reference or central level, represented by the laboratories of the four University Teaching Hospitals, the four Specialized Institutes, and research centers; (2) the regional or intermediate level, represented by the regional and general hospital laboratories; and, (3) the peripheral or primary level, represented by healthcare centers mainly.

With the launch of the Emergency Plan, in 2004, the National Reference Laboratory (LNSP), Specialized Institute, designated as the national public sector reference laboratory, started to perform activities related to HIV/AIDS but has not operationalized a quality assurance program with external quality assessment. Projet RETRO-CI clinical laboratory assures partly the NRL functions as on-site supervision and EQA for selected supported PEPFAR sites.

With WHO, PEPFAR and Global Fund financial and technical assistance to the overall laboratory system, comprehensive HIV and opportunistic infection diagnostics and biological monitoring of HIV/AIDS patients has expanded with establishment of decentralized services. In 2005, 15 laboratories have been equipped with CD4 machines (compact or classic Flow cytometers are providing on site CD4 testing. But Projet RETRO-CI and CeDRes located in the Abidjan Lagunes region are still providing more than 75% of the HIV and CD4 testing to support the national ART program.

In 2004, 460 technicians were employed in the public health laboratory system, 10-20% of the technicians are trained in HIV testing and/or CD4 testing. At level 1, 10 central laboratories including the National Reference Laboratory, Pasteur Institute and Projet RETRO-CI (HIV virology and clinical) laboratories represent the core of a Laboratory Network which provides assistance for the coordination of laboratory activities including the implementation of the Quality Assurance and laboratory staff training program, by assuring in service training.

The assessment of the National Institution in charge of the training of laboratory technicians has shown that the training curricula do not include training modules on Quality Systems. The laboratories are not fully supplied by the National Pharmacy. The laboratory system lacks national, central laboratory policies, guidelines and documents on testing, maintenance, laboratory procurement (equipment, reagent and supply), training, quality control and supervision. Multiple partners [MEMSP (National Pharmacy and Maintenance Division)] and PEPFAR funded partners (MSH/RPM+, FHI and EGPAF, JHPIEGO, APHL) will provide support for the establishment of these reference documents.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	16
Number of individuals trained in the provision of lab-related activities	275
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	

Table 3.3.12: Activities by Funding Mechanism

Mechanism: APHL, Lab Systems
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4560
Planned Funds:
Activity Narrative: In FY06, the Association of Public Health Laboratories seeks USG support to continue to provide technical assistance to the Ministry of Health (MEMSP), including the National Reference Public Health Laboratory, the Public Health Pharmacy, the National HIV and TB programs and the National Institute responsible for training laboratory technicians (INFAS), building on activities commenced in 2002 with an overall goal of building national capacity for delivery of quality decentralized HIV laboratory services in support of prevention, care and treatment and related surveillance and targeted evaluations. These activities will be coordinated with the major central laboratory network including the Projet RETRO-CI HIV virology and clinical laboratories and PEPFAR implementing partners in the public sector as well as JHPIEGO (training), Abt Associates (human capacity) and EGPAF and others (involved in service delivery). Both Global Fund HIV and TB project funds and PEPFAR funds are contributing to building national laboratory capacity. WHO is also providing ongoing technical assistance as part of the 3X5 initiative and GTZ is contributing to the development of a comprehensive maintenance strategy.

In FY05 (April to September) the following key activities have been achieved with APHL support: the recruitment of two consultants, the opening of 2 laboratories with CD4 testing capacities, needs assessment of INFAS, provision in French of 10 Quality Systems (QS) training modules and 1 CD4 QA guide. In the 1st 6 months of FY06 (Oct 05 – Mar 06), the following activities are planned with FY05 funding: the recruitment of a third consultant, the training of 30 laboratory staff on CD4 testing and 25 on QS, the procurement of communication tools and laboratory equipment for 10 laboratories .

In collaboration with MEMSP (LNSP, PNPEC) and Projet RETRO-CI, with FY06 funds through the provision of short and long term consultants, APHL proposes to build on previous activities and plans to:
1. Collaborate closely with PEPFAR funded partner JHPIEGO and the MEMSP Training Director and national training and expert laboratory committees to finalize HIV training materials in support of the various laboratory services (management, supervision and provision of HIV diagnostic and monitoring tests). Train 25 trainers from INFAS and integrate the training materials in the preservice and continued training curricula for laboratory technicians. Train a pool of 75 decentralized district level laboratory supervisors/inspectors and mentors. The training model includes a progressive devolution of supervision and ongoing training to the district level and involvement of a network of central laboratories and a pool of national trainers/experts to achieve national coverage.
2. Collaborate closely with MEMSP (National Pharmacy and Maintenance Division) and PEPFAR funded partners MSH/RPM+, FHI and EGPAF to improve HIV related commodities management including inventory and maintenance of laboratory associated equipment, tests and other consumables.
3. Reinforce the capacity of the National Reference Laboratory (LNSP) and laboratory network with implementation of a national quality assurance system for HIV laboratory services including laboratory accreditation and participation in an external HIV testing assessment program (in collaboration with WHO, CDC and Projet RETRO-CI). A long term consultant will be engaged to fill the position of quality assurance manager under the supervision of LNSP. These activities form part of the 3 year plan to progressively build capacity at LNSP (2006-2008).

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	16	☐
Number of individuals trained in the provision of lab-related activities	130	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Adults
Family planning clients
Doctors (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Infants
People living with HIV/AIDS
Pregnant women
Program managers
Teachers (Parent: Host country government workers)
USG headquarters staff
Project staff
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Education

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5170
Planned Funds:
Activity Narrative: Project RETRO-CI, the CDC-MOH collaborative USG-funded project will continue to collaborate with the Ministry of Health (including the National Reference Public Health Laboratory, the Public Health Pharmacy and National HIV and TB programs) to provide technical assistance, laboratory services and HIV reference laboratory functions in support of: all Prevention, Care and Treatment services with direct PEPFAR support; HIV-related surveillances, studies and targeted evaluations as part of the national Strategic Information activities; and build capacity for the national laboratory network centered on the National Reference Laboratory. This activity will complement technical assistance from the PEPFAR funded U.S. Association of Public Health Laboratories.

This support continues the multi-year process of building national capacity at central, decentralized regional, district and site levels to provide quality diagnostic and follow-up HIV laboratory services and support national surveillance, studies and evaluations. Projet RETRO-CI has played a critical role in provision of laboratory services in support of the national PMTCT, VCT and HIV treatment programs since 1998. Thus the expanding capacity building role has had to occur at the same time as expanding service delivery to accompany the rapid expansion and decentralization of HIV services. During FY04 and FY05 Projet RETRO-CI has directly supported the establishment of 32 sites with on-site rapid HIV testing capacity, 4 sites with the capacity to provide CD4 counts and provides quality assurance to 11 VCT, 21 PMTCT and 5 treatment sites. In addition annual sentinel surveillance studies have been conducted and in FY05 the national AIDS Indicator Survey of 5060 households initiated. Substantial work has been done at the central level to promote the networking of the central laboratories and definition of norms, standards and tools for all aspects required to assure HIV related laboratory functions.

In collaboration with LNSP, PNPEC, APHL and CDC/HHS HQ staff, in FY06 Projet RETRO-CI will:
1. collaborate closely with PEPFAR funded partners EGPAF, HIV/AIDS Alliance, FHI, CARE International, JHPIEGO and others to assure quality laboratory services as part of the package of services at more than 62 PMTCT, 28 VCT and 16 treatment sites at health facilities and 18 community based or targeted VCT sites in accordance with national and international standards. These activities include initial site evaluations, initial and continued staff training (management/supervision with district health team and management and service delivery at site), commodities management and establishment of quality assurance systems. The training model includes a progressive devolution of supervision and ongoing training to the district level and involvement of a network of central laboratories and a pool of national trainers/experts to achieve national coverage.
2. reinforce the capacity of the National Reference Laboratory (LNSP) and INFAS (Institute responsible for pre-service and in-service training of laboratory technicians) with development and implementation of training materials (in collaboration with JHPIEGO and APHL), training of a cadre of trainers and national experts, and implementation of a national quality assurance system for HIV laboratory services including laboratory accreditation and participation in an external HIV testing assessment program (in collaboration with APHL and WHO). These activities form part of the 3 year plan to progressively transfer competence to the LNSP and INFAS (2006-2008).
3. support the laboratory component of key national strategic information activities including: HIV testing and analysis in support of the 2005 national antenatal survey; the 2005 national AIDS Indicator Survey; targeted resistance evaluations as part of the WHO HIVRESNET for naive and treatment experienced populations, and evaluations of simple adapted diagnostic and monitoring tests and collection

methods to support expanded HIV services for infants and adults in Cote d'Ivoire. These activities are described further under strategic information as targeted evaluations.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	16	☐
Number of individuals trained in the provision of lab-related activities	145	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Adults
Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Faith-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Most at risk populations
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Infants
Military personnel (Parent: Most at risk populations)
Mobile populations (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Teachers (Parent: Host country government workers)
USG in-country staff
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Partners/clients of CSW (Parent: Most at risk populations)
Transgender individuals (Parent: Most at risk populations)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Private health care workers
Laboratory workers (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas

Agnebi

Bas-Sassandra

Haut-Sassandra

Lagunes

Savanes

Sud-Bandama

Zanzan

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

The Ministry for the Fight against AIDS (MOA) was created in 2000 and is responsible for the overall monitoring and evaluation of the multisectoral, decentralized HIV/AIDS response. The Ministry of Health (MOH) is responsible for HIV surveillance, and for monitoring and evaluation (M&E) of HIV prevention and care activities in the health sector. Other line ministries are responsible for monitoring and evaluating HIV activities in accordance with their sectoral plans; Multiple partners provide support to different aspects of surveillance, M&E, and health management information systems (HMIS). UNAIDS and WHO are partners to the ministries responsible for AIDS and Health, with long term contributions from USG, the Canadian Cooperation, and other bilaterals. Funding has also been provided by the Global Fund and possibly from the World Bank's Multisectoral AIDS Project. Projet RETRO-CI, a collaboration between the MOH and the CDC, has assisted with annual antenatal sentinel surveillance studies since 1997. No study was conducted in 2003 due to the political crisis. However the 2004 round of ANC survey was successfully carried out in urban clinics and included multiple PMTCT sites to permit additional analyses. The 2005 ANC study which includes additional urban and rural sites is now underway. The new sites will permit further analysis and comparison with the AIDS Indicator Survey (AIS) data. Other surveillance and targeted evaluation studies are planned for FY 2006 including ART drug resistance, infant diagnosis, HIV incidence, and longitudinal follow-up of patients under ART care.The MOA is conducting the AIS to provide baseline data on HIV/AIDS prevalence, services and knowledge, attitude, behavior and practice in the general population. The results will help to guide national prevention efforts and permit evaluation of program impact. Technical assistance is provided by the National Government, Projet RETRO-CI, ORC/MACRO, the UN, and NGOs. Sample collection is successfully underway throughout the entire country. The MOA and National Institute of Statistics will disseminate preliminary results by March 2006.In FY 2005, with assistance from Abt Associates/Public Health Reform Plus, a health sector Human Capacity Assessment has been conducted. A facility survey that will provide baseline data of quality of HIV/AIDS service provision is envisioned to support health sector planning by the MOH through the PHR plus funding mechanism if sufficient funds are available. The MOH has defined national HIV indicators for integration in the national HMIS. MEASURE/Evaluation has provided technical assistance to the DIPE to conduct an evaluation of the national HMIS and develop a plan to reinforce the HMIS and integrate HIV/AIDS prevention, treatment and care indicators. The pilot phase is underway. It will be followed by rapid expansion to other districts in FY 2006. Technical assistance is also provided by EGPAF for collection and management of facility-based data and by Projet RETRO-CI for the design and implementation of the database and communication systems. During FY 2005, MOA disseminated national M&E guidelines; trained staff; developed, validated and disseminated data collection and reporting tools; and procured communications and computer equipment. The Country Response Information System (CRIS) was established as the national indicator database while a separate database to monitor HIV/AIDS services at community level has been developed with assistance from International HIV/AIDS Alliance. In 2006 the Alliance system will be enhanced to allow direct reporting into CRIS.The Ministry of Solidarity received technical assistance from FHI to develop and implement a rapid situation analysis to define OVC services and needs in 6 districts. They developed and disseminated national OVC M&E guidelines, validated data collection and reporting tools for OVC interventions. Support in FY 2006 will include implementation of the OVC M&E plan

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	98
Number of local organizations provided with technical assistance for strategic information activities	602

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	*Cooperative Agreement with Minisrty of AIDS #U62/CCU024313*
Prime Partner:	Ministry of AIDS, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	4555
Planned Funds:	
Activity Narrative:	The Ministry for the Fight against AIDS (MOA) was created in 2000 and is responsible for planning and coordinating the multisectorial, decentralized response to the HIV epidemic in Côte d'Ivoire. The Directorate for Planning, Programming, Monitoring and Evaluation (DPPSE) of the MOA is responsible for overall monitoring and evaluation of this response. Other line ministries are responsible for monitoring and evaluating HIV/AIDS activities in accordance with their sectoral plans. With financial and technical support from the U.S. Government and other donor organizations, the MOA is in the process of developing and implementing an integrated national M&E system and supporting data warehouse. The technical assistance was provided by many partners including MEASURE/Evaluation (through JSI), the International HIV/AIDS Alliance, FHI, CDC Projet Retro-CI and UNAIDS. Additional funds were also provided by the Global Fund as well as directly by the Government of Cote d'Ivoire. During FY 2004 and FY 2005, the MOA was able to: - develop the interim strategic plan for 2005 that now guides all HIV/AIDS interventions in the country; - define the indicators for community-based HIV/AIDS intervention and develop the data collection tools and guidelines to monitor those interventions; - develop training materials on the use of these tools; - train 88 M&E officers at district and regional levels in the use of these tools; - coordinate the implementation of the AIDS Indicator Survey; and - install the Country Response Information System (CRIS) to serve as the national M&E indicator database at the central level within the DPPSE with assistance UNAIDS. Building on these achievements, the funds requested in FY 2006 will support the continuation of earlier activities and the implementation of new activities, all designed to establish and reinforce a fully functional national monitoring and evaluation system. Specific activities to be completed by March 2007 include: 1. Strengthening the coordination of monitoring and evaluation activities at the central level by - developing and disseminating the 2006-2010 national strategic plan; - developing and disseminating the 2006-2010 national monitoring and evaluation plan; and - revising the M&E data collection tools and guidelines for community-based HIV/AIDS interventions; 2. Implementing the national monitoring and evaluation plan through - the establishment of functional M&E units in 5 regions and 20 districts; - supervising M&E staff in this 5 regions and 20 districts; - the reproduction and dissemination of data collection and management tools for all 19 administrative regions in the country;; - evaluating the pilot computerized M&E network being created by the Ministry of Health (MOH) in 3 regions (Abengourou, Aboisso, and Daloa) and 9 districts; - providing contract maintenance support for all IT equipment, reproducing and disseminating the 2006 national HIV/AIDS response results; and - hiring a webmaster to manage the MOA website. 3. Participating in international meetings and conferences.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes *M&E, surveillance, and/or HMIS*)	200	☐
Number of local organizations provided with technical assistance for strategic information activities	18	☐
Number of regions included in the network	3	☐
Number of districts equiped with computers	9	☐
Number of districts supervised	9	☐

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: International HIV/AIDS Alliance
Prime Partner: International HIV/AIDS Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4561
Planned Funds:
Activity Narrative: The Alliance National Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with PEPFAR funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance will provide ongoing technical assistance to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds and with technical assistance from the International HIV/AIDS Alliance, ANS-CI will provide technical assistance and share its international experience to assist national authorities and key stakeholders, including networks of persons living with HIV/AIDS, AIDS service organizations, and faith-based organizations, to implement a comprehensive monitoring and evaluation plan for community-based HIV mobilization activities.

This project will build on the HIV/AIDS Alliance's work in conjunction with the Ministry of AIDS and civil-society networks in 2005, which included an assessment of M&E needs for community-based HIV-care interventions by non-governmental, community-based, and faith-based organizations and the preparation of materials to support M&E training (for representatives of the ministries of labor, social welfare, and health as well RIP+ and CDSCI) in supervision, timely transfer of quality data, and analysis of data for decision-making at the central and service-delivery level.

All M&E activities are supported directly by an M&E officer based at the HIV/AIDS Alliance and supervised by the director. ANS-CI works in constant collaboration with PEPFAR and other national partners, including four regional umbrella organizations, to achieve a coordinated and efficient response to M&E requirements.

In FY06, ANS-CI will continue working to implement the M&E plan and to develop materials to support expanded training for 66 institutions in supervision at the peripheral level, the timely transfer of quality data, and analysis of data for decision-making at the central and service-delivery levels. ANS-CI will also develop mechanisms to ensure compatibility between CRIS and the Alliance NRS database and will continue to provide support to NGOs for producing quarterly reports describing the results of national HIV/AIDS community-based care for dissemination to national and international partners and stakeholders.

Technical assistance will support the activities of the AIDS ministry and will complement technical assistance from other sources, such as FHI, in support of a single functional national M&E system

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Proposed staff for SI	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	175	☐
Number of local organizations provided with technical assistance for strategic information activities	66	☐

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Democracy & Government

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure Evaluation
Prime Partner: University of North Carolina Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4574
Planned Funds:
Activity Narrative: MEASURE/Evaluation has been providing the Government of Côte d'Ivoire with technical assistance in standardizing and strengthening the collection, management, utilization and dissemination of HIV/AIDS monitoring and indicator data. Within the health sector, the Ministry of Health (MOH) has primary responsibility for HIV/AIDS data. In the non-health sector, the Ministry for the Fight against HIV/AIDS (MOA) has this responsibility. The support being offered to these Ministries is primarily aimed at building capacity at the national, regional and district levels of the government for improving the quality of the information they collect and for using it more effectively.

The activities proposed by MEASURE/Evaluation for FY 2006 are a continuation of those funded in the FY 2005. The activities supporting the MOH health sector are presented first; those supporting the MOA and the non-health sector are next.

Overview of the MOH: MEASURE/Evaluation primarily supports the work of two Directorates within the MOH. They are the DIPE (the Directorate of Information, Planning, and Evaluation) and the PNPEC (the National HIV/AIDS Care Program).

Since 1994 the DIPE has overseen a system called the SIG which collects notifiable disease and other health data. They have developed a software tool call "SIGVision" which facilitates the management, reporting and analysis of those data. Up until the involvement of MEASURE/Evaluation, the SIG did not contain information on HIV/AIDS.

PNPEC, which was recently created, has the mandate to coordinate the delivery of high-quality facility based care and prevention services for HIV and AIDS. As a part of this effort, MEASURE/Evaluation has developed national standardized registers and forms to be used for PMTCT, ART, and VCT services throughout the country. These forms have been developed not only to assist health facilities with care delivery, but also to assure that the appropriate indicators may be easily calculated and reported through the SIG from the district, regional and national levels of the health system.

Technical Support for the MOH: MEASURE Evaluation will build capacity at the DIPE for HIV/AIDS data collection, retrieval, analysis, dissemination and use of information for managerial decision-making. It will also support the PNPEC with the development of standardized paper-based registers and forms for use in health facilities throughout the nation.

The specific activities planned through March 2007 for the strengthening of HIV/AIDS strategic information are to:

1. Strengthen SI human resource capacity and knowledge at the regional and district level by:
- coordinating HIV/AIDS data collection in each of 30 districts;
- monitoring and evaluating the completeness and timeliness of HIV/AIDS monthly reports;
- coordinating bimonthly meetings between the DIPE, PNPEC, and district data managers to assess their ability to use data for program improvement;

2. Assist the MOH in improving data collection at the facility level by:
- revising the paper-based data collection tools used for PMTCT, ART and VCT better meets the needs of stakeholders; and
- harmonizing the ART patient record forms with the WHO recommendations for a better patient management care;

3. Support the implementation of improved computerized health management information systems, particularly as they relate to HIV/AIDS, by:
- finalizing the development of the new version of SIGVision which incorporates HIV/AIDS services data
- testing the new SIGVision in 2 pilot districts and then scaling up to a total of sites at the district and regional levels;
- continuing to provide computers for the health districts (25) to complement those funded elsewhere;
- providing paper-based data collection tools updated to include HIV/AIDS information to all pilot districts;
- developing a computerized system for tracking the production and the distribution of paper-based HIV/AIDS data collection tools;

4. Provide training to a variety of MOH, MLS and health workers as follows:
- training one data manager in each of the 58 districts on the updated version of SIGVision in preparation for a national roll-out;
- training 500 clinical field staff (200 for PMTCT, 100 for ARV, 100 for VCT) on the use of HIV/AIDS data collection tools;
- training 2 IT managers from the DIPE in either Oracle or Microsoft SQL Server; and
- training 1 DIPE deputy director in HIV/AIDS surveillance.

Finally, while these activities are underway and reaching fruition, MEASURE/Evaluation will also:

5. Oversee a temporary HIV/AIDS data collection activity for facility-based indicators.

Overview of the MOA: To date, the MOA has established and relied to date on an independent system for the collection, reporting and dissemination of HIV program indicator data. In FY 2006 MEASURE/Evaluation will assist the MOA by providing the tools needed for districts and other partners to better utilize these data, and for integrating their data with data from other sources such as the health sector.

Technical Support for MOA: MEASURE/Evaluation will provide the following technical support for the MOA through March 2007 are:

1. Support the development, dissemination, and implementation of national plans by:
- assisting in the development of a national M&E plan;
- analyzing the HIV/AIDS M&E data;
- writing and disseminating M&E reports;

2. Building capacity of MOA and partners organizations in SI by:
- developing training modules for the collection, management and analysis of monitoring and evaluation indicators from non-health sectors;
- revising the modules following a series of pilot training workshops involving a total of 50 people;
- providing recommendations to Projet RETRO-CI on the data and business requirements for the proposed MOA HIV/AIDS data warehouse;
- monitoring the timeliness and completeness of indicator data.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Number of local organizations provided with technical assistance for strategic information activities	2	☐
Number of regions included in the network		☑
Number of districts equiped with computers		☑
Number of districts supervised		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: EGPAF Rapid expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA1 account)
Program Area: *Strategic Information*
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5053
Planned Funds:
Activity Narrative: *Project HEART Côte d'Ivoire has been growing at an exceptional rate with 47 comprehensive Care and Treatment sites and 18,900 ART patients expected at the end of Project Year 2 (early 2006). In PY3 there will be 25 sites added, bringing the total to 72 sites and 35,000 patients on ART expected by the end of 2006.*

These sites are comprised of quite a variety of health facilities. This includes large, tertiary care hospitals all the way to small, neighborhood health centers. Furthermore, the project initiated care and treatment services at some of the sites and inherited ongoing programs at others. Approximately one third of the sites are supported through a sub-award with an Ivoirian NGO called ACONDA. ACONDA, with technical support from the University of Bordeaux, has implemented a computerized patient record system at all of its 17 sites. This system keeps comprehensive dossiers for all patients registered in the program (whether on ART or not).

As the EGPAF program grows and becomes more geographically dispersed it is increasingly difficult to monitor the quality of service delivery at the sites. Because of insufficient staffing, neither the EGPAF technical staff nor the technical staff from the National HIV/AIDS Treatment Program (PNPEC) have the ability to make routine visits to all of the 72 sites that will be supported by the end of year 3. As such the program needs a way to identify the sites most in need of technical support. A computerized patient record system is the best way to meet this need.

The Foundation proposes to modify either the existing ACONDA patient record system or some other readily available system for use in Côte d'Ivoire. Projet Retro-CI are currently reviewing options for the system and expect to make a recommendation to EGPAF by the end of October 2005. Whatever system is selected, it must support the following for functions: 1) to track visits and flag late appointments; 2) to provide required reports; 3) to track patient-level indicators of program quality; and 4) to assist in inventory management. Clinical protocols and paper forms will guide clinicians through each visit, a critical function for improving the quality of care.

The system will incorporate clinical care checks, which identify and warn a health provider of potential problems during patient care, are a mean to prevent many potentially lethal errors and should lead to improved patient outcomes. It will also serve as the base tool for a comprehensive approach to monitoring & evaluation. The software will produce PNPEC national, CDC, QA/QC, and M&E reports. The Ivoirian government has expressed interest in receiving a standardized data set for patients under public care and this will be supported in the software.

The activities that EGPAF proposes to implement in the area of strategic information are as listed below.

1. To provide software for ARV care in all clinics.
2. To work with the Ministry of Health and the Ministry of AIDS to pilot test communications technologies and improved software for monitoring and evaluation in 3 pilot regions and 3 districts within each region (for a total of 9 districts).
3. To procure and install the following hardware:
- 1-2 personal computers per clinic and district office, depending on size
- Printers, UPS Devices and other peripherals for clinic and district office use
- Local Area Network infrastructure at individual clinics in 3 pilot regions and 9 districts
- Wide Area Network infrastructure at the Central University Hospitals (CHUs) for data aggregation
- Storage media for use at clinic and for transport to central server

- Mobile carts, locks and other non-technical supplies

4. To build M&E staff capacity at the facility and district levels in the area by:
- providing staff to support the collection and reporting of M&E data to the Ministry of Health district health offices,
- training of staff and record-keeping personnel,
- updating the HIV/AIDS treatment curriculum to include use of the patient record system
- ensuring that district level staff are trained and that they have the equipment necessary to enable the district to play its role of first level data aggregation.

The intent of this proposal is to provide a robust, easy to use patient management system for Côte d'Ivoire. In addition the software should support good quality care and effective monitoring at the individual level.
To achieve this important objective, EGPAF will also work closely with other Key national and International M&E stakeholders within the Ministry of Heath (DIPE), the Ministry of the Fight against AIDS (DPPSE) , and JSI/MEASURE-EVALUATION.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	3	☐
Number of local organizations provided with technical assistance for strategic information activities	250	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: *Ministry of Health (TBD new mechanism Sole source CoAg)*
Prime Partner: Ministry of Health and Population, Cote d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: *Strategic Information*
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5055
Planned Funds:
Activity Narrative: The Ministry of Health (MOH) has made HIV/AIDS a high priority. Since 2003, a number of structural changes have been initiated that allowed an expanded national response in the health sector. As the President of the Global Fund Country Coordinating Mechanism (GF/CCM), the Minister of health has also provided strong leadership to coordinate and engage all partners to move the process forward from planning into the implementation stage.

The National HIV Care Program (PNPEC) established in 2001 was tasked with providing effective leadership in the health sector including the revision of the HIV/AIDS sectoral plan to include aggressive national scale-up plans for VCT, Care and Treatment, PMTCT and Community Mobilization as well as close coordination between the national HIV and TB programs. The national public pharmacy and distribution system, the national blood security system, the national reference laboratory and laboratory system for HIV/TB and STIs are all targeted for reform and reinforcement.

Within the Ministry of Health, the Direction of Information, Planning and Evaluation (DIPE) is the group primarily responsible for monitoring and evaluation. The national health information system (SIG) is managed by them with technical assistance from EGPAF, Measure Evaluation/JSI, JHPIEGO and CDC-RETRO-CI. With the support of the U.S. Government in 2006, the DIPE will continue to play a key role in the collection, management, analysis and dissemination of HIV/AIDS indicator data both within and beyond the health sector and in partnership with Ministry for Fight against AIDS and International HIV/Alliance to built a unified monitoring and evaluation system by:

1. Strengthening the national health management information system, contribute to the development of an integrated national M&E plan and participate in an improved national coordination effort in HIV/AIDS monitoring and evaluation. This will be done by:
- training 15 data management officers (CSE) at regional and district level in data collection, analysis and report writing;
- procuring computer equipment for 10 districts which have no computer (to complement equipment provided by other organizations in other districts);
- training 10 district and 5 regional directors in the use of data for decision making; and
- reviewing of HIV/AIDS indicators, data collection tools and guidelines within the health sector.

2. Establishing and pilot testing a communication system between 3 regions, with 3 districts in each region. Specific activities to be accomplished are:
- hiring a IT specialist at DIPE to administrate the LAN;
- implementing the communication network between the 3 health regions, DIPE and PNPEC; and
- training 12 (3 regional and 9 district) staff in the use and administration of the network.

3. Coordinating the implementation of HIV/AIDS surveillance activities, surveys and targeted evaluation. For 2006 this is primarily:
- completing the 2005 annual ANC HIV sentinel surveillance (ANC) survey,
- analyzing the data from that survey,
- writing and publishing the final report, and
- disseminating the results through a national workshop.

4. Improving the quality, the dissemination and the use of data on HIV/AIDS intervention within the health sector by:
- supervising data collection and management in 8 health region and 20 districts;
- evaluating the quality of the data reported from the facility level on a quarterly basis; and
- producing and disseminating the annual monitoring and evaluation report of HIV/AIDS activities in the health sector.

5. Strengthening human capacities in Strategic Information at central level by participating in an international conference or training workshop.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	67	☐
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of regions included in the network	11	☐
Number of districts equiped with computers	10	☐
Number of districts supervised		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5171
Planned Funds:	

Activity Narrative: The Government of Côte d'Ivoire is improving national capacity to respond to the HIV/AIDS epidemic throughout the country. The U.S. Government, through the Emergency Plan, is an important contributor to that effort. The contributions are both financial and as importantly in technical expertise. Projet RETRO-CI, a collaborative organization created jointly by the Ministry of Health (MOH) and the CDC, is a critical partner in the development of the unified national vision for monitoring and evaluation, information technologies and management information systems, and for HIV surveillance. RETRO-CI provides concrete technical support for collecting, managing, analyzing, and disseminating strategic information.

With the FY06 funds the SI team at Projet Retro-CI will contribute to national SI efforts by:

1. Providing technical and logistic assistance to the MOH to complete the annual 2005 national antenatal HIV surveillance survey. RETRO-CI staff will procure laboratory and study supplies, supervise data and sample collection at peripheral sites and testing at the Projet RETRO-CI laboratory, and assist with data entry, analysis, and data dissemination through written reports and oral presentations. Progressive capacity building and transfer of skills to national counterparts will be strongly promoted during FY06 at both central and decentralized levels. In addition further analysis will be conducted with ANC, AIS and PMTCT programmatic data to best describe the patterns that drive the HIV epidemic in Cote d'Ivoire.

2. Providing technical and logistic assistance to the Ministry of the Fight against AIDS (MOA) and the National Institute of Statistics to complete the National AIDS Indicator Survey. The assistance provided by Projet RETRO-CI includes the testing of samples at the RETRO-CI laboratory, data analysis, report writing and dissemination of results.

3. Building on the Human Resources Assessment in FY05, provide assistance to PHR plus to conduct a facility-based survey which will focus on Service Provision Assessment (SPA) in support of up-scaling of HIV/AIDS services in collaboration with WHO and other partners.

4. Providing technical assistance to the Ministry of Health to implement longitudinal surveillance of patients in ARV treatment and to support a variety of in-country partners with the implementation of targeted evaluations including evaluation and surveillance of HIV resistance, incidence and prevalence in accordance with WHO/CDC standards. This support includes procuring laboratory and study supplies, collecting samples at peripheral sites, transporting specimens for testing at the RETRO-CI laboratory, data entry, analysis, and data dissemination through written reports and oral presentations. Technical assistance will also be provided by CDC HQ to conduct initial assessment, development of protocol and guidelines and planning of activities.

5. Providing technical assistance to MOA and other PEPFAR funded partners (among them the MOH, the Ministry of Education, the Ministry of Solidarity) to develop, disseminate and implement the national strategy and an overall monitoring and evaluation plan, and to develop a national HIV/AIDS information system and database. Projet Retro-CI informatics staff will
- map all existing software, databases and computer applications that support HIV/AIDS program activities
- customize CRIS to meet national needs and develop an interface to allow other ministries to access the CRIS data.

6. Upgrading the IT infrastructure at Projet RETRO-CI and Directorate of Information, Planning and Evaluation (MOH/DIPE) . The infrastructure will provide improvements to office automation equipment (including workstations) and software, as well as improved Internet connectivity. All of these improvements will to support PEPFAR information capacity building, provide for more rapid data analysis, and support the procurement of commodities such as computer equipment, laboratory reagents, and other expendables.

7. Providing assistance in the areas of informatics and information systems to a wide variety of governmental, non-governmental, and other partner organizations Specific activities include:
- Providing training in the use of data management software such as Epi Info and in statistical analyses..
- Assisting the MOH/DIPE with their next generation national health management information system (HMIS) which integrates HIV indicators with other health outcome measures.
- Assisting with the development and implementation of a national M&E system in support of PEPFAR prevention, care and treatment goals. This assistance includes but is not limited to the translation of software programs and training materials, training, supervision and quality assurance guidelines.
- Developing recommendations for telecommunication systems in 3 pilot regions and 9 districts to reinforce the linkages between services in support of the network model of HIV-related health services at different levels of the health pyramid. This technical assistance will complement SI activities funded through cooperative agreements with the MOA, the MOH and other partners to create a functional national M&E system.

8. Developing the national SI strategy for Côte d'Ivoire and providing technical assistance to PEPFAR funded partners to ensure they are aware of the PEPFAR reporting requirements. This activity vision includes provision of materials and training in French and preparing of required reports describing results of PEPFAR and providing written and oral reports for national partners and stakeholders for the USG.

9. Participating in key regional or international meetings or trainings to remain up to date in PEPFAR and international requirements and best practice in support of the third of the "Three Ones", namely having one integrated national M&E system

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	☐
Number of local organizations provided with technical assistance for strategic information activities	15	☐
Number of regions included in the network		☑
Number of districts equiped with computers		☑
Number of districts supervised		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
International counterpart organizations
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Policy makers (Parent: Host country government workers)
Pregnant women
USG headquarters staff
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Working Commodities Fund
Prime Partner: The Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5846
Planned Funds:
Activity Narrative: In 2005, The President's Emergency Plan for AIDS Relief, through the U.S. Agency for International Development, awarded a contract to strengthen the lifeline of essential drugs and supplies for people living with or affected by HIV/AIDS and other infectious diseases in developing countries. Specifically, SCMS will provide one-stop shopping for programs to obtain important HIV/AIDS-related products. These will include facilitating the purchase of lifesaving antiretroviral drugs; drugs for opportunistic infections; quality laboratory materials such as rapid test kits; and supplies like gowns, gloves, injection equipment, cleaning and sterilization items. In addition the mechanism will develop management information systems to track supplies and program indicator data provided through SCMS by estimating needs by recipient programs, financial accounts by country and funding source, production and warehouse stock levels, and the status of all shipments in-transit.

In FY 06 the USG will fund Voxiva, a consortium member of The Partnership, to work directly with the HIV/AIDS Alliance to improve the their database to allow sub grantees to directly report M&E indicator data electronically via either cell phones or the Internet. Alliance is umbrella sub granting mechanism that manages funding for various community-based NGOs, FBOs and advocacy groups. Included in the Alliance network are organizations which span various technical areas such as; highly vulnerable populations including sex workers, OVCs, and mobile populations in addition to palliative care, prevention (both AB and OP), HIV/TB, CT, and treatment literacy.

Alliance currently has a well-developed information system written in Microsoft Access that allows for the management of indicators from sub grantees and the reporting of those indicators to the Ministry of AIDS. While the system meets the needs of Alliance, the only way to report indicator data into that database is on paper forms. This can at times be slow and burdensome. The proposed enhancements to the Alliance database will build additional flexibility, timeliness, and data quality checks into the current Alliance system through the integration of cell phone and Internet technologies. The Ministry of AIDS, the USG, Alliance and their sub grantees will all benefit from the proposed improvements in the system.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	175	☐
Number of local organizations provided with technical assistance for strategic information activities	66	☐
Number of regions included in the network		☑
Number of districts equiped with computers		☑
Number of districts supervised		☑

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

The Ministry to fight AIDS continues to coordinate the national multisectoral and decentralized response to HIV. Technical ministries such as Health and Education provide strong leadership to coordinate the response within their sectors. Despite the crisis, there has been progress in establishing a national system of political and technical coordination bodies to promote effective planning and coordination.

There has also been a major increase in HIV related funding from the USG and Global Fund however overall donor presence and contributions remain inadequate and wrap-around funds are extremely limited. HIV/AIDS sector plans (2004-2007) have been developed in at least 13 sectors integrating policy and legal reforms to address stigma, discrimination and remote service delivery, but, with delays in the MAP, they remain largely unfunded.

Decentralization is progressing with more decisions at the district and local HIV/AIDS action committee levels. Non-state forums, such as networks of NGOs, PLWH/A, journalists and artists, and faith communities, have contributed to coordination and advocacy, but they are generally young organizations and require substantial institutional capacity building.

The political and military crisis continues to be a major problem. GOCI attempts to resume public services resulted in a timid redeployment; few health providers, teachers and other staff will return to the "ex-occupied" zones until the disarmament process is complete.

Ongoing USG-funded activities:

1. Support to "champions" promoting innovative workplace and public-private partnerships to expand HIV services. With FHI technical support, multiple institutions, organizations and businesses implemented HIV plans and engaged in an HIV-in-the-workplace working group. This effort will be increased in FY06 with technical support from the Private Sector Partnership.

2. The GOCI is taking steps to address human resources for health (HRH). An MOH rapid assessment of HRH in the public sector, with TA from PHRplus, showed high attrition among all cadres and identified gaps in skills sets. An assessment planned for the private sector in FY06 will precede development of a human resource strategy for the health sector.

3. Pre- and in-service training materials for PMTCT, VCT and care and treatment have been developed.

4. Umbrella-grants mechanisms have been put in place to strengthen capacity and service delivery at the community level.

5. NGO consortia have received support for capacity development related to prevention, care and treatment policy, coordination and advocacy .

6. A dormant network to promote human rights and reduce stigma, with a focus on child rights, is being reinvigorated with Ministry of Solidarity leadership.

7. New funds were awarded in FY05 for prevention, care and treatment targeting rural areas, the "ex-occupied" zones, and the military and ex-combatants.

8. The Association of Public Health Laboratories and Projet RETRO-CI laboratories will receive FY06 funds to support the National Reference Laboratory, Public Medical School, national public pharmacy and MOH/Division of Infrastructure, Equipment and Maintenance to build national laboratory systems.

9. HIV/AIDS data is being integrated into the HMIS with technical support from Measure Evaluation.

10. At the request of the Health Minister a long-term senior technical adviser was hired to strengthen HIV planning and coordination capacities in the MOH.

The Global Fund HIV project provides limited systems-strengthening support, CI has just received notification that a continuation (UNDP) and new project funds (CARE) for HIV for 2006 and 2007 are approved but that other new HIV and malaria applications were not approved. The government has asked for assistance from the USG and other partners to support development of a) national strategy 2006-2010, b) consolidated plans and c) submission for 6th round Global Fund.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	2
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	133
Number of individuals trained in HIV-related policy development	20
Number of individuals trained in HIV-related institutional capacity building	605
Number of individuals trained in HIV-related stigma and discrimination reduction	
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Private Sector Partnerships (PSP One)
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4599
Planned Funds:
Activity Narrative: Human and institutional capacity has been identified as a key issue constraining the quality of health services and scale up of HIV related services. In Cote d'Ivoire it has become critical with the prolonged political-military and economic crisis and disruption of health services and public health staff deployment in large areas of the country. In 2004, the Minister of Health requested assistance from the USG Emergency Plan, WHO and development partners to assist the development of a strategy to address this problem and this was integrated in the PEPFAR 2005 country operational plan.

An initial evaluation was conducted with establishment of a technical working group lead by the MOH's Director of Training together with the Human Resources Department, other Ministries representatives and with WHO, CDC/HHS, JHPIEGO and Abt Associates/PHR+ Project providing technical assistance. The 1st phase included a rapid quantitative assessment of human resources at public health facilities in partnership with the Ministry of Health, WHO and other stakeholders building on an approach already implemented with PHR+ assistance in other Emergency Plan supported countries and adapted for Cote d'Ivoire's unique situation and needs with the country divided into two. The 2nd phase was to use this and other data to prepare a report of the current human capacity situation in the health sector including HIV/AIDS related capacity and define key human capacity issues and possible strategies to address them drawing on the materials and experiences of similar evaluations in other PEPFAR supported countries. Abt Associates is now working with the MOH to support a high-level policy dialogue that will occur in October 2005 to define a strategic vision for the national human resource policy for the health sector. This forum will include the Ministry of Health lead by the Minister of State as well as senior officials from the Ministry of Economy and Finance and the Ministry of Civil Servants, as well as key development partners and stakeholders. The information gained from this policy dialogue will be used to inform the development of a national strategy and implementation plan designed to help address the various human capacity issues constraining delivery of HIV related services.

In FY06, building upon these initial activities and after discussion with the Minister of Health and his senior colleagues, Abt. Associates through the PSP-One project proposes the following:
1. Completion of initial evaluation of human capacity needs to expand HIV services while meeting basic health service delivery needs
a. Private Sector Human Capacity Development Assessment
The findings from the HR assessment in the public sector showed high attrition rates among all cadres. Given the size and importance of the private sector coupled with inadequate data, the steering committee lead by the Minister of Health has requested that the analysis is complemented by a rapid assessment of human capacity in the private sector using rapid quantitative and/or qualitative methods. The purpose of this activity will be to estimate the available human resources in both the public and private sector to scale up HIV/AIDS (completing the public sector survey).
b. Review of existing human capacity initiatives including redeployment and incentives for Health Care Workers
The recent HCD assessment provided insight into staff shortages, urban-rural and north-south inequities and high attrition rates among doctors, nurses and lab technicians including those associated with the prolonged sociopolitical crisis with the country divided into two since September 2002. A national commission to redeploy civil servants to the Force Nouvelle controlled North and buffer zone is underway and has included various incentives to attract and retain staff. The HCD Steering Committee seeks a deeper understanding of the human resource shifts within and across national borders and the current and proposed incentive mechanisms in CI to

retain staff in hard to fill posts. The MOH in collaboration with PSP-One/Abt Associates proposes to use qualitative approaches such as focus groups, key informant interviews, etc. to investigate these issues. Participants involved may include, displaced health workers, the Doctors Council, Nurses Council, and different professional associations. Through this activity, the initial evaluation will be strengthened which will be the basis for the development of the national policy and plans.

2. Development of a National Human Capacity Policy and an Implementation Plan for the Health Sector

Building on the initial evaluations and policy dialogue, at the request of the Ministry of Health with PEPFAR support, Abt Associates/PSP-one will provide technical assistance to:

a) develop a national human capacity policy for the health sector including human capacity for scale up of HIV related services

b) develop an implementation plan for the health sector including human capacity for scale up of HIV related services in light of available national and international resources and policies

c) develop a national submission targeting the Global Fund for HIV, TB and malaria and/or other donors to mobilize additional funds to finance the implementation plan

3. Strengthening of the Institutional Capacity to address the critical nursing and laboratory technician shortages at the National Institute for health professionals (INFAS)

The shortage of nurses and laboratory technicians in Cote d'Ivoire represent a clear human capacity constraint for scale up of HIV services. The main purpose of this activity is to determine how CI can increase production of nurses and laboratory technicians to meet the demand. PEPFAR partners APHL and JHPIEGO are already strengthening infrastructure and pre-service and in-service training curricula targeting these groups in collaboration with INFAS, WHO and the National Training Steering Committee. PSP One plans to work with JHPIEGO to complement their activities and review the institute's capacity to expand pre-service training. Specifically, the assessment would include: 1) an institutional assessment (capacity of buildings, faculty, legislation etc), 2) an academic assessment (training curriculum, recruitment, and graduation capacity), and 3) exploration of the possibility of shorter-term trainings for complementary staff cadres. The findings from this evaluation would be used to make detailed recommendations to expand the national capacity of critical staff cadres.

4. Contributing to the policy dialogue with Ministry of Economy and Finance for the development of public-private sector initiatives to contribute to sustainability of expanded HIV prevention, care and treatment services.

PSP One will also contribute to a new policy forum lead by the Ministry of Economy and Finance's HIV committee to define and implement strategies to promote public –private sector partnerships, HIV in the workplace programs and economic incentives which promote greater private sector investment in, and long term sustainability of, HIV related interventions and services. This work represents a logical continuation of, and reinforcement of, activities supported by multiple committees, donors and partners including PEPFAR (USAID and CDC/HHS), GTZ, ILO, Shell, BMS, Coca Cola, Unilever and others with technical assistance from FHI (CI and regional AWARE) and GTZ.

5. Building on the Human Resources Assessment in FY05, PHR plus will conduct a facility-based survey which will focus on Service Provision Assessment (SPA) in support of scaling-up of HIV/AIDS services in collaboration with WHO and other partners

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	2	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development	20	☐
Number of individuals trained in HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Business community/private sector

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Ministry of Health (TBD new mechanism Sole source CoAg)
Prime Partner: Ministry of Health and Population, Cote d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5056
Planned Funds:
Activity Narrative: The Ministry of Health (MOH) has overall responsibility for HIV/AIDS response within the health sector with a critical role to mobilize resources, provide leadership and coordination and to institutionalize positive policy and technical developments.

The National HIV Care Program (PNPEC) provides effective leadership in the coordination of the HIV/AIDS activities in health sector including the revision of the HIV/AIDS sectoral plan to include aggressive national scale-up strategies for VCT, Care and Treatment, PMTCT and Community Mobilization as well as close coordination with the National Tuberculosis Control Program.

With 2005 funds, several national policy and guideline documents, tools for the provision of PMTCT, VCT and ART services including the management of drugs and commodity procurement and strategic information were developed and disseminated to partners and stakeholders. In addition a pilot project initiated in San Pedro district that integrates comprehensive HIV/AIDS services as part of a district network of HIV/AIDS prevention, care and treatment and support services is underway with support from EGPAF, HIV/AIDS Alliance, JHPIEGO and the PSP Project and their NGO/FBO/CBO sub-partners as well as the Ministry of Education and the Ministry for the Fight against AIDS.

The USG funding FY2006 will continue to strengthen MOH capacity in planning, coordination and monitoring and evaluation of HIV/AIDS services at both central and decentralized levels to support implementation of ongoing activities and to scale up services at national level. A major PEPFAR-supported initiative will be to:
- Coordinate the evaluation of the decentralized and integrated comprehensive HIV/AIDS services project at the district level piloted in San Pedro in FY2005 and subsequent scale-up to the national level. This will be complemented by the ongoing activities to establish one national M&E system (described in "SI") and to build national training, laboratory and quality assurance systems to support decentralized HIV/AIDS services. Technical assistance will be provided by JHPIEGO, APHL, MSH/RPM+, Measure Evaluation/JSI, JHU-CCP and Projet RETRO-CI, EGPAF, HIV/AIDS ALLIANCE, ANADER, CARE INTERNATIONAL, Abt Associates, FHI and their sub-partners.
- Coordinate the need assessment and the development, planning, monitoring and evaluation of HIV/AIDS projects in the health sector for other districts involving central and decentralized authorities and implementing partners (EGPAF, PSP Project, HIV/AIDS Alliance)
- Ensure the complementary in planning of HIV/AIDS interventions with other initiatives (SI, training, laboratory etc) including through development of a consolidated work plan for HIV/AIDS activities in the health sector including PEPFAR, Global Fund, WHO and other supports
- Foster stronger involvement of mayors, local governments and other stakeholders including resource mobilisation to promote local ownership and sustainability
- Mobilize additional resources to scale-up HIV/ASIDS and Tuberculosis services through development of a funding application to the Global Fund for HIV, TB and malaria and/or other funding opportunities.
- Plan, monitor, evaluate and coordinate expanded service delivery of PMTCT, VCT, ART services involving central (National HIV and TB programs, Maternal and Child Health Program, National Public Pharmacy and others) and decentralized authorities (district and regional health authorities) in collaboration with implementing partners (EGPAF, CARE, ANADER)
- Coordinate with the Public Health Pharmacy (PSP) and other donors and partners the development of systems and mechanisms to improve ARV drugs and other commodities procurement to avoid stock out and to consolidate expansion of

PMTCT, VCT and ART services with technical assistance from MSH-RPM Plus.
- Use the results of Human Capacity Need Assessments conducted in FY2005 to develop human capacity policy and implementation plan, and actively engage high-level policy advocacy to gain support and identify resources to develop and implement human capacity strategies with technical assistance from the Private Sector Partnership (PSP) project
- Develop training tools and promote performance standards and support use of a database to improve management and quality of trainings at central and district levels with technical assistance from JHPIEGO
- Coordinate the development of twinning laboratory activities between the national reference laboratory (LNSP) and RETRO-CI and ensure that APHL trainings complement Global Fund and EGPAF/PEPFAR laboratory funded trainings, and monitor and document progress and results with a clear emphasis on quality service.

All these activities will be coordinated with PEPFAR implementing partners such as EGPAF, ANADER, CARE International, FHI, PSI, HIV-AIDS Alliance, JSI Injection Safety, Measure Evaluation and the various MOH departments at central and decentralized levels (DIPE, PNLT, LNSP, PSP, CNTS). Additional resources will be complemented by other bilateral and multilateral donor such as the Global Funds, WHO.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Country coordinating mechanisms

International counterpart organizations

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative Agreement with Ministry of National Education, # U62/CCU24223
Prime Partner: Ministry of National Education, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5057
Planned Funds:
Activity Narrative: The education sector in Cote d'Ivoire has been largely affected by the HIV/AIDS epidemic. Large numbers of teachers, other staff and adolescents continue to be HIV-infected and affected by the epidemic. Young children are starting to receive care and treatment on a large scale resulting in an aging cohort infected through MTCT in addition to the many HIV-affected children living with HIV-infected family members. HIV-related teacher absenteeism is a major problem undermining quality and continuity of education. Both teachers and students need both better and multifaceted support to mitigate the adverse effects of HIV/AIDS. The Ministry of National Education has created a national committee and an action plan to try to address this enormous problem. Practical steps have included assistance to create teachers auto-support groups for those living with and affected by HIV/AIDS and attempts to improve access to HIV related prevention, care and treatment services especially for staff based in rural areas. The Ministry has requested assistance from PEPFAR to establish a large scale HIV in the workplace program that will commence with FY05 funds in the 1st 6 months of FY06. This palliative care component is part of a more comprehensive response also described in "systems/policy", "OVC" and "A/B". The Ministry of National Education has a multifaceted prevention and care project funded by PEPFAR that complements other education sector projects supported by UNICEF, UNESCO, WFP and other partners.

The collaborative spirit of the MEN project team has already led to the creation of effective collaborations with ministries responsible for AIDS coordination, health and social services as well as PEPFAR funded partners FHI, HIV/AIDS Alliance, EGPAF, ANADER and REPMASCI and other donors and partners (including the USG country team). These collaborations provide an effective platform to address the HIV-related needs of students and staff working in the education sector.

The Ministry of Education plans to leverage its expertise and capacity in the education sector to meet the HIV related prevention, care and treatment needs in the public education sector workplace using FY06 funds along with technical assistance from the Private Sector Partnership Project, (Abt and FHI).

Planned activities with FY06 funding by MEN include:

The continuation of activities commenced in the 1st 6 months of FY06 with FY05 funds to establish an HIV in the workplace program with teachers viewed as potential "community change agents". This will improve the ability of the MEN to provide support to at least 500 HIV infected and affected teachers, their families and communities, including counseling on prevention, peer support, and links to comprehensive social and health services. These activities will be designed to assist staff with confronting HIV in their own lives and families while also assisting them to be effective role models and "change agents" for their students and communities. Considerations of gender, culture and power-relations will be required as issues such as teacher-student and inter-generational sexual relations are addressed and build on the activities described in "AB" with integration of the Life Skills Curricula. These activities will be performed in collaboration with FHI (HIV in the workplace) and ANADER (rural populations).

FY 06 activities are designed to compliment the new PEPFAR funded projects targeting undeserved rural populations lead by ANADER and populations in the Force Nouvelle controlled northern and western regions lead by CARE International, in collaboration with technical assistance from PSP (through Abt Associates and FHI).

41 local organizations (40 health clubs – 10 from each pilot site / and QUITUS) will be

provided with technical assistance for HIV-related policy development; these 41 local organizations will also be provided with technical assistance for HIV-related institutional capacity building. 400 individuals will be trained; 10 persons from each of the 40 health clubs.

In addition to these activities, ARV prescription activities will also be executed in collaboration with technical assistance from PSP (through Abt Associates and FHI). These activities include:

1. Supporting the taskforce which was created in 2005 to develop, implement, monitor and evaluate an adapted HIV in the workplace program.

2. Training teachers viewed as potential "community change agents" through links established with the PEPFAR funded ANADER project targeting rural communities.

3. Conducting needs assessments to help mainstream gender into the decision-making processes

4. Recognizing, promoting and rewarding cognizance and display of gender-friendly, stigma-reducing, low-risk behaviors including uptake of VCT and support to HIV-positive colleagues

5. Improving links to comprehensive services for HIV-infected and affected personnel, their families and communities, including counseling on prevention, peer support, and links to comprehensive social and health services including both private and public providers. This activity will also include the rehabilitation of MEN medical and psychosocial care center located at Abidjan/Yopougon (This center will function with MEN medical staff, MEN psychosocial personal and teachers living with HIV and AIDS as counselors (QUITUS)

6. Evaluating various financing mechanisms including use of "solidarity funds" to provide expanded services to HIV affected personnel and their families

7. Monitoring the effectiveness of the initiative and documenting findings enable replication with an annual meeting of stakeholders to review progress.

Emphasis Areas	***% Of Effort***
Development of Network/Linkages/Referral Systems	*10 - 50*
Strategic Information (M&E, IT, Reporting)	*10 - 50*
Linkages with Other Sectors and Initiatives	*10 - 50*
Local Organization Capacity Development	*10 - 50*
Workplace Programs	*51 - 100*

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	41	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	400	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Twinning

Stigma and discrimination

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5058
Planned Funds:	

Activity Narrative: JHPIEGO's work in Cote d'Ivoire under "Other/Policy Analysis and System Strengthening" has been cross-cutting and complementary to the technical work of other PEPFAR partners. Accomplishments through FY05 include the development of a Training Information Monitoring System (TIMS), development of a master trainers pool with institutional strengthening and hiring of a senior-level consultant to serve as HIV/AIDS Coordinator to the Deputy Cabinet Director at the Ministry. To continue these efforts, with FY06 funds, JHPIEGO will:

- Follow-up on experiences implementing TIMS to determine if forms are being filled out and received, if data quality is sufficient, if DIPE is the appropriate housing for the database, if DFR (training and research division) and other partners needing the data have access, if the database can have a wider use (e.g. Ministry of AIDS, etc.). Based on findings, problem-solve ways any obstacles to TIMS implementation and data-sharing. If further expansion is desired, work with the DIPE (M&E division) and/or DFR and Projet RETRO-CI to assist in writing proposal for TIMS expansion.
- Conduct an advanced training skills course for approximately 20 Ivorian trainers who have already been trained as trainers, and have conducted at least two courses each as part of the strategy to build organizational capacity rather than simply individual capacity. These institutions will then have master trainers who will subsequently be able to train and supervise other trainers.
- Continue provision of the technical advisor supporting HIV/AIDS coordination within the MOH reporting to the Deputy Cabinet Director. The consultant will assist in planning and coordinating HIV activities and will update the MOH, CDC, and JHPIEGO on a quarterly basis regarding progress in achieving planned outputs.

The cross-cutting, complementary nature of JHPIEGO's work necessitates close collaboration with national and international partners working on PEPFAR. Under "Other/Policy Analysis and System Strengthening" JHPIEGO is coordinating with:

- Ministry of Health Cabinet : At the request of the Minister of Health, JHPIEGO is providing a senior-level technical advisor working with the cabinet.
- National programs: respecting national leadership, JHPIEGO is working closely with the relevant national programs such as those for HIV and TB as well as the departments responsible for training and monitoring and evaluation and decentralized health authorities at regional, district and site levels.
- Other ministries and programs such as the Ministry of AIDS and National OVC program under the Ministry of Social Affairs and the Ministry of Higher Education and national training institutions
- Projet RETRO-CI to support the TIMS database application in French
- PEPFAR funded and other implementing partners (including EGPAF, AIDS Alliance, FHI, PSI, JHU/CCP and APHL) to promote synergy and optimize training quality and impact.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Target Populations:

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

Lacs

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	*Other/policy analysis and system strengthening*
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5191
Planned Funds:	
Activity Narrative:	With fiscal year 2006 funds, USG staff will be supported and will continue to provide technical assistance and training to USG funded partners and in-country staff on fiscal and administrative systems and procedures. USG consultant will facilitate improved business practices of in-country partners including strengthening fiscal accounting systems and procurement mechanisms. Additionally, the consultant will develop and train staff on fiscal management systems for accounting, ancillary records and assorted checks and balances to assure government spending is properly tracked. The consultant will build capacity with 23 partners. CDC, in collaboration with the USG country team including the US Embassy Public Affairs Office, will continue to develop and regularly disseminated communications in French/English on the Emergency Plan and its key partners to national stakeholders (fact sheets, technical papers, etc.). Communication messages are aimed at promoting HIV/AIDS prevention, care and treatment, as well as reducing stigma. In addition, CDC will continue to support the translation of key President's Emergency Plan policy and technical documents in French.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	23	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	23	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Umbrella grants organisation
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5491
Planned Funds:
Activity Narrative: The USG Cote d'Ivoire interagency team will create a new procurement through a CDC contractual mechanism for joint management with USAID of a national "umbrella" organization targeting HIV/AIDS NGOs/CBOs/FBOs. This procurement will combine the technical strengths and competencies of both agencies in country to design and manage this new procurement with a shared vision for mitigating HIV/AIDS in Cote d'Ivoire. A division of roles and responsibilities of each agency will be clearly stated and justified in the Request for Applications for the new procurement. This new project is anticipated to work across the following technical areas: AB, Other Prevention, VCT, TB/HIV, Palliative Care, OVC, Treatment, Other Policy, and Strategic Information.

This new procurement will directly fund a national organization to expand the community-based response to HIV/AIDS. The organization will provide both financial and technical assistance to NGO/CBO/FBOs through an umbrella sub-granting mechanism coupled with targeted technical assistance. This organization will be well placed to mobilize additional funds from other local, national and international sources to promote local ownership and sustainability. For example, at the local level through partnerships with local government and civil society groups, at the national level through partnerships with service clubs (Lions Club and Rotary) and/or private sector contributors as well as through mobilization of resources from other donors (e.g. Global Fund and the World Bank MAP). The organization will also continue its own institutional development through targeted technical assistance from other national and international entities.

Partners that currently receive PEPFAR funds, (HIV/AIDS Alliance, CARE International, FHI, PSI, ANADER and others), will be asked to share lessons learned and coordinate their technical assistance and sub-granting activities with this umbrella organization to build a cost-effective indigenous response and promote sustainability. Strong collaborative relationships with national authorities will be established and reinforced including the ministries responsible for AIDS, health, education and orphans and social services and the national OVC and HIV care and treatment programs to ensure the civil society response is harmonized with national priorities and programs. The grantee will also work with the decentralized HIV coordination committees at regional, district and village levels and collaborate with local authorities (e.g. conseil generaux, offices of the Mayor and Prefect). Participation of PLWH/A and representatives of other civil society groups will be sought and the operations are to be designed to be responsive to their beneficiaries as key stakeholders. For this reason, the national networks of persons living with HIV/AIDS (RIP+), ASOs (COSCI), faith based communities, Alliance of Mayors and other networks will be involved in the planning, coordination and evaluations. Monitoring and evaluation systems will be established in accordance with the national monitoring and evaluation system established by the Ministry of AIDS with support of HIV/AIDS Alliance, UNAIDS and other partners. A transition is envisaged whereby in subsequent years the umbrella organization would have the primary responsibility for managing PEPFAR funded sub-granting activities that target community activities and the role of international organizations would evolve to provide technical assistance. This will promote capacity building at the national level with transfer of competence and extend the scope and range of services provided by indigenous organizations.

With FY06 funds, this national organization will work to establish and reinforce existing financial management and monitoring and evaluation systems and mechanisms for the subsequent (FY07 supported) expansion of sub grants and establish/reinforce relationships with existing PEPFAR funded partners and other institutions/donors. Reinforcement of "good governance" within the organization and

ensuring that all management processes are well documented and meet national and international best practice standards will be achieved with FY06 funds. Establishment of effective decentralized management, supervision, monitoring and evaluation systems with an aim for national coverage will be another key aspect of these preparations in collaboration with national and local authorities and stakeholders. These preparations will include a careful analysis of the security situation and include mitigation planning for various politico-military scenarios. With expanded funding in FY07, the national organization will scale up the decentralized national response to HIV/AIDS by building the capacity of local NGO/CBO/FBOs through sub-grants accompanied by targeted technical assistance. It is anticipated that at least one decentralized office in the North would be required to provide effective management support for the national expansion. It is anticipated that there would be a gradual transfer of sub granting activities from international organizations to this national umbrella structure commensurate with the growing capacity of the umbrella organization. The sub granting model is also designed to reinforce and build the capacity of the sub grantees NGO/CBO/FBOs, empowering them to select partners and projects while being accountable to their own communities and with adequate supervision and technical assistance to ensure the quality of their activities.

These activities will build on USG support for community-based initiatives over many years including PEPFAR supported work since 2004 with local NGO/CBO/FBOs and persons living with HIV/AIDS in prevention, care, and advocacy through community-based initiatives and treatment-literacy campaigns. With FY05 and FY06 USG funding, the HIV/AIDS Alliance, PSI, CARE International and ANADER and their sub-partners are currently building the capacity of local NGO/CBO/FBOs to reduce HIV transmission and provide care and supportive services, especially among highly vulnerable populations, through more than 100 sub-grants across the country in the following technical areas: OVC, TB/HIV, palliative care, treatment literacy, VCT, AB, and other prevention.

In conjunction with the technical interventions, the national organization's sub-granting umbrella model will ensure that local partner organizations have the necessary management, financial, and other systematic capabilities to sustain service delivery and to scale up their HIV activities. Special emphasis will be placed on networking and leveraging other funds to promote sustainability and expand the quality and coverage of services.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	66	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	175	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Democracy & Government

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

USG Cote d'Ivoire PEPFAR continues to use innovative approaches to improve management and operations for an expanding program in a Francophone country traversing a chronic crisis while maximizing cost-efficiency. In 2005 a USAID staff member joined the interagency team to better support USAID funded PEPFAR activities. In 2006 an overall coordinator position is proposed to ensure effective OGAC, HQ, Embassy and in country team coordination and planning. After consultation with HQ and post, the USG CI PEPFAR team proposes a fully integrated management model to draw on institutional strengths and minimize costs. As such, management, administrative and motor pool staff support the USG (CDC-USAID) integrated project management team and technical assistance sections, as well as the RETRO-CI laboratory and informatics functions.

Other innovative approaches include: 1) building capacity and outsourcing technical expertise to partner organizations; 2) linking partner organizations into USG technical expertise (capitalizing on laboratory and informatics expertise at Projet RETRO-CI); 3) providing joint CDC-USAID technical assistance to all PEPFAR funded partners; 4) providing technical financial consultancy to PEPFAR partners and grantees; 5) proposing joint agency staffing positions (in addition to the coordinator, a project management assistant, and office manager at the embassy location); 6) providing for bilingual (French/English) assistance in the translation and/or interpretation of USG requirements; and 7) hosting joint Ivorian partners meetings for program monitoring and management.

Challenges with recruiting senior technical staff continue to persist, specifically for the two vacant FTE positions. This fact is compounded with the post being currently "adult only", francophone and due to the on-going politico-military crisis. Additionally, recruiting senior, technical or management locally employed staff continues to be a challenge with CAJE classifications not always resulting in a competitive salary level.

With regards to the staffing matrix, existing staff positions include the following: 3 technical management leadership positions, 51 technical advisor non M&S positions, 3 technical advisor/program manager positions, 33 administrative support staff positions, and 1 financial/ budget staff position. There are currently a total of 91 existing staff positions. The PEPFAR USG country team for Cote d'Ivoire is not currently fully staffed; 2 out the 4 CDC FTE positions are currently vacant and there are 4 vacant existing FSN positions.

For FY 06, five new positions are proposed and 6 others will be suppressed as part of outsourcing to result in a net decrease in staffing numbers. In addition to the PEPFAR Coordinator, the USG CI PEPFAR team also plans to recruit a local strategic information coordinator replacing a previous expatriate position. A program management assistant and a local French/English translator position are sought to assist USG CI PEPFAR program officers (USAID and CDC) in the management of 19 cooperative agreements and the translation as needed of official documents from English to French and vice versa. A short term VAT administrator will also be recruited in FY06.

The 7% budget target was not attainable for USG CI Cote d'Ivoire for FY 06. CDC's portion of ICASS costs are expected to at least double (from $1.2 million in FY'05 to an estimated $2.5 million in FY'06) as a direct result of establishing a suite at the NEC. The proposed CDC Cote d'Ivoire ICASS bill alone accounts for approximately 7.5% of the PEPFAR country budget. These charges increase to approximately 8.5 % when you add the OBO Capital Security Cost Sharing (CSCS) charge to the ICASS bill.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5193
Planned Funds:
Activity Narrative: USG Cote d'Ivoire PEPFAR continues to use innovative approaches to improve management and operations while minimizing costs. USG CI PEPFAR management, administrative and motor pool staff support the USG (CDC-USAID) integrated project management team and technical assistance sections, as well as the RETRO-CI laboratory and informatics infrastructure. This cost sharing for USG PEPFAR operations reduces duplication of services and maximizes benefits for improved operations. Other innovative approaches include: 1) outsourcing technical expertise to partner organizations where capacity exists; 2) linking partner organizations into PEPFAR technical expertise (capitalizing on laboratory and informatics expertise); 3) providing joint CDC-USAID technical assistance to all PEPFAR funded partners; 4) providing technical financial consultancy to PEPFAR partners and grantees; 5) proposing joint agency staffing positions (PEPFAR management Assistant, PEPFAR Coordinator and Development Project Assistant) to support PEPFAR project management; 6) providing for bilingual (French/English) assistance in the translation and/or interpretation of USG requirements; and 7) hosting joint Ivorian partners meetings for program monitoring and management. These steps will facilitate optimal coordination, performance and management of PEPFAR activities and will result in a decrease in the number of USG directly supported staff, a reduction in redundancies, a capitalization of technical strengths, improvements in coordination and greater compliance with USG financial requirements. Despite the aforementioned approaches, the human capital costs for USG Cote d'Ivoire PEPFAR management and operations continue to increase. This is mainly due to New Embassy Compound (NEC) associated costs, the politico-military crisis, and the depreciation of the dollar. The great majority of the management and operations budget is attributed to the completion and operation of the NEC, particularly from ICASS and OBO charges. (discussed in separate narrative) which account for 8.5% of the PEPFAR country budget. The politico-military crisis continues to have an impact on PEPFAR staffing, procurement and general operations. Challenges to recruiting senior technical staff for positions that were vacated during the November crisis continue to persist, specifically for the two vacant FTE positions. This fact is compounded with the post being declared "adult only". Additionally, finding qualified, senior, technical locally employed staff and contractors continues to be a challenge. Recruitment and retention of USG CI PEPFAR staff challenges mainly result from finding professionals who are able and willing to work in Cote d'Ivoire during an on-going politico-military crisis. Additional recruitment and retention challenges include barriers with hiring personnel who have French language skills (or are willing to learn) and CAJING of senior technical positions resulting in lower, non-competitive salary levels. USG CI PEPFAR continues to make progress on outsourcing its PMTCT skills as partners hire former USG trained staff. Procurement of goods continues to be expensive due mainly to the cost of doing business in a crisis country (e.g. fees, administrative costs, hiring of personnel and related benefits absorbed into product). General operations for CI PEPFAR have also resulted in some increased costs for communication and security enhancements. Finally, the depreciation of the dollar continues to impact procurement of goods and locally employed staff salaries. This is mainly due to the fact that the CFA is tied to the EURO. While staffing levels are stable, salary costs continue to increase due to the depreciation of the dollar (1/4 value loss of dollar over the past three years) and impact on inflation, severance, and annual step/performance increases. Newly proposed staff for FY'06 will replace positions that are no longer necessary due to the outsourcing of these skills to partner organizations.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC - OBO ICASS (GHAI)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5194
Planned Funds:
Activity Narrative: Despite cost containment measures on the part of ICASS management and agency, Cote d'Ivoire has the 4th highest ICASS cost in the African Region (out of 46 African posts). Part of this problem is due to the high cost of doing business in Abidjan, Cote d'Ivoire. Moreover, the larger New Embassy Compound, (NEC), is also expected to increase the overall budget for all ICASS subscribers in 2006 due to the increased costs for utilities (more space to provide electricity and water), additional security personnel, and increased shared-opened space. Due to the political situation, agencies at post were significantly downsized after the NEC construction plans were in place. CDC joins other agencies in sharing the costs of operating one of the largest embassies in West Africa and the world.

CDC's portion of ICASS costs are expected to at least double (from [redacted] FY'05 to an estimated [redacted] in FY'06) as a direct result of establishing a suite at the NEC. Beginning this fall, CDC will have a small presence at the NEC with four members of its management staff to moving into NEC space to support the integrated USG PEPFAR management team. CDC will be joining other ICASS subscribers in sharing the high costs of building operations and paying for the actual space utilized. CDC may be able to make very small decreases in its portion of the ICASS budget (e.g. reducing excess inventory), however, any approach to making substantial reductions in the ICASS budget will need cooperation with all agencies subscribing at post. The proposed CDC Cote d'Ivoire ICASS bill alone accounts for approximately 7.5% of the PEPFAR country budget. These charges increase to approximately 8.5 % when you add the OBO Capital Security Cost Sharing (CSCS) charge to the ICASS bill.

Additionally, CDC focus programs, including Cote d'Ivoire, will need to incorporate CSCS associated costs into their program budgets. Previously, GAP/OD had paid for all FY 2005 CSCS associated costs. Cote d'Ivoire's portion for this cost is [redacted] for FY06. To assist the Cote d'Ivoire program, CDC Atlanta (GAP OD) will pay a portion of these costs [redacted] for Cote d'Ivoire in FY 06 only. All future costs must be paid from the country allocation. These charges apply to the total number of existing or authorized positions for each U.S. agency including both filled and unfilled positions (includes all "persons" employed by the agency, FTE's, LES, PSCs, and temporary appointees). Each position is charged based upon the type of office space that position would use. CDC will only have four (4) non-controlled access area office positions at the new Embassy. All other CDC personnel and contractors will continue to maintain office space with the Ministry of Health in Treichville.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID (GHAI)
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5196
Planned Funds:	
Activity Narrative:	USAID has become an active contributor to the Cote d'Ivoire USG PEPFAR integrated management team. USAID in-country staff contributes to joint technical assistance and planning to all PEPFAR funded partners. The role of the USAID focal point is to provide direction, financial management, program oversight, coordination, policy dialogue and agency perspectives on projects as part of the larger PEPFAR program. The USG integrated team will be supported by joint agency positions thereby reducing redundancies and lowering costs. Additionally, where possible, CDC Cote d'Ivoire will provide PEPFAR staff with equipment and other necessary support (e.g. IT, travel and motor pool). This will reduce overall USAID ICASS bill in Cote d'Ivoire.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2006?	☑ Yes	☐ No
When will preliminary data be available?	9/29/2006	
Is an Anc Surveillance Study planned for fiscal year 2006?	☐ Yes	☑ No
If yes, approximately how many service delivery sites will it cover?		
When will preliminary data be available?		
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2006?	☑ Yes	☐ No