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President Bush's Emergency Plan for AIDS Relief (PEPFAR)

Country Operational Plan (COP) for Cote d'Ivoire

Plan Period: FY2004

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Table of Contents

Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile : Cote d'Ivoire : Regional economic and migratory hub	
a. Population (millions): 16.8 inhabitants (1)	e. Per Capita Expenditure on Health (US$):S - 8 (1)
b. Area (sq mi): 124,502 (1)	f. Life Expectancy (years): 50.9 (2)
c. Per Capita GDP (US$): 1,630 (1)	g. Infant Mortality (per 1,000 births): 93.6 (2)
d. Adult Literacy Rate (%): 46.8% (2)	h. Under 5 Mortality (per 1,000 births): 140 (2)
Source(s) and year: 1. World Bank, 2002; 2. Demographic Health Survey 1998/1999	
1.2 HIV/AIDS Statistics	

a. HIV prevalence in pregnant women: median 9.5% in urban areas and 5.6% in rural areas (1)

b. Estimated number of HIV-infected people: 770 000 (2)

c. Estimated number of individuals on anti-retroviral therapy: 2,100 program (3)

(and 1012 research participants) (4)

d. Estimated number of AIDS orphans: 420 000 (2)

Source(s) and year:

1. HIV/AIDS Surveillance in Cote d'Ivoire, MOH 2001-2002 Report
2. UNAIDS/WHO, 2002 Report
3. National HIV/AIDS Program MOH 3/2004
4. NOTE: ANRS researchers also report an additional 1012 persons on HAART as part of clinical research trials.

1.3 Characteristics of the HIV/AIDS Epidemic

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a. Populations at comparative high risk: Cote d'Ivoire has a generalized HIV epidemic.

As the regional economic and migratory hub, Côte d'Ivoire has long been the country with the highest HIV prevalence in west Africa, with an estimated stable adult population prevalence of 9.7% in 2001 (UNAIDS 2002). Both HIV-1 and HIV-2 co-circulate but HIV-1 is much more prevalent with a ratio of approximately 10:1 among pregnant HIV-infected women. HIV antenatal sentinel surveillance reveals a similar urban prevalence of approximately 10% in 10 urban centers throughout the country indicating a remarkably generalized epidemic in Cote d'Ivoire. In addition, the HIV prevalence is greater than 5% in most rural sentinel sites. In 1987 men were 4 times more likely to be reported with AIDS; however the epidemic rapidly became a generalized epidemic with equal numbers of men and women infected and suffering from AIDS. (HIV/AIDS Surveillance in Cote d'Ivoire. MOH, 2002 Report).

In 2001, UNAIDS estimated there were 420,000 children who had lost one or both parents to AIDS. An estimated 54,000 infants are born to HIV-infected women each year, of which approximately 1/3 will be infected in the absence of PMTCT interventions. In 1997, the rate of hospital beds occupied by AIDS patients was estimated at 40%. AIDS has been the leading cause of death among adults (15-49 years) since 1998. In 2001, 6,258 AIDS cases were reported, youth aged 15 to 24 years represent 10% and adults aged 25 to 49 represent 78% of these cases. Due to AIDS a 19% decrease in life expectancy is predicted by 2005, as well as an increase in the adult mortality rate of 53% attributable to HIV/AIDS (in the absence of a large-scale comprehensive HIV treatment program).

There are limited data available for other subpopulations: data from Clinique de Confiance serving sex workers in Abidjan shows a dramatic decline in various STIs including HIV, with a decrease from 89% in 1992 to 30% in 2003 (among female sex workers accepting an HIV test at their 1st clinic visit). No HIV prevalence data is available for the military, other uniformed services or the general male population. Prior to the crisis there was a population census (1998), DHS surveys (1994, and with an HIV questionnaire 1998), a MICS (2000) and BSS (1998 and 2002), which provide some relevant data. The BSS included youth, sex workers, military, truckers and migrant populations.

b. Risk factors related to comparative high risk:

Of concern is the fact that there has been no HIV prevalence data available since the political and socioeconomic crisis began in September 2002, although the crisis is likely to have increased structural, population and individual risk and vulnerability to HIV acquisition and transmission.

- Military, highly mobile populations, migrants and other vulnerable populations: Due to the ongoing political, military and socio-economic crisis, there has been large scale multinational military deployment, massive population displacement, increasing poverty and disruption of condom supplies, blood screening services, STI, TB and other health services. This has created new population level risk factors and populations at risk. However data to describe and quantify these are limited to date.

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- **Gender**: Socio-economic and educational disparities between women and men in Côte d'Ivoire increase women's vulnerability to HIV/AIDS. In general, women suffer from greater poverty due to lack of access to critical resources such as land, credit, extension services and technology. The recent crisis is likely to have greatly exacerbated women's vulnerability due to increased poverty, massive population displacement, disrupted social and sexual networks and increased sexual violence. Other gender-defined practices may also increase women and girls' vulnerability; according to official statistics, approximately 45% (DHS 1998) of Ivorian women and young girls have undergone female genital cutting. In contrast, a substantial proportion of the male population are circumcised, which is likely to reduce transmission and acquisition risk. Women also have more exposure to blood transfusions and surgery than men due to maternal morbidity.
- **Youth**: Although the 1998 DHS shows knowledge of HIV/AIDS to be very high, and that the use of condoms among adolescents has risen from the previous 1994 survey, two-thirds of sexually active 15- to 19-year-olds report NOT using a condom during their last sexual encounter. Young women have an even greater susceptibility to HIV due to biological, social, and cultural factors. The relatively high fertility rate 5.2 child per woman is partly due to an early initiation of unprotected sexual activity; by age 15, over one-third of girls have already had sexual intercourse, by age 18, 43% of girls have become mothers, and 53% by age 19. (DHS 1998)

c. HIV/AIDS prevalence by gender: For more than 5 years there has been a stable generalized epidemic with equal numbers of men and women presenting with AIDS at TB clinics however data on HIV prevalence/incidence among men is lacking (HIV/AIDS Surveillance in Côte d'Ivoire, 2000-2001 Report)

d. HIV/AIDS prevalence by age groups: 8.4% (15-24 yrs) and 11.5% (25-49 yrs) among urban pregnant women (ANC HIV surveillance survey, 2002 Report) No prevalence data is available among children aged 0-14 yrs however an estimated 84,000 children under 15 are estimated to be living with HIV (UNAIDS 2002).

e. HIV/AIDS prevalence by urban versus rural: median antenatal HIV prevalence is 9.5% in urban areas and 5.6% in rural areas with wide variation in rural settings (ANC HIV surveillance survey, 2002 Report)

f. ANC surveillance trends (specify years compared): HIV prevalence at 10 urban sites has remained stable between 1997 and 2002: 9-9.5% (ANC HIV surveillance report, 2002)

g. BSS surveys trends (specify years compared): BSS Surveys conducted in 1998 and repeated in 2002 show increased knowledge of HIV/AIDS, and increased use of condoms among youth, truck-drivers, sex workers, and migrants.

h. DHS surveys trends (specify years compared): The 1998 survey shows knowledge of HIV/AIDS to be very high, and that the use of condoms among adolescents has risen from the previous 1994 survey, two-thirds of sexually active 15- to 19-year-olds report NOT using a condom during their last sexual encounter and they remain at high risk of HIV/STI infection and unwanted pregnancies.

i. HIV/AIDS epidemic projections: the latest epidemic projections were made before the crisis period of conflict hit Cote d'Ivoire in 2002. Newer surveillance and epidemic projections are underway this year. UNAIDS/WHO methodology changes have resulted in lower estimates despite stable antenatal prevalence.

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j. STI statistics: Antenatal sentinel surveillance data shows syphilis prevalence to be very low (<1%) in most urban sites, sentinel site data from a confidential clinic serving sex workers shows declining prevalence of gonorrhea, chlamydia and most other STIs (in 2002, N. gonorrhea prevalence by PCR was 8% and genital ulcer prevalence 1%).

k. TB statistics: National TB incidence rate estimated at 100/100,000 persons/year (145/100,000 in Abidjan); Case detection rate 48%; Treatment success rate 61% (IUATLD report 2001); TB cases increased by 10% each year since 1997 (concomitant with the growing HIV/AIDS epidemic); TB drug-resistance survey in 1995 showed primary resistance rate of 5.3% to 2 or more drugs including Rifampicin and Isoniazid. VCT at TB facilities show almost 50% of patients with newly diagnosed TB are AIDS patients (with a positive HIV test and TB as their AIDS defining illness).

Source(s) data: National TB Program; Project RETRO-CI; MACRO/Ministry of Health (CI); Family Health International

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Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC) , purpose of each national coordinating body, and description of membership

CCM – Global Fund **With:** - advisory technical committee - representative "group restrainte"	**Multisectoral membership:** The global fund CCM is the only multisectoral forum which brings together *government, civil society including faith-based communities,* private sector and international bilateral and multilateral partners to coordinate and review HIV, TB and malaria activities and funds. This open forum has 33 official members institutions and a "Groupe Restraint" of 10 provides a smaller deliberative and information sharing forum with representatives from all sectors and includes the key public and civil society representatives as well as the World Bank, UNDP, WHO and USG, this group then brings their recommendations to the full CCM for a collective decision.
Ministry to fight against AIDS (MOA) - multiple committees from level of President to village	This Ministry was created in 2000 and became now a full ministry at the same level as *other ministries of* Cote d'Ivoire, the MOA is in charge of a coordinated multisectoral decentralized HIV/AIDS response, including advocacy and resource mobilization. The Minister has worked to establish and facilitate multisectoral AIDS committees at every level of society including the: - government (with 3 levels of forums – interministerial, expanded ministerial with prime ministerial involvement and an annual government meeting presided over by the President) to coordinate the government response - regional, district and village levels with a multisectoral representation (to coordinate a multisectoral and decentralized local response) - quarterly meeting with development and civil society partners to mobilize resources, and track progress of development projects in the AIDS field.

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Ministry of Health and Population (MOH) National HIV Care Program for PLWH/A and technical coordinating groups for : - PMTCT - Care and treatment - Laboratory - Monitoring and Evaluation in the health sector - Ad hoc committee for commodities management	The Minister of Health and Population (appointed April 2003) has made HIV/AIDS a high priority. He has initiated a number of structural changes in the MOH that allows an expanded national response in the health sector. CCM (as above) The Minister is the president of the global fund CCM and has provided strong leadership to coordinate and engage all partners to move the process forward into the implementation stage. The National HIV Care Program established in 2001 is being reinforced with staff and infrastructure to provide 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 health management information 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. The Ministry is also engaged in supporting some innovative public/private/NGO partnerships to promote sustainable and quality health services with expanded coverage. The MOH works closely with the MOA and key partners to ensure coordination of the large resources (global fund, World Bank, President Bush HIV PEPFAR initiative and others) to maximize their impact and promote long term sustainability.
Ministry of Solidarity, Social Security and Handicapped Persons - Consultative forum to coordinate the response to Orphans and Vulnerable Children	Since April 2003, the Ministry of Solidarity, Social Security and Handicapped Persons is in charge of orphans' care and support. This ministry has formalized a broad multidisciplinary consultative forum to coordinate and provide technical guidance and leadership in the OVC response. This group has helped develop and validate a comprehensive national action plan of care and support for orphans and vulnerable children and a national policy document is under development

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National FBO/NGO Networks: • RIP+ (Network of organizations of PLWH/A) • COS-CI (Network of CBOs active in fight against HIV/AIDS) • REPMAS-CI (Network of journalists and artists in the fight against AIDS and other transmissible infections) • CORAS-CI (Coalition of religious organizations against AIDS)	Civil society and faith based community coordination: There are numerous long standing civil society, faith based and private sector responses to the HIV/AIDS and other health, economic and developmental challenges. The networks of PLWH/A organizations("RIP+"), of journalists and artists in the fight against HIV/AIDS and other communicable diseases ("REPMASCI"), and of CBOs involved in fighting AIDS ("COS-CI") are key organizational structures and partners in the fight against HIV/AIDS in terms of behavior change communication activities, care and support. Recently an interfaith religious coalition was created to improve coordination of the faith based communities' response to HIV/AIDS.
UNAIDS partner forum	UNAIDS, UN partners and bilateral partners
UN theme group and technical group	UN members only
Humanitarian response group : OCHA	OCHA lead humanitarian response group with multilateral, bilateral partners and NGOs.
Health sector theme group: WHO	WHO lead health sector coordination group with government, civil society and bilateral/multilaterals
2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)	Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives
From: 2002 To: 2004	National Multisectoral HIV/AIDS Plan 2002 – 2004 (Ministry of AIDS)
From: 2004 To: 2006	National Multisectoral HIV/AIDS Plan 2004 – 2006 (Ministry of AIDS) – UNDER DEVELOPMENT
From: 2004 To: 2006	National HIV/AIDS Sectoral Plan 2004 – 2006 (Ministry of Health and Population)
From: 2004 To: 2006	National HIV/AIDS HIV Program Implementation Plan 2004 – 2006 (Ministry of Health and Population) – DRAFT
From: 2003 To: 2005	HIV/AIDS Operational Plan (Ministry of Labour)
From: 2004 To: 2006	HIV/AIDS Sectoral Plan (Ministry of Technical Education and Vocational Training)

From: 2004 To: 2006	HIV/AIDS Operational Plan (Ministry of Agriculture)	
From: 2004 To: 2006	HIV/AIDS Sectoral Plan (Ministry of Sport)	
From: 2004 To: 2006	HIV/AIDS Operational Sectoral Plan (Ministry of Higher Education)	
From: 2004 To: 2006	HIV/AIDS Operational Sectoral Plan (Ministry of Transport)	
From: 2004 To: 2006	HIV/AIDS Sectoral Plan (Ministry of Commerce)	
From: 2004 To: 2006	HIV/AIDS Sectoral Plan (Ministry of Security)	
From: 2004 To: 2006	HIV/AIDS Sectoral Plan (Ministry of National Education)	
From: 2004 To: 2006	HIV/AIDS Sectoral Plan (Ministry of Solidarity, Social Security and handicapped)	
From: 2004 To: 2006	HIV/AIDS Operational Sectoral Plan (Ministry of Defense)	
2.3 Major Donor/Partner Organizations	**Primary activities supported that are related to PEPFAR goals**	**Estimated 2004 Budget**
Global Fund for HIV, TB and Malaria	- HIV award : 55 million USD over 5 years beginning in FY04 - to expand VCT, PMTCT, care and treatment, and PLWH/A and community mobilization and activities. _ TB award just announced and malaria proposal and regional and national HIV proposal are being submitted.	8,471,434 USD
World Bank	New Multisectoral AIDS Project to commence in 2004. Proposal to be submitted in June 2004. Also HIV/AIDS integrated as a cross-cutting theme in all World Bank projects Funding for Corridor project extends HIV/STI interventions in the subregion along major transport routes.	35 - 50 million USD for CI MAP 5 year period (final amount to be determined 7/04 Regional Corridor project - CI component

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UNAIDS (national and regional offices	*Coordination and mobilization of resources:* Limited technical and financial assistance to realize national HIV strategy and policy documents, sectoral HIV plans, regional data bank, targeted activities directed at high risk populations such as uniformed services, sex workers, youth and displaced populations and targeted surveys and operational research studies.	500,000 USD (2002-2004)
UNICEF	Maternal and child health and nutrition services (through MOH and partners) Limited technical and financial assistance to national authorities to develop and disseminate policy, guidelines, training, IEC/BCC materials for PMTCT and other maternal and child health activities; Assistance to support *HIV/AIDS Prevention of Mother-Child* Transmission pilot projects, programs targeting orphans and vulnerable children, and youth education and behaviour change communications activities	335,000 USD (2002-2004)
UNDP	Lobbying, institutional support and support for community initiatives. Promotion of human rights Principle beneficiary of global fund HIV project (awarded in 2003 for 55 million dollars over 5 years)	530,000 (2002-2004)
WHO	Integrated disease surveillance and monitoring and evaluation activities; Limited technical and financial assistance to develop and disseminate policy, guidelines, training, IEC/BCC materials for PMTCT and other HIV/TB/STI strategies.	60,000 (2002-2004)
WHO/Italian cooperation	Prevention of Mother-Child Transmission pilot projects coupled with research	500,000 (2002-2004)

World Food Program	Integrated HIV interventions within food relief program (plans under development)	
UNFPA	Promotion of sexual and reproductive health and STI prevention among adolescents, youth and high risk populations Condom distribution to UN agencies to support their programs. Institutional support and strengthening of capabilities to fight AIDS among military personnel and their families Integration of VCT into existing family planning clinics with initial pilot projects in collaboration with AIBEF and other partners	900,000 (2002-2004)
French cooperation ANRS Project PAC-CI	Multiple research and development activities in multiple sectors. In health sector - HIV related activities include: ANRS supported clinical research into prevention of mother-child HIV transmission, clinical care and use of ARVs (structured treatment interruptions). Program activities: PMTCT, care, HIV laboratory services, support for CBOs VCT and home-based care activities etc.	2,142,857 (2001-2004) 616,852 (2002-2004)
Belgian Cooperation	Supports the Belgian Technical Cooperation STI/HIV and health system development initiative in one region and at central level (recommenced with permanent health advisor Feb 2004). Provides funding to ITM to support targeted interventions for highly vulnerable populations and targeted STI interventions in collaboration with National Public Health Institute (INSP).	357,142 (2002)
German cooperation (GTZ & KFW)	Supply and social marketing of male condoms with AIMAS	5,000,000 (1996-2004)
Canadian cooperation	STI prevention and care services, including targeted services for high risk populations such as sex workers and strengthening of HMIS through training	3,000,000 (2002-2004)
Japanese cooperation	Abidjan-Lagos Corridor project with World Bank Multiple targeted HIV-related initiatives (preparatory phase MAP)	MAP preparatory: 1,000,000 USD

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Family Health International	Lead implementing partner of new USAID WARP - with Abidjan office	See WARP USAID below
Rockefeller Foundation /Colombia University	Support for PMTCT-plus project in Yopougon-Abidjan (with TA from French DITRAME project).	
USAID / WEST AFRICA REGIONAL PROGRAM (WARP) including ambassador's fund	18 country regional program 2003 - 2007 based in Accra, Ghana. Plans under development with focus on HIV and reproductive health. Lead implementing partners are FHI (together with PSI and Futures) for HIV component and Engender Health for reproductive health and capacity building	$100,000 ambassador's fund portion of 18 country regional HIV budget

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Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008*

1. USG agencies coordinate in country through the USG PEPFAR coordinating committee chaired by the US ambassador with technical secretariat assured by CDC Cote d'Ivoire (RETRO-CI) and participation by all agencies at post and regional USAID representative (from Accra). Sub-committees including CDC Cote d'Ivoire focal points are anticipated to deal with specific issues. The CDC Cote d'Ivoire Director has been tasked by the ambassador to coordinate PEPFAR activities and liaise with partners.
2. The CDC Cote d'Ivoire Director represents USG on the Global Fund CCM, which is a strong multisectoral participatory forum bringing together 33 members of civil society, public and private sectors and multilateral and bilateral development partners. This forum is a very useful coordination body and often addresses issues through special ad-hoc subcommittees. A smaller executive committee has been formed which brings together a smaller group of 10 representatives of the various sectors together including the Minister of AIDS and Health, the PLWH/A umbrella group, and other civil society, private sector and development partner representatives. This group allows information sharing, deliberations and coordination between PEPFAR, the World Bank MAP as well as the Global Fund; any recommendations arising from the group would then be brought before the full CCM for validation and decision making.
3. The Ministry of AIDS has also constituted a new committee which will meet quarterly to improve planning and coordination and includes civil society representatives, bilateral and multilateral partners and the Ministry of Health and Finance.
4. UNAIDS also chairs a regular coordination forum bringing multilateral and bilateral development partners together.
5. There are numerous and frequent contacts between senior USG agency staff and key Ministries engaged in HIV/AIDS such as those of Health, AIDS, Solidarity, Education, Labor and Defense to contribute to the development and implementation of national policy and ensure USG activities contribute to the national vision and strategy. CDC also participates actively (often as a founding member) in various technical coordinating bodies in Cote d'Ivoire. (e.g. PMTCT, VCT, laboratory, youth, BCC/community mobilization, surveillance, HIV in the workplace)
6. Other USG staff members such as those engaged in defense, humanitarian, cultural and refugee activities also have contact with various government and international partners in their various sectors and include HIV as an important cross-cutting theme.
7. The US ambassador also plays a very active role in ensuring USG PEPFAR efforts are coordinated at the highest levels of government and partner organizations.

Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	12,000	53,130 (20%)	106,260 (40%)	159,390 (60%)	199,240 (75%)	239,090 (90%)	265,655 (100%)
# Infections averted: PMTCT	1,000	2,500	5,000	9,000	14,000	20,000	25,000
# Infections averted: Other (not PMTCT)	11,000	50,630	101,260	150,390	185,240	219,090	240,655
Total # receiving Care and Support	10,000	115,500 (30%)	231,000 (60%)	308,000 (80%)	385,000 (100%)		
# OVC receiving Care and Support	5,000	39,000	78,000	104,000	130,000		
# receiving Palliative Care	5,000	76,500	153,000	204,000	255,000		
# receiving ART	10,000	23,100 (30%)	46,200 (60%)	61,600 (80%)	77,000 (100%)		

Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1	Prevention of Mother-to-Child Transmission (PMTCT)
4.1.1 Current status of program in country	**Overview:** 2002 HIV antenatal sentinel surveillance data shows a median 9.5% prevalence in urban areas and 5.6% in rural sites. The national PMTCT program builds on more than a decade of pioneering PMTCT research in Cote d'Ivoire as well as substantial program experience since 1998. Short course AZT was the primary regimen used following the national trial results, now there is a shift to the simpler Nevirapine regimen. A combination of AZT+NVP and now AZT+3TC+NVP is being evaluated in an operational research study (Projet DITRAME/ARNS). **Policy/guidelines/central coordination:** The national PMTCT program strategy is defined through national PMTCT policy, and guidelines documents. The MOH PMTCT implementation plan recently revised and updated in October 2003, define the following broad goals: 1) reduce national infant and child mortality and morbidity by decreasing PMTCT transmission by the end of 2007 by 40%, 2) progressively increase access to PMTCT services in the 15 health regions and 65 health districts and 3) provide access to PMTCT services to >80% of women attending antenatal care within 5 years. Implementing partners are: MOH, CDC/RETRO-CI, UNICEF, WHO, DITRAME/ANRS, NGO/ACONDA, community and faith based organizations with technical assistance from PSI, JHPIEGO, RPM+, AXIOS, and Measure Evaluation/JSI. Support from the US President's HIV initiatives have allowed an aggressive PMTCT expansion strategy to be implemented with: a) an early increase of the number of facilities providing PMTCT services, and b) reinforcement of national capacity in key systems which will provide the building blocks for rapid (exponential) scale-up of PMTCT, care and other services. **Number of sites providing services:** Currently, 25 MCH public facilities provide PMTCT services. National scaling up plan is to reach 72 MCH sites by end FY04 (10% coverage) and 573 sites by end FY07 (80% coverage). **Number of individuals receiving services:** In 2003, an estimated 2.4% of HIV-infected pregnant women received a complete course of ARV prophylaxis to reduce the risk of MTCT. **Number of people trained:** National statistics are not currently available, however, in 2003, USG supported PMTCT-related training for 220 individuals including both service providers and key community leaders (religious and traditional leaders) to mobilize their communities in support of PMTCT. The USG has also supported the MOH and national institutions to develop, validate and integrate pre-service PMTCT training curricula at national institutions to target emerging professionals and promote sustainability as well as to establish a national pool of expert trainers. Training will be targeted at (at least) the following groups: 1) physicians 2) midwifes/nurses/social workers, 3) peer/lay counselors, 4) peer support/home visitors and 5) program managers/supervisors.

4.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	• USG goals are to accelerate efforts to achieve national goals by complementing other funding sources and collaboratively working with the Ministry of Health, AIDS and other ministries, PLWH/A and key partners. The additional resources provided through the President's Initiative will permit 2 key national goals to be achieved: a) increasing the number of facilities providing PMTCT services with a concomitant increase in national PMTCT service coverage of HIV+ pregnant women, and b) reinforcement of national capacity in key systems to provide the building blocks for rapid scale-up of PMTCT, care and other services including ART. • New activities will contribute to provide ARV prophylaxis to at least 8,000 HIV pregnant women in FY2004 and 20,000 in FY2005, and permit 1,000 infections averted in FY2004 and 2,500 in FY2005. • Linkages to other activities: a) Activities will contribute directly to prevention goal and also identify affected family members in need of care and treatment services. As fertility and children are so highly valued in Cote d'Ivoire, as elsewhere, PMTCT can be a key entry point to HIV within couples, families and in the community and contribute to PEPFAR prevention, care and treatment goals. The USG strategy highlights the importance of an effective comprehensive PMTCT program as an entry point to raising community awareness of HIV/AIDS as a treatable and preventable infection, addressing stigma and discrimination, access to care and treatment for HIV-positive children, individuals and couples, as well as promoting prevention for serodiscordant couples and reducing social morbidity for orphans. PMTCT services will be linked with other health services, continuum of care to the community and psychosocial support from HIV-infected peers. b) – New activities will complement and strengthen existing PMTCT projects supported by UN agencies (UNICEF, WHO etc.), bilateral partners (French, Italian, and German Cooperation etc.) and CBOs/FBOs and complement (through collaborative planning) the other multilateral and bilateral financial resources which will soon become available, e.g. through the Global Fund and the World Bank's MAP project. – With the leadership of the MOH HIV program director, the PMTCT national coordinating committee has effectively coordinated with all partners to create and implement a standardized national PMTCT program (replacing the fragmented projects which existed previously). This group has assisted the MOH to define national policy, guidelines and a coordinated expansion plan and is working to reinforce laboratory, training, commodities management, M&E and other essential systems to all allow rapid scale-up of comprehensive PMTCT and HIV services in the public and other sectors (non-profit, for profit and mixed associative models). The USG hopes to learn from and use the successful coordination and scale-up model of PMTCT for the rapid scale-up of VCT, ART and other HIV-related services.

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4.1.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1,1.5, 2)
Ministry of Health and Population FBO? Yes / No (but provide substantial material support to a number of associative sites including FBOs)	1.Build national capacity and systems for a rapid scale-up of quality PMTCT services increasing *national PMTCT* coverage from 2% to 10% in FY04 2.provide support for 72 public service delivery sites including 8 public/ NGO associative sites, and 1 FBO site in FY04	1.1 Supporting 9 local staff and short term technical consultants for central coordination and capacity building 2.1 *Training physicians, midwives,* nurses, social workers and lab technicians 2.2 Printing and dissemination of training, educational resource materials and PMTCT policy and guidelines documents 2.3 Renovating antenatal clinics 2.4 Providing medical and laboratory supplies, equipment, furniture, and IT to support PMTCT sites and health regional offices	HHS	[redacted]	PMTCT	IP
Projet RETRO-CI (CDC/MOH collaborative project) FBO / No	To build national capacity and systems for a rapid scale-up of quality PMTCT services increasing national PMTCT coverage from <2% to 10% in FY04	Providing substantial technical assistance (including consultant advisors) and logistics to support PMTCT activities including training, consensus building and validation workshops, reinforcement of national public health pharmacy and HMIS,	HHS	[redacted]	PMTCT	IP

		quality assurance laboratory services (as defined in IP)				
JHPIEGO/ Johns Hopkins University FBO No	Provide TA for the development of comprehensive PMTCT training materials	• Providing comprehensive assessment to define technical assistance proposal and budget to develop and implement pre-service PMTCT training curricula and national pool of expert trainers in collaborations with national institutions • Developing french language PMTCT training materials (PMTCT training manual for trainers and for training participants) and educational resource materials for service providers/counselors. • Establish pool of expert trainers of trainers	HHS	$	PMTCT	IP 1.5 ($

4.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
[redacted] New partner? Yes / No FBO? Yes / No	To sensitize and train members of 3 key health professional associations to support rapid expansion of decentralized quality PMTCT services	• Conduct needs assessment • Sensitize and train members of professional associations of midwives and obstetricians/gynecologists in PMTCT using a TOT model • Provide training materials (linked to JHPIEGO/MOH/CDC collaboration to develop materials) • Conduct monitoring and evaluation	HHS	$
5.	To conduct situation analysis of private, faith based and CBO	• Conduct situation analysis in collaboration with MOH HIV Care Program	USAID	

New partner? Yes FBO? No	health centers providing ANC services for potential integration of PMTCT activities		and national PMTCT working group • Make recommendations to integrate PMTCT activities into private and faith based clinics • Make recommendations for monitoring and evaluation for private and faith based clinics				
Total partners:	5	New partners:	1 (secondary partners)	FBOs:	1 (secondary partners)	Total budget:	

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Table 4.2	Abstinence and Faithfulness Programs
4.2.1 Current status of program in country	National Goal: To reduce the incidence of HIV/AIDS/STIs among youth 15-24 years (National Strategic Plan, 2002-2004) Strategies include: • Delay of sexual debut and promotion of abstinence among youth; • Core Curriculum development of HIV/AIDS education materials in public school system; • Peer Education and mobilization; • BCC; • Addressing gender related vulnerability New programs for youth regarding abstinence and the delay of sexual début are being developed by 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 a variety of areas in Cote d'Ivoire. Youth in multiple geographic zones are targeted. • Key institutional partners include Ministries of AIDS, Education, Health, Youth, and Superior Education and NGOs/CBOs including CBOs with PLWH/A (e.g. AIMAS, Ruban Rouge, Hope Worldwide, Lumiere Action, International de l'Education-CI, RIPS/AG, 1000 young girls; "Ma Virginite") and FBOs (e.g. Hope WorldWide, the religious coalition to fight HIV/AIDS Côte d'Ivoire (CORAS-CI), Caritas, young Muslim association, Christian churches) Central Coordination: • A coordination committee was formed in 2002 to improve coordination of HIV/sexual health initiatives among youth; • The various Ministerial sectoral plans also improve planning with the different public sector partners (multiple Ministries have a role to play); • The MOA is establishing a BCC committee to improve quality, coverage and coordination of BCC activities; • The MOH and MOE coordinate to implement the "health clubs and services for students" at education facilities; • FHI/USG supported BSS surveys among youth in 98 and 01; • No current school based KAP survey and no biologic surveys among youth outside the antenatal setting • Recently, a religious network has been created regrouping Christians and Muslims to fight against HIV/AIDS. Service delivery: • More than one hundred "School Health Clubs" have integrated peer-mediated HIV BCC activities throughout the country (MOE) with support from USG and Belgian Cooperation; • BCC multimedia campaign with PSI/AIMAS (USG): " T'es yere t'es cool: (promoting-abstinence, fidelity and carrying a condom) • Limited small activities by various NGO's (including INGOs during recent crisis - ie IRC reproductive health/sexual violence etc)Limited out-of school youth activities • Persons trained: In FY2003, HHS/USG supported training in BCC strategy including abstinence and faithfulness for 55 Muslim and Christian religious leaders.

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4.2.2 How new activities will contribute to PEPFAR targets, linkages to other activities	• New expanded effective and coordinated activities in this area are critical to reach all segments of the population before and as they enter into sexual relationships to negotiate this transition safely and thus contribute to HIV prevention targets. An ABCD sequenced strategy is endorsed by the key national authorities and civil society leaders corresponding to PEPFAR priorities. This includes objectives to: a) delay sexual debut among young persons, including gender issues around the specific vulnerabilities of young girls entering into transactional sex relationships with older men, b) promote fidelity within relationships, c) promote consistent condom use among sexually active youth, and d) encourage HIV testing to learn individual and couple serostatus to promote responsible sexual behavior and access information and prevention and care and treatment services. HIV-prevention among HIV-positive young persons will be an important focus of secondary prevention. • New activities will include: strengthening the Ministry of AIDS and Ministry of Education's capacity to coordinate and implement effective HIV interventions (including age-appropriate in -school education), developing and using of effective BCC materials targeting diverse at risk subpopulations and influential persons in the lives of young persons, promoting uptake of youth-friendly VCT services, reducing HIV-related stigma/discrimination, and strengthening coordination, monitoring and evaluation activities. As materials are developed there will be progressive expansion of CBO/FBO activities for community based activities (including out of school youth) and peer-to-peer IEC/BCC and support. • These activities will contribute to PEPFAR prevention targets (both primary and secondary prevention) but will also contribute to care and treatment targets for HIV-affected and HIV-infected adolescents and young persons. • Activities will be linked to educational activities (integrated curricula), gender empowerment and broader development activities, as well as comprehensive HIV care and treatment services for HIV-infected young persons. Sensitivity to both gender and the needs of youth will be cross-cutting issues that will be considered in both policy and service -delivery (mediated by the youth coordination group and supported by specific policy level interventions). • New activities will complement and strengthen existing abstinence and faithfulness programs supported by other donors and CBOs/FBOs and complement (through ongoing collaborative planning) the other multilateral and bilateral financial resources which will soon become available, e.g. through the Global Fund and the World Bank's MAP project.

4.2.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1,1.5, 2)

1. Hope *Worldwide* FBO? Yes	Increase the number of sites for community mobilization from 5 to 10 municipal sites to raise awareness of HIV/AIDS and promote behavior change among youth through participative community processes in FY 04	• Training of community facilitators • Conducting situational analysis and mapping of five new implementation sites • Educating over 40,000 people on HIV/AIDS	HHS		S/GAC	1.5
2. USG Cultural Affairs Office/RETRO-CI FBO? No	To promote young persons and journalists awareness and engagement in the reduction of HIV-related stigma and the adoption of behavior change through 1 national essay competition in FY04.	• Hosting a school's and multimedia journalists' essay competition around the theme of 2003 World AIDS Day to "live and let live". • Supporting 3 prize-winners to attend African HIV/AIDS meeting.	Cultural Affairs Office and HHS		Base	2

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3. Projet RETRO-CI (CDC/MOH collaborative project) FBO? Yes / No	To build capacity among students, teachers and youth groups to educate students and motivate behavior change including at least 30 schools in FY04	• Training 100 peer educators; • Training 30 school health providers; • Providing IEC/BCC materials to >10 youth-focused CBOs; • Establishing/reinforcing > 5 school health clubs with HIV prevention activities; • Supporting comprehensive youth services including peer-educators linked to VCT/STI services at main University campus Activities are built on existing activities with "generation sans SIDA" campaign	HHS		base	2
4. PSI New Partner No FBO? Yes / No	To evaluate existing programs and expand coverage and impact of existing BCC activities using ABC strategy among youth through a national television campaign and peer education in FY04	• Conducting an assessment of Adolescent Reproductive Health (ARH) Programs to establish groundwork for future BCC activities targeting youth • Expanding youth prevention activities promoting delay of sexual debut and building on existing activities (mass sensitization campaign on national television network with "T'es yêrê t'es cool" campaign); • M&E Builds on existing national program and program experience in Cameroon	HHS		S/GAC	1.5

4.2.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

5. Ministry of National Education New Partner Yes FBO? Yes / No	To ensure that national school-based "Life Skills" curriculum (with sexual health choices) is developed, integrated and piloted in 6 districts	1. Adapt and disseminate age-specific education and skills building curricula with technical assistance from partner organization 2. Expand HIV-related pre-service and in-service training to Training of Trainers for school teachers. 3. Pilot new school based curriculum in 6 districts	HHS	
6. HHS competitive task order New Partner Yes FBO? Yes / No (TBD)	1. To provide technical assistance to the Ministry of Education to develop, integrate and pilot a life skills curriculum in schools in at least 3 districts 2. To provide technical assistance to the Ministry of Education to evaluate HIV-related preservice and inservice training of MOE education and health professionals.	1. To provide technical assistance to the Ministry of Education to develop, integrate and pilot age-specific education and skills building curricula targeted for in-school youth (to assist in-school youth to make and implement responsible sexual health choices through the promotion of abstinence and delayed sexual debut and reduction of sexual-health risks). 2. To provide technical assistance to the Ministry of Education to evaluate HIV-related pre-service and in-service training for teachers and for health professionals working in the MOE and provide recommendations to improve training and training skills.	HHS	

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7. JHPIEGO - JHU Communication Center National partner to include (subgrantees) New Partner Yes FBO? Yes / No (*secondary partners)	To develop and implement a comprehensive communication strategy while building national capacity to promote BCC with an "ABC" and "Do test" or "depistage" strategy among youth in Cote d'Ivoire	• Conduct needs assessment among targeted partner organizations (network of journalists and artists in the fight against AIDS, and the Ministry of AIDS communication department); • Work with MOA and national partners to develop comprehensive HIV/AIDS prevention, care and treatment communication strategy targeting youth for BCC *to delay sexual debut and promote* fidelity; • Establish subcontractual relationship with [redacted] and national organizations with technical capacity; • Train key staff from MOA, [redacted] and national partner(s) in BCC and social marketing techniques; • Design an expanded marketing campaign to promote AB first (with C for high-risk sexually active youth) and D - "Do test" related behavior change including in Dioulla and other local languages; • M&E	HHS	[redacted]
8. Ministry of AIDS New Partner Yes FBO? Yes / No	Objective: To coordinate the national HIV BCC working group and facilitate the development, dissemination and effective use of communications to promote behavior change with a *sequenced ABCD strategy.*	• Contributes to comprehensive national BCC strategy and implementation (including treatment focused activities described in table 4.10); • Coordinate the national HIV BCC working group and define TOR; • Define and validate national communications strategy which includes the promotion of behavior *change among youth:* • Work with partners (including technical experts from organizations such as PSI, JHU-CCU and REPMASCI) to develop, approve and disseminate communications materials consistent with national strategy;	HHS	[redacted]

9. [redacted] New partner No FBO? Yes / No	Objective: To provide TA to Ministry of AIDS to build their capacity to facilitate the development, dissemination and effective use of communications to promote behavior change with a sequenced ABCD strategy.	To provide TA to Ministry of AIDS to develop their application for the sole source RFA and after award to develop their 1st year plan as part of their cooperative agreement and define ongoing TA needs;	HHS	
1. Hope Worldwide FBO? Yes	Support ongoing community mobilization activities at 10 municipal sites to raise awareness of HIV/AIDS and promote behavior change among youth through participative community processes into FY 05	Continue existing activities into FY05 • Training of community facilitators • Conducting situational analysis and mapping of five new implementation sites • Educating over 40,000 people on HIV/AIDS	HHS	

Total partners	8	New partners	4	FBOs	2	Total budget	[redacted]

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Table 4.3	Blood Safety
4.3.1 Current status of program in country	National goal: Improve access to blood safety in Côte d'Ivoire (National Strategic Plan, Ministry of AIDS, 2002-2004) Current status: The National Blood Transfusion Center (NBTC) of the MOH has a long history of blood safety operations and serves as a WHO approved reference center of quality assurance training for the majority of French-speaking Africa. The NBTC provides services for blood safety and conducts an effective program in improving the targeting of low-risk voluntary and non-remunerated donors with a substantial reduction in the prevalence of blood transmissible infections among initial and repeat donors. However, demand for blood products continues to far exceed supply, and blood transfusion services are estimated to be available to less than 50% of those requiring blood transfusions, with very limited access to persons living outside large urban areas. This has been further exacerbated by the socio-political crisis; of the three regional blood transfusion centers (RBTC), only the regional center located in Daloa is operational since September 2002. During the crisis HIV screening for emergency transfusions have also been supported by international NGOs such as Medecin Sans Frontières (MSF) and International Red Cross (ICRC). WHO has provided materials for a temporary center in Yamoussoukro but the center is yet to be fully rehabilitated to begin services. All blood which is collected in the national and regional centers are routinely screened for HIV, hepatitis B and C and syphilis. The HIV screening consists of one highly sensitive test (Abbot Murex ELISA Ag/Ab). For donors testing HIV-positive, samples are repeat tested and referred for confirmatory testing and clients are offered post-test counseling and ongoing clinical care. The country currently has no standardized national transfusion guidelines, professional consensus regarding best practices for use of blood products, or continued professional blood transfusion training. The monitoring, evaluation, supervision and quality assurance system also needs review and improvement. Restoring services closed during the crisis in Bouake and Korhogo, mobilizing low-risk donors, and expanding the national center's collection and distribution capacity and opening the new center in Yamoussoukro are service delivery priorities for 2004. Maintaining quality and safety of available units, while increasing supply to meet demand, including areas outside the large urban centers currently underserved, are the medium term challenges facing the NTBS.

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4.3.2 How new activities will contribute to PEPFAR targets, linkages to other activities	• Expanded national blood safety activities will reduce transfusion-related HIV transmission and contribute to the PEPFAR prevention goal, as well as decrease the substantial mortality and morbidity from other causes associated with an inadequate national blood supply, some of which is directly HIV/AIDS related (contributing to the care goal). In addition *the small proportion of HIV+ donors will receive counseling and be linked with comprehensive care services.* • The improvement of the national blood system will also be coordinated with other expanding services including laboratory and occupational safety programs and there are expected to be shared benefits. • There may be some innovative linkages created. For example, there is interest from the NBTS to work closely with VCT centers to explore ways to recruit HIV-negative persons at low-behavioral risk, as well as, to integrate post-exposure prophylaxis and other services at NBTS centers which could provide confidential services for health professionals (who may have difficult accessing confidential services based in health facilities) ; • The USG PEPFAR initiative will be the primary source of institutional and program strengthening for the NTBS. The WHO has provided equipment and supplies for the new center in Yamoussoukro and INGOs continue to provide services in rebel held areas and are willing to contribute to distribution efforts in rebel held areas until the situation normalizes.

4.3.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Projet RETRO-CI FBO? ; No	1. To provide assistance to assure the quality of HIV laboratory screening at the NBTC 2. To provide technical assistance to develop the NBTC application (track 1)	1. Provision of HIV results confirmation for donors who are screened HIV-positive, quality assurance, procurement of limited supplies and reagents, training, and emergency provision of screening (during staff strikes); 2. Technical assistance to the NBTC team to develop their proposal as part of track 1.	HHS		Base	2

4.3.4 Proposed new activities in FY 04			
Partner	FY04 Objective	Activities for each objective	Agency	Budget

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National Blood Transfusion Service/MOH New partner? Yes / No FBO? Yes / No	1. Increase the NBTC capacity for collection, management, distribution and use of safe blood each year 2. Improve the biological quality of blood products collected each year 3. Improve and extend the information technology (IT) system of the national and regional blood transfusion centers (BTC) 4. Increase the number of blood donors so that the supply of safe blood meets the national demand each year 5. Improve the therapeutic use of blood products in order to reduce the number of non-necessary transfusions each year and address specific health needs 6. Training: Build the capacity of physicians, nurses, laboratory technicians, blood donor recruiters, and managers in blood transfusion safety each year 7. Improve the monitoring and evaluation of blood safety activities each year	1.1. Rehabilitate and equip the NBTC of Abidjan and the 4 existing RBTCs. 1.2.Establish 5 new RBTCs 1.3.Procure equipment and commodities for blood drawing and storage for all centers (NBTC and 9 RBCTs) and blood distribution capacities in 20 blood banks in national hospitals 2. 1.Purchase reagents, equipment and supplies for laboratory testing of transfusion transmissible infections and hemoglobin levels for NBTS 2.2.Develop a new laboratory assurance control quality system 3. Purchase informatics equipment and provide implementation, monitoring and evaluation tools for IT system for all centers (NBTC and 9 RBCTs) 4.1. Increase community mobilization activities promoting blood donation 4.2.Encourage donors to become repeat donors by developing new skills of communication 4.3.Reinforce collaboration with NGOs and other partners in the field of community mobilization for increasing blood supply 5.1.Diversify the range of blood products 5.2.Develop a legal framework for the clinical use of blood 5.3.Train clinical staff in appropriate use of blood products 6.Provide ongoing training to physicians, nurses, laboratory technicians, blood donor recruiters, and managers in blood transfusion safety each year 7.1. Develop a system to track data related to blood transfusions, including implementation of a hemovigilance system for all centers (NBTC and 9 RBCTs). 7.2. Improve the monitoring and evaluation of the existing quality assurance (QA) system	HHS	USD (central) Track 1 request submitted and pending review

FINAL SUBMISSION

TA application to *reinforce NBTS* New partner? Yes / No FBO? Yes / No (pending results)	To provide TA to CNTS to achieve *objectives listed above*	- To provide TA to CNTS to achieve objectives listed above - 1st step: develop budgeted implementation plan and define roles and contributions with CNTS and HHS	HHS	Awaiting results of central review of applications Track 1
COC (country and HQ technical team) New partner? Yes / No *FBO? Yes / No*	To provide TA to CNTS to develop approved 1st year program implementation plan	To provide TA to CNTS to contribute to and review 1st year budgeted implementation plan and agree on roles and contributions of TA partner, CNTS and HHS	HHS	

Total partners:	4	New partners:	2	FBOs:	0	Total budget:	

Table 4.4	Safe Injections and Prevention of Other Medical Transmission of HIV
4.4.1 Current status of program in country	National strategy: Strengthen national capacity of human health resources to improve services for safe injections and prevention of other medical transmission of HIV in Côte d'Ivoire (National Strategic Plan, Ministry of AIDS, 2002-2004) Current status: In Cote d'Ivoire safe injection practices, safe disposal of medical waste, and other practices to prevent nosocomial HIV and other blood borne infections are integrated as part of standard health care policy, practices and procedures. However, in the public sector, the MOH has limited resources to effectively promote, implement and monitor these practices. There are insufficient resources currently allocated to: effectively sensitize staff and promote these practices with IEC materials and continuous training for staff; provide adequate supplies, including sharps with retractable needles and/or other safety features and barrier materials; and supervise, monitor and evaluate these practices. Established in 2001, a national technical working group (GERES-CI) provides expert guidance to the MOH and promotes and coordinates management of occupational exposures to bloodborne pathogens, including HIV, HBV, and HCV. At the request of national authorities, the USG (HHS) has provided financial and technical assistance to assist the MOH's National HIV Care Program and the GERES-CI to develop standardized guidelines and staff training tools for prevention of occupational exposures to blood. Currently, there are no institutional infection prevention and control policies and guidelines which govern safe injection practices in public or private health care facilities or for home-based care. However this is recognized as a neglected and important area by the GERES-CI, and the National HIV Care Program.

4.4.2 How new activities will contribute to PEPFAR targets, linkages to other activities	▪ Comprehensive implementation of a national injection safety program will result in reduction of a substantial part of nosocomial and occupational transmission to both patients and providers, contributing to the prevention goal. These activities will also contribute to increasing the morale of health professionals, heightening public confidence and strengthening the overall health system, since 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 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. MIS for injection safety will be integrated with overall HMIS which will support all program elements and targets. Improved quality of care resulting from improved injection safety practices will result in better outcomes for patients under OI, STI and other treatment involving injections or universal precautions, with decreased complications, etc. improving patient health. ▪ Linkages will not be limited to the health care system, since a substantial component of the envisioned program involves educating consumers of health services regarding proper technical injection application practices, as well as in the important area of appropriate injection use, in terms of situations where consumers do or do not really need injections (overuse of injections is believed to be widespread in Cote d'Ivoire). ▪ Complements safe injection and medical waste management initiatives of MOH, in partnership with GAVI, UNICEF and the World Bank.

4.4.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)

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RETRO-CI PBO: Yes / No	Assist in establishing a waste disposal facility for RETRO-CI lab and HIV testing sites (at least 25 PMTCT sites and 12 other VCT sites)	• Provide ongoing support for the incinerator and the existing waste disposal system at RETRO-CI lab • Provide supplies for handling waste material (ea gloves, waste boxes and bags) for all 25 PMTCT sites and 12 (stand alone or integrated) VCT sites • Equip 25 PMTCT sites with incinerators	HHS	Included in IP/PMTCT costs Table 4.1	Base Base IP	2 PMTCT

4.4.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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John Snow International (with AED/PATH) New partner? Yes / No FBO? Yes / No	By March 2005 (Year 1), assist MOH and other partners in adapting/developing and implementing sustainable models to reduce medical transmission of HIV: 1. Change behavior of health care workers and patients to ensure safe injection practices. 2. Ensure availability of equipment and supplies necessary to promote injection safety 3. Manage waste generated by injection activities safely, appropriately and in a cost-effective manner	• Conduct rapid assessment using WHO tool to verify current situation and cover any gaps in GAVI and other earlier assessments. Assessment will include both health care provider and client KAP as well as health system status. • Per assessment results, develop national action plan with local counterparts, including possible establishment of a National Injection Safety Technical body, through TA to: • Assist in policy/guideline development, change or completion; • Provide training, using TOT capacity building approach, to strengthen provider skills and improve sterilization practices, reduce unnecessary injections and improve sharps management; • Improve logistics management to ensure adequate and appropriate supplies; • Improve waste management practices • Assist in developing plan for improving waste management facilities and making initially feasible improvements (plan to include sustainability mechanisms). • Pilot all activities in 2-3 Districts, with scale-up to national level after needed adjustments are identified during pilot and incorporated in national plan, to begin in conjunction with other partners in Year 2.	HHS	Track 1 (Per JSI Budget Addendum, approximate annual budget for one-year project, per country, is $

Total partners:	2	New partners:	1	FBOs:	0	Total budget:	

Table 4.5	Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)
4.5.1 Current status of program in country	Overview: :Sex workers and their partners, truckers, uniformed services/military, and disolaced and mobile populations are at higher risk of acquiring and transmitting the HIV virus and other STIs. The political and humanitarian crisis has created new structural, population and individual risk factors and has exacerbated existing factors. Since early in the epidemic, targeted prevention interventions have been prioritized, including establishment of prevention services targeting sex workers within the then national HIV/AIDS Control Program. The Ministry of AIDS has appointed a focal point for targeted interventions for vulnerable populations to improve coordination in this area (2004). Since October 1992, HHS/CDC and the Institute of Tropical Medicine (ITM) have supported a confidential STI/HIV service (Clinique de Confiance) which has been progressively strengthened and now includes extensive outreach BCC and condom promotion services, clinic based HIV counseling and testing, STI management, and primary health care services targeting sex workers and their partners in Abidjan. In 2003, 2 similar intervention sites were created in partnership with national CBOs, one integrated at a general health center in Yopougon, Abidjan and another in the port city San Pedro serving highly vulnerable populations. Evaluations including BSS studies supported by the USG have shown improved condom use and dramatic declines in HIV/STI prevalence among sex workers. Other major partners involved in comprehensive HIV/STI prevention activities for highly vulnerable populations such as mobile populations, truckers, sex workers and their clients in Côte d'Ivoire, include the Canadian project "SIDA 3" and the multi-country PSAMAO, Corridor and Rail-link projects (funded by the USG, World Bank and MSD Secure the Future Project respectively). There are also new partners working to prevent HIV transmission/acquisition among the newly vulnerable populations related to the crisis. CARE International has received ~1million dollars from the Global Fund over 18 months from March 2004 to ensure condom availability and HIV prevention among rebel soldiers and other vulnerable populations in the rebel occupied zone and continue to work with immigrant populations in Abidjan. Funds are being sought through a global fund application to address HIV prevention among mobile and border populations among the 4 Mano River countries of Sierra Leone, Liberia, Guinea and Cote d'Ivoire. Multiple humanitarian relief agencies and UN agencies have incorporated HIV prevention activities as part of their broader health and humanitarian response activities (e.g. UNICEF, WFP, UNFPA, MSF, IRC, ICRC). The RCI Ministry of Defence continues to develop and implement a comprehensive HIV prevention and care program for the national Defence forces together with a CBO of PLWH/A from the army and with assistance from the USG (HHS, PSI) as well as other partners. With German bilateral funding, AIMAS (NGO counterpart of PSI) also work to ensure affordable quality condoms are available to sexually active high risk groups including sex workers and their partners, truckers, sexually active youth, uniformed services, sero-discordant couples and other HVPs.

4.5.2 How new activities will contribute to PEPFAR targets; linkages to other activities	New targeted prevention interventions will build on existing activities to extend geographic coverage of services and identify and provide services to newly vulnerable populations. Services will include peer-outreach activities with targeted condom promotion, clinic-based VCT, STI and progressive expansion of and/or linkage to comprehensive social and HIV treatment services. VCT and post-test counseling is particularly prioritized for HIV-positive persons and couples, *both to link HIV-positive persons to care and treatment for their own benefit but also to prevent further* HIV transmission (especially among those with many sex partners). Targeted interventions will contribute to the 3 PEPFAR goals, recognizing the particular importance of both primary and secondary prevention efforts among high-risk populations (with potential substantial epidemiologic impact), while there are unmet care and treatment needs which can be addressed due to the high HIV-prevalence rates among high risk populations. Targeted prevention interventions will be linked with PMTCT, social and health services and other HIV services through referrals and counter-referrals to provide a continuum of care. However, with the recognition that there are various barriers for sex workers and other high-risk populations to access mainstream services, there will be a need to monitor the success of these initiatives and to consider incorporating comprehensive care services at some service sites. Lessons learned through monitoring and evaluation will also contribute to the ongoing strengthening and ultimate success of the program. These activities will be coordinated and monitored through the existing focal points and coordination forums ensuring that Global Fund, World Bank and other initiatives and funds are able to contribute to common overarching national, regional and international goals. One good example of efficient complementary activities is that PSI is being supported by PEPFAR track 1.5 to work with the national defence forces and by CARE/Global Fund to work with the Force Nouvelle (rebel forces deployed in North) to prevent HIV transmission/acquisition. The USG PEPFAR will also work to complement and extend the Global Fund supported prevention interventions in the North-West (mediated through CARE) and the cross-border work of *the various transport route projects and the USAID West African Regional Project* lead by FHI.

4.5.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Populations Services International (PSI) FBO—No	1. To provide targeted HIV prevention services for sex workers through 2 CBOs 2. To provide targeted *HIV prevention services* to the military to reduce HIV transmission and *acquisition*	1. Subcontract with 2 CBOS to provide ongoing and expanded targeted HIV/STI prevention services for sex workers, other highly vulnerable populations and their partners in 2 centers: 1 in Abidjan and 1 in San Pedro (services include outreach BCC, targeted condom promotion, STI and VCT services and links to *HIV and* health care and other services); 2. Provide technical and material *assistance to the Ministry of Defence* to expand STI/HIV prevention activities among the armed forces (builds on existing activities and experience from *Togo and complements PSI activities* with rebel forces funded by Global Fund/CARE).	HHS		S/GAC	1.5

Projet RETRO-CI FBO? Yes / No	To provide targeted HIV prevention services for sex workers and their clients at the center of excellence "Clinique de Confiance" and provide comprehensive assistance to support the national and regional expansion of similar targeted interventions.	• Implementation of comprehensive outreach and clinic based HIV prevention activities for highly vulnerable women and their partners in the "Clinique de Confiance" in Abidjan; • Provide training, IEC and other materials, program management and technical assistance, supplies and reagents for STI and HIV testing, ongoing supervision at other national sites (2 presently) providing targeted intervention services; • Development and production of targeted health education materials; • Promote and participate in regular coordination meetings between national and regional partners; • Reinforce technical coordination group for HVP "Cellule PS" within the MoA; • Provide financial and technical assistance to map and identify underserved sites, and develop coordinated plan to expand HIV prevention and care activities for sex workers and other highly vulnerable populations in Côte d'Ivoire.	HHS		Base	2

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4.5.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
New competitive RFA from HHS (with local CBO/FBO subcontracts) New partner? Yes FBO? Yes / No (TBD) (competitive - secondary recipients)	• 1. To transfer Management of Clinique de Confiance and its affiliates to a leading national NGO • To expand NGO capacity to implement and manage quality services for Highly Vulnerable Populations (HVP) and reduce transmission and acquisition of HIV and STIs among sex workers and other HVPs through targeted interventions.	• 1. Assist national partner(s) to take over management of Clinique de Confiance and services • 2. Assist national partner to provide comprehensive HIV prevention and care services including peer education, outreach, prevention activities, targeted condom distribution, VCT, STI prevention and treatment, support and referral for people infected and affected by HIV/AIDS, support and/or referral for job skills and literacy training, and legal counseling; • *Support expansion of existing services to San Pedro and other sites* *Care and treatment components will also be included and are reflected in table 4.7 and 4.8);	HHS	

International HIV/AIDS Alliance New Partner? Yes FBO? Yes/No (multiple secondary recipients anticipated in year 2)	To progressively build local capacity to implement services/activities to reduce transmission of HIV and STIs among target populations through targeted interventions.	Capacity building to local ASOs providing services to HVPs (such as uniformed services, sex workers, other vulnerable women and mobile populations): including but not limited to management and strategic planning, evaluation, collaboration, leveraging of resources, participatory advocacy. Expanded technical skills and service delivery expected to follow in FY05. NOTE: Builds on overall capacity strengthening to ASOs (CBO/FBOs) providing prevention, care and treatment activities with assistance from the Alliance (tables 4.6 and 4.7 and 4.10)	USAID	
[redacted] New partner? Yes / No FBO? Yes / No	Provide TA to assess counseling services targeted at HIV-positive sex workers to improve secondary prevention and linkage to care and treatment;	Provide technical assistance to ITM and CDC HVP team to evaluate and strengthen counseling services targeting HVPs	IIHS	[redacted]
Total partners:	5	New partners:	2 (secondary recipients)	FBOs:	0 (secondary recipients)	Total budget:	[redacted]

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Table 4.6	Voluntary Counseling and Testing

4.6.1 Current status of program in country	Overall: In Cote d'Ivoire there are a variety of integrated and stand-alone VCT services targeting both general and high-risk subpopulations, using a number of innovative partnership models (public/private/NGO/associative). There is strong central coordination from the MOH with recently revised standardized guidelines and expansion plans. Although the current coverage of VCT services is very limited in both geographic and population terms, a strong base with technical capacity and political willingness for rapid scale-up exists, if sufficient financial resources are made available. The national goal is "to improve quality of and access to VCT in all regions of Côte d'Ivoire by 2007." **Central coordination, advocacy, policy, and tools:** • The USG has provided substantial financial and technical support to strengthen the capacity of the MOH's National HIV Care Program, resulting in improved coordination and the development of relevant policy, guidelines and other tools; • A "National Technical Working Group on VCT" was established in 2002, bringing together all implementing partners and stakeholders with leadership from the MOH national HIV program. It meets regularly to coordinate VCT activities and discuss technical issues and has dramatically improved coordination; • The MOH expert biology committee (created September 2003) provides expert guidance on HIV testing and other laboratory related issues, including use of rapid HIV tests at point of service and quality assurance; • National VCT "norms and procedures" were developed in 2002 and are widely used and referenced; • A national treatment expansion workshop (Feb 2004) lead to the Minister of Health and AIDS endorsing free VCT services to remove any financial barrier to testing and will soon become national policy to be implemented in the public sector; • Senior public officials have strongly promoted VCT as a central part of the national HIV control strategy, with the Minister of Health undergoing VCT himself and promoting the use of rapid on site tests; • A national VCT workshop (Feb 2004) reviewed the status of programs, available financial and technical resources and resulted in a revised national expansion plan for VCT services; • The national HIV Care Program (MOH) has been strengthened with the appointment of a VCT focal point (Feb 2004) who will take over coordination of the working group and be responsible for the development of annual plans and the coordination and monitoring of VCT services; • A USG supported national communication campaign to promote VCT services and uptake is to be launched in April 2004; **Existing services and partners: See table on following page.** - No national VCT data is available. In FY03 HHS supported VCT services at 3 free-standing sites, and integrated with TB services at 2 sites, 3 sites providing comprehensive services to HVP, 2 family planning clinics and 7 PMTCT centers: 20,624 persons chose to learn their status. For FY04 the USG target is to support VCT services at 60 clinic sites (both free-standing and integrated).

TYPE OF SITE/TYPE OF INSTITUTION	REGION	No	IMPLEMENTING PARTNERS	COMMENT
Integrated NGO NGO primary health care and family planning clinics (associative relationship with MOH)	Bas Sassandra, Abidjan Lagunes,	3	AIBEF/UNFPA/HHS	Plan to expand to other AIBEF clinics
Integrated public TB clinics (public)	Adjame CAT Treichville CAT, Abidjan Lagunes,	2	MOH/HHS	Plan to integrate VCT services at 6 other TB clinics with links to HIV/TB care
PMTCT services integrated with MCH at public, NGO, FBO and mixed clinics	Abidjan Lagunes, Moyen Comoe, Bas Sassandra, Vallee du Bandama, Sud Comoe	25	MOH, HHS, WHO, UNICEF, French and Italian Cooperation, Faith based organizations	Undergoing rapid expansion with improved links to other sites
Integrated VCT/STI and other services targeted at sex workers and other highly vulnerable groups (mixed)	Bas Sassandra, Abidjan Lagunes	3	1. NGO/HHS/MOH/Mayor 2. NGO/HHS/Mayor 3. HHS/ITM	Comprehensive services for sex workers and other HVP
Integrated youth health services	Abidjan Lagunes	1	University of Cocody/MOH/HHS/CDC	Targeted to open April 2004
Integrated with laboratory/STI services	Abidjan Lagunes	2	1. Association CIRBA 2. Institute Pasteur /HHS	
Integrated University Hospitals clinical inpatient and outpatient services (public)	3 University Hospitals, Abidjan Lagunes,	3	MOH/HHS	Off site HIV testing at RETRO-CI. On-site testing and counseling services need improvement to integrate quality VCT as part of hospital services.
TOTAL/INTEGRATED: functional		39		
Stand-alone*/NGO	Abidjan Lagunes	1	NGO CIPS Espoir/HHS/MOH	Previously supported by HHS/FHI
Stand-alone*/Public	Abidjan Lagunes	1	ORANGE®/HHS/1st Lady's Cabinet/Ministry of Defense	Military Hospital VCT service open to public
Stand-alone*/Public	Abidjan Lagunes	1	Mayor of Port Bouet/HHS/MOH	Community VCT center
Stand-alone*/NGO	Abidjan Lagunes	1	PLWH/A CBO/French Cooperation/HHS	PLWH/A involvement
Stand-alone*/Public	Moyen Comoe,	1	HHS/MOH	For April 2004 opening
Stand-alone*/Public	Korhogo, Bouake	2	French Cooperation/CBO/MOH	In rebel occupied areas: closed since 2002; Global Fund resources will allow re-opening.
TOTAL/STAND-ALONE: functional		4		

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4.6.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The new activities will contribute to reach the three PEPFAR goals of HIV prevention, care and treatment as VCT is a key entry point to both behavior change to reduce acquisition and transmission risk and access to care and treatment services: The new activities will vastly increase the number and range of persons who learn their HIV status and will improve the quality of services for both HIV-positive and HIV-negative but at risk individuals: Expanded and targeted BCC activities will promote uptake of VCT services. VCT services will be provided as both freestanding and integrated services to target different subpopulations. VCT services will be provided in hospitals and TB clinics on a large scale in order to identify those patients and families in need of comprehensive care and HIV treatment including antiretroviral treatment (noting that almost half of active TB cases are AIDS patients and an estimated 40% of inpatient bed occupancy is AIDS related). Improvement of the quality and coverage of VCT services and links to comprehensive care for inpatient and outpatient hospital services will identify large numbers of persons in need of HAART. Highly vulnerable populations such as sex workers, truckers, uniformed services and mobile populations will also be targeted to reinforce risk reduction strategies and link HIV-infected persons to care. Multiple VCT services will be integrated as part of broader health services, e.g. with maternal and child care as part of PMTCT, with family planning, primary healthcare, STI and TB services and so on. Independent VCT sites will complement integrated sites. New innovative BCC strategies and service delivery models are required to target partners of pregnant women and couples in order to identify and reduce transmission within serodiscordant couples and provide support to HIV-positive couples. Specific emphasis will be placed on improving primary and secondary prevention impact of counseling (e.g. secondary prevention targeting HIV-positive individuals and serodiscordant couples) and linking HIV-infected persons to other care and treatment services reinforcing the referral system and case-management with involvement of peer-counselors. Coordination of VCT activities (site selection, models, funding from Global Fund, PEPFAR, MAP, UN agencies and bilateral funds and so on) will be assured by the leadership role of the national HIV program and MOH regulatory authority, the VCT coordination committee and other coordination forums such as the Global Fund CCM and MOA and UN-lead partner meetings. The national TB program works closely with the national HIV program and partners to ensure that VCT and integrated HIV/TB services are well coordinated and planned. Expanded TB/HIV services will build on the existing experience of integrated VCT services at 2 sites and PEPFAR funding for HIV/TB services will complement dedicated national and new Global Fund resources for the TB program. The expansion of VCT services and increased numbers of persons who know their serostatus is also expected to have an impact on public perceptions of HIV/AIDS and contribute to the reduction of fear and the associated stigma and discriminatory attitudes.

4.6.3 Existing activities, initiated prior to FY 04							
Partner	FY04 Objective #	Activities for each objective	Agency	FY04 Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track 1.0 (1-1.5-2)

1. MOH FBO? Yes / No	To rapidly expand *coverage and quality of* VCT services in Cote d'Ivoire (building on existing activities and with technical assistance from PSI and RETO-CI/CDC and other partners)	• Lead and coordinate national VCT *implementation planning* with all key stake-holders and partners; • Develop and disseminate national plans and training, implementation and monitoring and evaluation tools; • Procure, distribute and monitor equipment and commodities including HIV testing supplies to support VCT services (building on commodities management evaluation and reinforcement - see table 4.13); • Train and supervise VCT staff through district/regional health teams • Conduct needs assessment of more than 40 selected sites targeted for *VCT services* • Establish 7 new public VCT services in at least 5 regions (including 5 with Global Fund resources) • *Support existing VCT services with* standardized equipment, BCC materials, test kits, registers, monthly reports and other supplies. • Monitor and evaluate VCT activities and program	HHS		S/GAC	1.5

2. Projet RETRO-CI To provide technical and logistic assistance to the MOH, MOD and the following individual organizations: • *AIBEF (NGO)* • *ASAPSU (NGO)* • *FSU-Com (NGO/MOH)* • *HOPE WORLDWIDE (FBO)* • *Ruban Rouge (PLWH/A CBO)* • *Public facilities - INHP STI clinic and other STI services* • *Mutual Assurance* • *Mission hospital Dabou* FBO? Yes / No	To rapidly expand *coverage and quality of* VCT services in Cote d'Ivoire (quantify)	• Technical and financial assistance to develop and disseminate national plans and training, implementation and monitoring and evaluation tools; • Procurement of equipment and commodities including HIV testing supplies to support VCT services; • Provision of comprehensive reference laboratory services including quality assurance (capacity building activity occurring in parallel see Table 4.14) • Technical assistance to the MOH for the training and regular supervision of VCT staff (counselors and laboratory) • Provide technical assistance to the MOH, Ministry of Defence and individual organizations to conduct standardized needs assessment and develop budgeted plans for the integration of VCT services, meeting national standard of care, at more than 40 targeted clinics with family Planning and/or STI services and/or serving targeted vulnerable *populations (including those listed)*	HHS		Core	2

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3. PSI FBO? Yes / No	To rapidly expand coverage and quality of VCT services in Cote d'Ivoire	• Open a model VCT clinic in Abidjan to provide services and practical training (multi-step activity); • Provide technical assistance to MOH to prepare national scale-up plans and tools; • Provide technical assistance to M of Defence to prepare national scale-up plans and tools for VCT; • Develop a franchise model of quality VCT services in collaboration with MOH and prepare management services to support subcontractees on a large scale and a national public or NGO partner, to provide ongoing coordination;	HHS		S/GAC	1.5

4.6.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
4. HHS/CDC- Direct Technical Assistance New partner? Yes / No FBO? Yes / No	Provide technical assistance to MOH to improve quality and M&E of post-test counseling and couples counseling	• Assess existing post-test counseling and couples counseling tools and services • Provide recommendations and technical assistance to improve training, service delivery and related M&E tools	HHS	
5. JHPIEGO New partner? Yes / No FBO? Yes / No	Provide technical assistance to develop and implement comprehensive quality training materials for pre-service and inservice training of VCT providers and their supervisors	• Build on existing collaboration with MOH, national institutions and HHS/CDC/APHL/WHO and other partners to adapt/develop, validate, disseminate and implement new VCT training materials; • Provide TA to MOH for training of trainers in training skills and use of VCT modules to reinforce decentralized expert pool	HHS	

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1. MOH New partner? Yes / No FBO? Yes / No	To provide essential commodities to partner organizations to rapidly expand coverage and quality of VCT services in Cote d'Ivoire		Procure, distribute and monitor equipment and commodities including HIV testing supplies and standardized monitoring and reference tools to support VCT services (building on commodities management evaluation and reinforcement - see table 4.13):			HHS		
6. Measure/ JSI New partner? Yes / No FBO? Yes / No	To provide technical assistance to the MOH to develop and implement a standardized monitoring system for VCT services		Work with MOH to develop and implement a standardized VCT monitoring system (as a continuation of existing activities to strengthen the HMIS system and integrate national HIV indicators)			HHS		
Total partners:	6	New partners:	1 - multiple as secondary recipients	FBOs:	0 - multiple Secondary recipients	Total budget:		

Table 4.7	HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)

4.7.1 Current status of program in country	**Overview:** The unmet need for antiretroviral therapy is estimated to include 126,000 persons in need of ART due to barriers to access VCT and ART. There are also an estimated 650,000 additional persons who are HIV-infected, almost all who are ignorant of their status. The health system (especially inpatient facilities, TB facilities and outpatient HIV care clinics) care for large numbers of patients with advanced HIV disease. • More than 13,000 persons have learnt their HIV-positive status through the national HIV Drug Access Initiative but only 2,100 persons are estimated to be currently receiving antiretroviral treatment largely due to the lack of subsidized affordable drugs (soon to change). • A large number of persons with advanced disease receive medical, psychosocial and/or nutritional care at the 7 *comprehensive HIV treatment centers and the 10 follow-up clinics* without receiving ART. • At the 74 TB care centers approximately ½ the TB patients (>17,000 smear-positive/year) are co-infected with HIV but only half have access to VCT services and even fewer treatment services (only the central TB facility currently offers comprehensive HIV/TB care with HAART). • *Approximately 40% of national inpatient admissions (220,000/year) are estimated to be HIV-related.* • At least 3 large companies and 10 smaller ones have set up comprehensive "HIV in the workplace programs" providing or linking their workers to VCT, and subsidized care and ART services, in partnership with one of the 7 existing accredited centers. They have established a variety of innovative cofinancing models to mobilize worker/employer funds for ART. • A few FBO-run health care facilities (e.g. Sisters of Charity, Sisters of Providence, Dabou Protestant Hospital, Baptist hospital of Ferkessedougou, Hope Worldwide), provide care services (but not HAART) for PLHA, in Abidjan and the interior of the country. The TB control program is mainly funded by the national MOH budget with smaller contributions from a national NGO (National committee against TB provides funds for staff training, community mobilization and equipment). There is also limited technical and financial support from WHO and the IUALTD to support the ongoing decentralization of TB services. The USG/HHS has been the main bilateral donor since 2002. • In Abidjan, with USG support, two CBOs (Fraternite and SIDALERTE) provide support for continuum of care services, with promotion of patient adherence to medication (with DOTS), follow-up for patients missing clinic visits, and community mobilization to address stigma and promote access to treatment. • The TB program is a well-organized program with strong central coordination and provides free medications, prior to the crisis, a rapid decentralization process to increase accessibility was proceeding well with establishment of 74 national TB care sites.

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- The crisis has caused disruption of TB services in the rebel-occupied zone (drop of smear positive cases reported from >17,000 in 2001 to 10,992 in 2002).
- The TB program works closely with the HIV care program within the MOH and have identified deficiencies in many areas: TB case detection (estimated at 55% pre-crisis); geographic coverage of TB diagnostic facilities and VCT services; existing VCT services are not sufficiently integrated, supervision and monitoring; services for care of TB/HIV coinfected patients (staff training and access to ART); links to ongoing HIV care services; geographic coverage of community support; and need for national guidelines, training and other tools.

Policy/guidelines/Central Coordination:

- National TB program provides central coordination of TB prevention and treatment services and works with the National HIV program on HIV/TB joint programming;
- The CCM will now play a coordination role with the recent Global Fund approval of TB proposal;
- National policy to provide primary and secondary cotrimoxazole prophylaxis for eligible PLWH/A;
- No specific guidelines/policies for TB care of HIV+ (prioritized for development 2004);
- No national policy for INH TB prophylaxis (as 1st priority is to strengthen DOTS);
- National guidelines for care of PLWH/A at health facilities (1998) and at the home (2202) exist, both require updating.

Service Delivery:

- HHS has supported VCT and cotrimoxazole services at the 2 main Abidjan TB centers: in 2003, 75% of 6041 newly diagnosed TB patients accepted HIV testing. 1,893 TB/HIV co-infected patients were identified and were referred for ongoing HIV care and 48% began cotrimoxazole prophylaxis.
- No centralized data is available for the number of HIV-infected persons who receive care from private/FBO/CBO facilities or in the community/home.

The new Global Fund Tb and HIV awards and the World Bank MAP will provide additional resources to expand VCT and care and treatment services.

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4.7.2 How new activities will contribute to PEPFAR targets, linkages to other activities	• The short to medium-term national and USG priority is to improve access to comprehensive care services with HAART for the many thousands of persons with advanced HIV disease, particularly those hospitalized with HIV/AIDS, those on waiting lists at the accredited centers, and TB patients who are co-infected with HIV (as described in the VCT section). Concomitantly the USG will work toward the continued improvement of TB and other clinic-based HIV prevention and care services which will complement, and be reinforced by, expanded community and home based support (as described in the palliative care section). These activities are part of continuum of care services and are integrally linked with counseling and testing services, treatment services, palliative care, and community based support. Of note, CDC/RETRO-CI's support of decentralized laboratory services will be critical to the expansion of VCT, care and treatment services. • These new and expanded activities will contribute to national and PEPFAR care and treatment goals as well as to the prevention goal (particularly through secondary prevention among HIV positive individuals and serodiscordant couples). • In 2004, new USG supported activities will assist the MOH to reinforce the nascent joint HIV/TB program. As TB is the most common OI among HIV-infected persons, improved TB screening at the time of HIV diagnosis (VCT or clinic based) and improved HIV testing services at TB facilities will improve HIV diagnosis and care. New USG activities will support the MOH to address both these issues. Quality TB services are also essential to treat the most common treatable OI among HIV patients and provide TB and HIV services to their families. The USG will support the integration and rapid expansion of VCT services at TB care clinics in order to identify TB-infected persons who also require HIV treatment (approximately 50% of the > 17,000 annual new smear positive TB patients are co-infected with HIV). Post-test counseling will be focused on access to treatment and to prevent further HIV transmission (secondary prevention through behavioral and biologic risk reduction). HIV-negative patients will also benefit from post-test counseling (primary prevention). The USG resources will complement resources for the National TB Program (including the recently signed Global Fund award) and target HIV/TB activities such as the integration of comprehensive HIV care with ART at TB clinic sites and links to ongoing HIV care upon completion of the TB treatment period. As the 2 main TB clinics in Abidjan currently receive ~65% of the national TB case-load, they will be prioritized for service integration, followed by the main regional centers. • New USG activities will also contribute to re-establishing OI prevention and treatment services provided by FBO/CBOs disrupted due to lack of funding or the crisis (targeting areas in the rebel-held areas as well as the South) and building their organizational capacity and the quality and coverage of their services. The decentralized social assistance centers will be evaluated and reinforced to provide improved coordination and support for the community based ASOs. Social worker staff will be trained as trainers/facilitators to promote community based HIV comprehensive care, including counseling, nutritional and social support.. • In addition, interventions targeting "precious" human resources will be initiated with the Ministries of Education and Health with the aim to improve care and support and access to treatment for HIV-infected teachers and health professionals.

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4.7.3 Existing activities, initiated prior to FY 04

Partners	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
1. MOH (National TB and HIV Care Programs) New partner? Yes / No FBO? Yes / No	1. To integrate VCT services at 3 TB clinics (with >50% national TB case coverage)	*Builds on existing activities • Conduct needs assessment • Provide equipment, supplies • Train staff • Establish supervision and M&E system • Integrate VCT services ("counseling and testing" at at least 3 accessible *TB sites in 2004*;	HHS	(building on HHS funded FY02 and FY03 activities with large FY03 carryover)	S/GAC	1.5
	2. To develop and disseminate national guidelines for TB/HIV care	• Develop and disseminate HIV/TB care guidelines (addendum to HIV treatment guidelines and to TB treatment guidelines);				
	3. To strengthen HIV/TB care at 3 TB clinics (with >50% national TB case coverage)	• *Provide on-site services, or refer,* HIV/TB coinfected patients to comprehensive HIV care services with HAART; (linked to table 4.10) • Expand NGO involvement in community-based care for HIV-TB co-infected patients				

2. RETRO-CI FBO? Yes / No	1. To provide technical and material assistance to integrate VCT services at 3 TB clinics (with >50% national TB case coverage); 2. To provide technical assistance to develop and disseminate national *guidelines for* TB/HIV care; 3. To provide technical *and material* assistance to strengthen HIV/TB care at *3 TB clinics* (with >50% national TB case coverage); 4. To provide HIV care (including OI management) for HVP living with HIV at 3 clinic sites serving HVP; 5. To provide technical assistance to Ministry of Education to improve care for HIV-infected employees	*Builds on existing activities From CAP and correspond to above 1. Provide technical assistance to the MOH to conduct needs assessment, provide equipment, supplies, train staff, establish and implement *supervision and M&E system*, and integrate VCT services ("counseling and testing" at at least 3 accessible *TB sites in 2004*; 2. Provide technical assistance to develop and disseminate HIV/TB care *guidelines*; 3. Provide technical assistance to establish collocated comprehensive HIV care services with *HAART*, and to expand *NGO* involvement in community-based care for HIV-TB co-infected patients; 4. Procure drugs and medical supplies and assure provision of HIV care services at 3 clinic serving HVP. 5. Provide technical assistance to Ministry of Education to improve care for HIV-infected employees.	HHS		Base	2

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3. APHL FBO? Yes / No	To strengthen national capacity to perform HIV and TB diagnostics with quality assurance in the National TB Program	To provide technical assistance to the National TB and HIV Program by conducting a comprehensive evaluation of the national TB Program laboratory capacity and make recommendations to strengthen HIV/TB diagnostics.	HHS		S/GAC	1.5
4. Hope Worldwide New partner? Yes / No FBO? Yes / No	To provide comprehensive holistic care services with clinic based care and support in Treichville	• provide comprehensive health, nutritional and counseling and psychosocial services at the HIV follow-up clinic "CASM" in Treichville, Abidjan with plan to incorporate ART in 2005 • (builds on continuum of care activities described in table 4.8 and OVC services described in table 4.9)	HHS		S/GAC	1.5

4.7.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
5. CDC HQ team New partner? Yes / No FBO? Yes / No	To provide TA to MOH to develop and implement a plan for an integrated HIV/TB program in order to improve care and treatment for HIV/TB patients presenting at TB or HIV facilities	HQ team to provide TA to national program to assist development of integrated HIV/TB program plan	HHS	

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3. Hope Worldwide New partner? Yes / No FBO? Yes / No	To provide comprehensive holistic care services with clinic based care and support in Treichville	• provide comprehensive health, nutritional and counseling and psychosocial services at the HIV follow-up clinic "CASM" in Treichville, Abidjan (continuation of activities into initial part of FY05 • (builds on continuum of care activities described in table 4.8 and OVC services described in table 4.8)	HHS	
6. International HIV/AIDS Alliance to partner with national network of PLWH/A organizations and CBOs/FBOs providing care services New Partner Yes FBO? Yes / No (Multiple secondary recipients)	To improve the quality of HIV care services provided by CBOs/FBos or their members	• Capacity building to network of PLWH/A organizations and CBOs/FBOs/ASOs involved in HIV care to improve quality and scope of their care services; • Subcontract to CBOs/FBOs to implement improved care services (with nutritional support and OI management). NOTE: Builds on and represents a continuation of ASO (CBO/FBOs) provided prevention, care and treatment activities with assistance from the Alliance (tables 4.5, 4.6 ; 4.7 and 4.10)	USAID	

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7. CARE International to *partner with national* ASOs (CBOs/FBOs) providing care services New Partner Yes FBO? Yes / No **(Multiple secondary recipients)**	To improve the quality of HIV *care services provided by* CBOs/FBos or their members focusing especially on rebel-held areas	• Capacity building to CBOs/FBOs/ASOs involved *in HIV care to improve quality and scope of* their care services; • Subcontract to CBOs/FBOs to implement improved care services (with nutritional support and OI management). NOTE: Builds on and represents a continuation of *ASO (CBO/FBOs) provided prevention, care and* treatment activities with assistance from the Alliance (tables 4.5, 4.6 , 4.7 and 4.10)	HHS	
8. Ministry of Solidarity New partner? Yes / No FBO? Yes / No.	To develop social worker policy and materials to support decentralized coordination and training of FBos/CBOs community-based care providers by social work office *managers and staff;*	• Define coordination and service delivery role of Ministry of Solidarity agents and services as part of comprehensive HIV services; • Train and equip social worker managers at "Social Services regional Centers" to facilitate decentralized psychosocial assistance with *CBOs/FBOs;* • Develop and validate comprehensive HIV social worker training materials with assistance from technical agency(s);	HHS	
9. Ministry of Education New partner? Yes / No FBO? Yes / No	To improve access to HIV care services available to Ministry of Education staff members	• Define standard "minimum package of services" recommended for HIV-infected persons (including staff members); • *Conduct situation analysis;* • Develop budgeted plan to improve access to HIV related health services (including access to antiretrovirals) • Contributes to treatment goal and X-cutting activity with preservation of critical human resources.	HHS	

10. New competitive RFA from HHS (with local CBO/FBO subcontracts) *New partner?* Yes FBO? Yes / No (TBD) (competitive - secondary recipients)	- To build national capacity to implement and manage quality care services for targeted highly vulnerable populations - To provide continuum of care services for HIV-infected sex workers and other HVPs	▸ Identify national CBO/FBO partner(s) to provide continuum of care services for HIV-positive sex workers and other HVPs; Assist national partner to manage clinic-based services and provide case management with on site comprehensive social and health services for HIV-infected sex workers and other highly vulnerable populations with referral for antiretroviral treatment and other services as indicated, (aim to integrate on-site ART treatment in 2005) *Complements activities described in tables 4.5 and 4.8	HHS			
Total partners:	10 (multiple secondary partners)	New partners	6(multiple secondary partners)	FBOs:	0 (multiple secondary partners)	Total budget:

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Table 4.8	Palliative Care
4.8.1 Current status of program in country	Overview: Continuum of care services and palliative care at the community and home levels have suffered from a lack of coordination and insufficient financial and technical resources. I National goal: to strengthen continuum of care services and psychosocial support for PLWH/A through minimum package of care including home based-care and OIs prevention (Ministry of AIDS 2002-2004 HIV/AIDS National Strategic Plan) In 2001, with USG support FHI performed a situational analysis of care and treatment for PLWA, and found that very few NGOs/CBOs dealt with well structured home base care activities; (notably one of the exceptions was PEPFAR FBO partner Hope Worldwide). This assessment also revealed the lack of a standardized approach and materials for home based care. In 2002, FHI worked with national partners to produce guidelines for palliative home based care, provide initial training to ASOs and improve linkages with other services through a standardized referral and counter-referral tool. However, the dissemination of these materials remains limited and the contents of a standard home-based support kit remains to be defined. Moreover, various aspects of current standards of care, including pain management and adherence promotion, are not included in the existing materials. There are many diverse small faith and community based organizations which include some home based service delivery, however these efforts are not well coordinated and appropriate input could dramatically improve their quality and coverage building on the work started by FHI with USG support. Partners: The Ministries of Health and Solidarity, together with the Ministry of AIDS are key public partners in palliative care/continuum of care services. The network of PLWH/A organizations, CBO and FBO associations and networks are key civil society partners. The Global Fund HIV award includes a community-response component and the World Bank Multisectoral AIDS Project will also include a substantial community component. However, at the time of writing, there are no major donor sources available to support palliative care/continuum of care services. Narcotics Policy: In Cote d'Ivoire, the national public pharmacy is the only structure authorized to procure and distribute narcotics. Use is generally restricted to inpatient care, codeine is used in the outpatient setting but other effective palliative care formulations are not generally available.

4.8.2 How new activities will contribute to 3-5 PEPFAR targets; linkages to other activities	• Targeted input in this area with the use of standardized care approaches through training and provision of materials and simple home-based prevention and care kits is expected to have a dramatic impact on the quality and coverage of home-based care as well as improved linkage to comprehensive services for PLWA. Community mobilization, especially of the faith based communities, will be critical for community ownership and use of the tools. • It is expected that these activities will require some lead time before an exponential service delivery expansion can begin but is expected to result in large numbers of persons receiving care services in year 2-5 and significant secondary prevention and treatment opportunities as well; as stigma and ignorance are addressed and more patients with untreated advanced disease are linked to comprehensive HIV services with affordable life-saving HAART. • In FY04, PEPFAR will support FHI to build on their previous work to revise and update the home-based care guide and support materials, and initiate a large dissemination and training of trainers process. Through the CORE initiative international technical partners will identify national ASOs and build capacity and develop implementation plans to rapidly improve the quality and coverage of the national partner organizations' service delivery. The CORE Initiative includes the International HIV/AIDS Alliance with strong links to PLWH/A organizations and CARE International with its links to the diverse faith-based community, and with Global Fund supported prevention activities in the rebel occupied areas. Early priorities for the CORE initiative will be to assist national ASOs to recommence service delivery activities disrupted because of recent funding cuts or the political crisis. • These activities will complement other activities financed by the Global Fund and the World Bank and will be coordinated through the various forums; particularly the CCM at national level and the district committees at the local level. Of note, the Global Fund program in the north-west focuses on prevention so the PEPFAR activities are designed to complement these and provide expanded care and treatment services. • These activities will also complement the other technical strategies. In particular, the revision of treatment guidelines with improved symptom relief and pain control, and, an improved continuum of care service model with a case management role for the peer counselor, are expected to provide direct benefits to home based care services. Community and home interventions are also expected to help address stigma and ignorance, promote access to VCT and care services, and improve adherence to antiretroviral and other chronic treatments.

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4.8.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT+, S/GAC)	Track (1, 1.5, 2)
Hope Worldwide New partner? Yes / No FBO? Yes / No	To provide comprehensive holistic care services with home based care and support in Treichville to 2000 persons in 2004.	• Provide continuum of care health and psychosocial services in the home through outreach services linked to the HIV follow-up clinic "CASM" in Treichville, Abidjan; • provide home-based care kits to carers of persons with advanced disease; • (builds on existing care and treatment activities described in table 4.7 and OVC services described in table 4.8)	HHS		S/GAC	1.5

4.8.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

International HIV/AIDS Alliance targeting the network of PLWH/A organizations and CBOs involved in palliative care including: - Ruban Rouge - Amepouh - San Pedro CBO - Abengourou CBO New Partner? Yes FBO? Yes/No (multiple secondary recipients)	To expand and improve the capacity and competence of PLWHA network(s) (subgrantee) and ASOs to more effectively carry out home based care services, psycho-social support, advocacy, coordination, training, resource mobilization, outreach, and financial and information management activities	• Capacity building to local ASOs providing palliative care services: including but not limited to management and strategic planning, evaluation, collaboration, leveraging of resources, participatory advocacy, treatment literacy, and home-based support and care; • Technical assistance to ASOs and national partners to develop and validate minimum standards of home based care; • Subcontract to CBOs to provide continuum of care services including home-based TB/HIV and HIV/AIDS care activities, as well as community based treatment literacy activities; • Link with FHI technical assistance activities. NOTE: Builds on and represents a continuation of ASO provided prevention, care and treatment services with assistance from the Alliance (tables 4.5, 4.7 and 4.10) .	USAID	

Care International targeting national partners in rebel occupied zone including: - Renaissance Sante Bouake - Lumiere Action Korhogo New partner? Yes / No FBO? Yes / No (multiple secondary partners)	To expand and improve the capacity and competence of CBO/FBO(s) (subgrantee) to more effectively carry out home based care services, psycho-social support, advocacy, coordination, training, resource mobilization, outreach, and financial and information management activities	• Capacity building to local CBOs/FBOs providing, or with capacity to provide, palliative care services: including but not limited to management and strategic planning, evaluation, collaboration, leveraging of resources, participatory advocacy, treatment literacy, and home-based support and care; • Subcontract to at least 2 FBOs/CBOs in rebel occupied areas to provide continuum of care services including home-based TB/HIV and HIV/AIDS care activities, as well as community based treatment literacy activities; • Link with FHI technical assistance activities. NOTE: Builds on and represents a continuation of CARE International supported CBO/FBO provided prevention activities funded by the Global Fund	HHS	
Impact/FHI New partner? Yes / No FBO? Yes / No	Provide TA to Ministry of Health and partners to revise home-based care/palliative care guidelines and tools in 2004	• Provide TA to Ministry of Health National HIV Care Program and key partners to revise, validate and disseminate home-based care and palliative care guidelines including content of home-based care kit; • Develop budgeted plan for large-scale dissemination of materials and training of trainers and expanded utilization of guide (would need additional resources)	HHS	

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Hope Worldwide New partner? Yes / No FBO? Yes / No	To provide comprehensive holistic care services with home based care and support in Treichville in FY05	• Continues existing activities in to FY05 as above				HHS	
Total partners:	4 (multiple secondary	New partners:	3 (multiple secondary	FBOs:	2 (multiple secondary	Total budget:	

Table 4.9	Support for Orphans and Vulnerable Children
4.9.1 Current status of program in country	Overview: There are few data available to define the extent of OVC needs or the response to date in Cote d'Ivoire; there have been no recent surveys to estimate OVC numbers and no situation analyses have been conducted. There are unsourced national estimates of 600,000 OVC, while UN figures of approximately 440,000 HIV-related orphans are estimated from HIV prevalence rates. Of note, the prolonged political and humanitarian crisis is expected to have had a major impact. Data (particularly early rapid situation analyses and a later quantitative survey) are urgently needed to guide an appropriate response and measure progress. - The Ministry of Solidarity, Social Affairs and Handicapped Persons is the government ministry responsible for social services including those for orphans and vulnerable children and has a small department and team dedicated to the coordination and promotion of OVC activities (established 2003 with support from a long term World Bank consultant). Advocacy, legal reform and promotion of community level "human rights literacy" are an integral part of the Ministry's activities. Policy'guidelines/coordination: The national strategy is to support orphans and vulnerable children (OVC) within their families and communities rather than putting children in institutionalized care centers. The national coordination committee for OVC is a consultative body linked to the Ministry of Solidarity's OVC team and brings together key partners (other line ministries, UNICEF, WFP and other UN partners, US and other bilateral partners, civil society representatives, and CBOs/FBOs). This group has dramatically improved coordination and planning in the sector, including the development of a national strategic plan (December 2003) and contributions to the Ministry of Solidarity's HIV sectoral plan (2004-2007). A further workshop (planned for April 2004) will bring together stakeholders to develop a national implementation plan building on the strategic plan. Implementing partners are CDC/RETRO-CI, UNICEF, Hope Worldwide, NGOs/CBOs including PLWH/A (Chigata, Projet Enfant, Amepouh, Yapadrap, Lumiere Action, Orphan smiles, Mesad, and 2 NGOs in rebel-occupied area in Bouake: Centre SAS and Nzrama). Traditionally social services have been provided by the extended family and informal community support with relatively weak and fragmented service delivery by civil society organizations (CBOs/FBOs). There are a few small organizations (predominantly religious), providing institutional and/or community-based services to HIV-infected and affected children, orphans and vulnerable children and adolescents which are concentrated in Abidjan. The state provides some social welfare services (through their 13 social welfare offices) but these are currently very limited in terms of range of

[redacted]	services, geographic coverage and links to other health and social services. Decentralized FBO/CBO/public coordination mechanisms are also weak for FBO/CBO and public sector activities although the newly established multi-sectoral HIV/AIDS committees (village, district, regional) are designed to help address this issue. - As part of the crisis response, UNICEF, WFP and international and national NGOs have expanded educational, nutritional and other support for vulnerable children and families (including the WFP supported school based feeding program). **Number of individuals receiving services:** In 2003, an estimated 4000 AIDS orphans and vulnerable children received various support including medical, psychosocial, nutritional support and scholarship through the different organizations listed above.

4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities	• The new USG supported activities will work at 2 levels (top-down and bottom-up); both to improve coordination and quality of OVC services, and, to rapidly expand decentralized service delivery to OVC and HIV-affected families. • These activities will primarily contribute to the PEPFAR target of expanding care and support to orphans and HIV-affected persons but will also contribute to HIV-prevention and treatment goals. • As this represents a major new area of interventions for the USG, work in FY04 will focus on coordination with key stake-holders, data collection and planning, identification of the US contribution to meet national priorities, and building collaborations with new technical and service delivery partners to allow for rapid scale-up of services in later years. • New USG activities will support the Ministry of Solidarity and partners to conduct rapid situation analyses and plan and implement other monitoring and evaluation activities. Other activities will assist the development and dissemination of "standard of care" training, guidelines and other tools to improve the quality of OVC services and improve links to other services. Improved utilization of the existing decentralized Ministry of Solidarity infrastructure and technical personnel will also be explored as a potentially efficient conduit to community based service delivery organizations (with provision of information, training and materials to CBO/FBOs, and improved decentralized coordination with the creation of linkages to other local services and standardized monitoring). In the 1st year, USG resources will be used to identify and fund • FBOs/CBOs with existing capacity to provide nutrition, school, psycho-social, health and/or other services to OVC, including those in rebel-occupied areas (complementing CARE International's work with Global Fund resources). Small organizations will be funded in at least 6 regions in the 1st year. Early work will focus on building capacity within these organizations to improve their program management and the quality and coverage of their services. • Activities should be linked with other clinic-based services such as PMTCT, VCT and HIV and TB care as well as other social and educational support opportunities. Ongoing work to improve local coordination, continue to update mapping of available services, and expand use of the recently developed referral and counter-referral tools will be important to operationalize these linkages. • Activities will continue to be coordinated with other donors (e.g. WB MAP, UNICEF & other bilaterals) through multiple forums including the OVC working group.

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4.9.3 Existing activities, initiated prior to FY 04

Partner	FY01 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)
Project RETRO-CI FBO? Yes / No	1. To build national capacity through the development of national strategy and implementation plans 2. To build CBO/FBO capacity to manage and implement OVC service activities	1. Technical assistance to Ministry of Solidarity and consultative group to elaborate national strategy and plan for national implementation of OVC services; 2. Training of CBO/FBO members involved in OVC care in project management and community mobilization activities	HHS	(Staff costs only)	Base	2

Hope Worldwide FBO? Yes / No	1.To provide services to 2000 OVC and HIV affected family members 2.To build capacity of CBO CHIGATA to manage and implement OVC service activities for HIV-infected children and family members	• Expansion of existing HIV care and OVC activities with provision of home and community based counseling, psychosocial support and health and nutritional services to OVC; • Build capacity through training and financial support for provision of social, health and nutritional services and respite care by CBO CHIGATA. • (Combined target to provide care to 2000 OVC and HIV-affected family members)	HHS		S/GAC	1.5

4.9.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Hope Worldwide FBO? Yes / No	1.To provide services to 2000 OVC and HIV affected family members 2.To build capacity of CBO CHIGATA to manage and implement OVC service activities for HIV-infected children and family members	Continue to fund activities into FY05 (as defined above)	HHS	

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Minister of Solidarity, Social Affairs and Disabilities New partner? Yes / No FBO? Yes / No	1. To develop and disseminate national policy, best practice training and program implementation and monitoring tools; 2. To reinforce OEV monitoring & coordination of national HIV/AIDS prevention, care, and support activities for OVC and HIV-affected family members; 3. To build capacity at decentralized social assistance offices to provide information, training and support to CBO/FBO service delivery organizations;	1. Develop and disseminate national policy, best practice training and program implementation and monitoring tools in collaboration with OVC working group; 2. Strengthen coordination and monitoring role at central, regional and district levels; 3. Build capacity of decentralized social assistance offices to improve decentralized coordination and quality and coverage of FBO/CBO service delivery organizations. (Multistep: situation analyses, define strategy, development of training and other materials, staff training, supervision)	HHS	

IMPACT: FHI New partner? Yes / No FBO? Yes / No	To build capacity in the Ministry of Solidarity's OVC department and within targeted OVC service delivery organizations to improve coordination, coverage, quality and M&E of OVC services.	Provide TA to Ministry of Solidarity OVC department and OVC consultative group to: - Conduct situation analyses to map OVC service providers and rapidly assess needs; - Provide program design & implementation support including in development of national implementation plan; - Build capacity in response to needs assessment among targeted FBO/CBO service providers (training, management systems, M&E, accounting & administrative systems); - Build capacity at the Ministry of Solidarity OVC department to achieve objectives/activities defined in coopaertalve agreement with Ministry of Solidarity (summarized in preceding section) Part of a larger scope of work (described in tables 4.8, 4.11. 4.12)	USAID	

CARE International Direct implementing C/FBOs will be identified through situation analyses mapping and will include organizations in at least 3 regions in the 1st year. New partner? Yes / No FBO? Yes/No Multiple secondary FBO and CBO partners	1. Build CBO/FBO capacity to provide decentralized home and community based OVC social services and reinforce community self-help initiatives.	• Provide technical assistance to CBO/FBOs to develop operational plans addressing OVC • Feasibility assessment of access and needs in occupied zone • Small grants to C/FBO partners for OVC activity plans that may include: - Family social and psycho-social support; - School/career skills support; - Psychological support of OVC; - Nutritional support; - Income-generation support; - Improve Child Protection (inheritance, legal, etc..) services; - Improved home-based care and access to health services; - Monitoring and evaluation	HHS

Total partners:	4	New partners:	3 (multiple secondary)	FBOs:	2 (multiple secondary)	Total budget:	

Table 4.10	Anti-Retroviral Therapy (non-PMTCT plus)

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4.10.1 Current status of program in country	Overview: Cote d'Ivoire has substantial experience in the provision of antiretroviral therapy, as it was one of the first countries to initiate a heavily subsidized pilot program to expand access to antiretroviral therapy in Africa through the RCI/UNAIDS Drug Access Initiative in 1998. Over the 6 years, more than 15,000 persons have been screened and more than 4000 persons have initiated antiretroviral therapy. CDC and the National HIV Care Program data show that 2,100 persons were receiving ART through the DAI as of the 2nd half of 2004 (with an additional 1,026 through research studies). HHS/CDC continues to provide free laboratory monitoring and technical support for monitoring and evaluation. Since the government subsidy for new patients was stopped in 2002, due to a lack of international donor support and national financial constraints, antiretroviral prices (more than $USD 60/month) have constituted a major barrier to persons commencing therapy. With the additional international resources available from the Global Fund, the USG bilateral funds and those pledged by the World Bank and other partners, the National HIV Care Program (MOH) is planning an aggressive expansion to increase access to comprehensive HIV care throughout the country. Of note the Global Fund monies can NOT be used to support subsidized treatment for the existing >2000 patients on treatment, many of whom are struggling to pay for full-price medications. The RCI/UNAIDS Drug Access experience provides an excellent base for program expansion, with a critical mass of experienced staff at all levels of program management and implementation. There are also multiple innovative models of private-public partnerships to promote access to HIV care for employees and their families. Common elements include mobilization of resources with employer and/or employee contribution to treatment, collaboration with accredited centers and national experts, comprehensive HIV in the workplace programs including identification of HIV-infected employees and referral for evaluation, Also of note the national public pharmacy is the only structure authorized to procure and distribute ARTs (to reduce the risk of counterfeit drugs and minimize misuse), it has played a central role in antiretroviral procurement and distribution for 6 years, and has substantial technical and material resources. (Described further in cross-cutting table 4.13) Currently CDC/RETRO-CI provides almost all the laboratory support to the national program and there are very limited laboratory facilities with the capacity to support the biologic screening and monitoring (required by national recommendations), and none outside Abidjan. (Described further in table 4.14). Major partners in the expansion of comprehensive HIV services are the public sector (Ministries of Health as well as the Ministries of AIDS), multilateral partners (WHO, UNAIDS, UNICEF, World Bank), other bilateral partners, civil society partners (networks of PLWH/A organizations and network of NGOs involved in HIV/AIDS, network of journalists against AIDS) and numerous private sector/HIV in the workplace partners.

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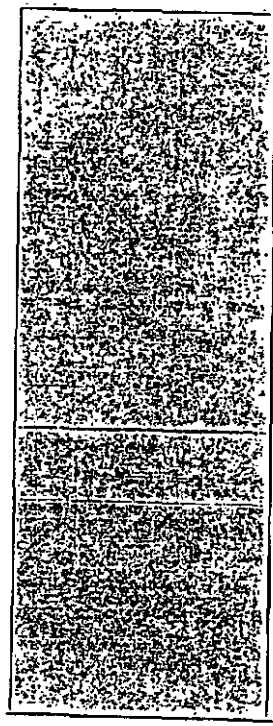

Policy/guidelines/central coordination: Drawing on the experience and results of the pilot initiative the MOH has worked with key stakeholders to:

- Validate and disseminate a simplified biologic monitoring algorithm (2002) and a standard package of laboratory services (corresponding to the health pyramid);
- Revise the national clinical treatment guidelines (ongoing for completion in FY04) ;
- Hold a national scale-up workshop (Feb 2004) to develop a national treatment expansion plan including key elements:
  - Use of a network model following the health pyramid and including private, NGO and mixed services;
  - An expansion plan to provide HIV treatment services in all regions of Cote d'Ivoire by end CY2005;
  - Standardized recommendations for 1st line and 2nd line therapy for HIV-1 and HIV-2 related illness;
  - Recommendations for client cost contributions;
  - Identification of appropriate service providers for different program components (e.g. prescription by physicians);
  - Central role of PLWH/A and community and faith based organizations, particularly for promoting "treatment literacy", reducing stigma and continuum of care services which will support improved care and compliance to antiretrovirals;
  - Preservice and inservice training, laboratory services, and commodities procurement, distribution and management;
  - Monitoring and evaluation;
- The MOH/MOA will establish new national policy in coming weeks to reintroduce subsidized treatment and define standard patient contributions (free for VCT and small fee for standard package of treatment services);)

Service Delivery for antiretroviral therapy:

- There are 7 functional accredited centers in Abidjan, including 1 pediatric clinic currently serving ~3100 persons under antiretroviral therapy and > 5000 persons who are not receiving ART despite meeting eligibility criteria;
- Three new sites have just been accredited: 2 in Abidjan (a PMTCT-plus model site, and the site of the PEPFAR funded EGPAF project), and the 1st center outside Abidjan at Abengourou Regional Hospital (all include pediatric and adult services.

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4.10.2 How new activities will contribute to PEPFAR targets; linkages to other activities	- US Government activities will support implementation of the National Treatment Expansion Plan of the MOH of Cote d'Ivoire. In CY2004 the national plan is aimed at treating at least 10,000 persons with antiretrovirals and an additional 20,000 persons in CY2005. (Providing VCT and linking TB and hospitalized patients to care will be an early target: an estimated XX HIV/TB coinfected patients pass through national TB facilities each year and 40% of inpatients are estimated to be infected). - The USG PEPFAR will complement technical and financial resources provided by the state, the Global Fund, the World Bank and other partners to help build the national capacity in the laboratory, commodities management, staff training and monitoring and evaluation systems critical for rapid treatment scale-up over 5-years. Substantial investment to ensure these systems are operational is perceived by the National HIV Care Program and the USG country team as being critical to the 5-year and long term success of the initiative. The USG country team will work with the World Bank and other partners to pool resources to meet common goals in these areas. - Coordination mechanisms are well established through the national HIV Care Program, the CCM and partner coordination forums. The World Bank, WHO, Global Fund recipient, UNAIDS and the USG country team are committed to work closely to ensure effective coordination and synergy between activities. The USG country team will also continue to coordinate with regional treatment-related initiatives (with USAID WARP). - The USG team will also seek to mobilize the additional financial resources needed to expand treatment services including the procurement of, antiretrovirals, laboratory reagents and other program inputs to provide treatment to 10,000 persons in FY2004 and 23,100 in FY2005. <u>Linkages to other activities:</u> - Activities will contribute directly to the short and 5-year treatment goals and will also identify affected family members in need of prevention and care services. Secondary prevention, especially within sero-discordant couples will be prioritized as an important prevention strategy. Treatment for PLWH/A from critical sectors (such as health professionals and teachers) will also contribute to the maintenance of critical human resources, as well as help address stigma, and maintain economically productive persons able to support other HIV-infected family members. - Rapid expansion of HIV counseling and testing services at hospitals, TB clinics, private sector facilities, and other venues (PMTCT, stand-alone etc) will provide an entry point to identify symptomatic persons in need of treatment. Peer counselors will have an enhanced role in case-management to promote linkage to a variety of social and health services. Treatment services will be linked with TB and other health services, will involve a continuum of care to the community and include psychosocial support from HIV-infected peers and other services. - New activities will also build on the existing innovative private sector activities, with the aim to share and expand existing private sector initiatives and create new private/public sector partnerships to expand existing care and treatment services to family members of workers and possibly surrounding communities.

4.10.3 Existing activities, initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

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MOH : National HIV Care Program FBO? Yes / No	To build national capacity to rapidly expand quality decentralized comprehensive care services including antiretrovirals in Cote d'Ivoire with > 10,000 persons on treatment in 2004.	• (Continuation of systems development building on activities commenced under PMTCT initiative: development and dissemination of national policy, treatment guidelines, national treatment expansion plan, and inservice and preservice training materials; development and implementation of integrated monitoring system and supervision and evaluation plans (table 4.12); reinforce/create HIV laboratory network (including reference laboratory as per table 4.14); commodities management(table 4.13); • Need assessment of existing and targeted public clinical care sites (in Abengourou, San Pedro and new Abidjan sites); • Provide regulatory guidance for private, NGO and associative organizations to provide comprehensive HIV services; • Equipment/renovations • ART, reagents and other commodities procurement, supply, distribution and monitoring; • Staff training in regions with TOT model and involvement of district health teams; • *Conduct regular coordination,* supervision and M&E	HHS		S/GAC	1.5

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RETRO-CI FBO? Yes / No	To build national laboratory, data management and other capacity to rapidly expand decentralized comprehensive care services including antiretrovirals in Cote d'Ivoire with > 10,000 persons on treatment in 2004.	• Provide technical and material assistance to the MOH to realize all activities listed in MOH section above; • Provide technical and material assistance to the national "HIV in the workplace" technical committee to elaborate sectoral plan and national policy and implementation tools; • Provide comprehensive biologic monitoring for screening and follow-up of persons on antiretroviral therapy (while building capacity at national reference laboratory and system (table 4.14)); • Procure and distribute substantial laboratory and other supplies to support the clinical sites (while building the national capacity in commodities management - table 4.13); • Manage and evaluate the data of persons screened and taking antiretroviral therapy (while building capacity to establish integrated national system).	HHS		base	2

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EGPAF Subs - University of Bourdeaux, NGO "ACONDA", UNICEF, AXIOS, JSI, San Francisco Hospital, New Partner Yes FBO? Yes / No	To build national capacity and provide comprehensive HIV services including antiretroviral therapy to 2000 persons in 2004	• Comprehensive project with: • Equipment/renovations • Staff/training • Commodities management with antiretrovirals/laboratory supplies • M&E • Technical assistance to national program for cross-cutting activities (training, M&E, procurement guidelines etc)	HHS/HRSA	Central)	S/GAC	1
JHPIEGO/Johns Hopkins University New Partner No FBO? Yes / No	To build planning and forecasting capacity within the National HIV Care Program to rapidly expand quality decentralized comprehensive care services including antiretrovirals in Cote d'Ivoire with > 77,000 persons on treatment in 5 years.	• Provide technical advisor to the National HIV Care Program to help develop a detailed national expansion plan for decentralized care and treatment and forecast resource needs to meet 5-year targets	HHS		S/GAC	1.5

4.10.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

MOH New partner? Yes / No FBO? Yes / No	To build national capacity to rapidly expand decentralized comprehensive care services including antiretroviral therapy in Cote d'Ivoire with > 10,000 persons on treatment in 2004.	Building on existing activities and recognizing the insufficient pooled funds allocated to antiretroviral purchase for FDA (or equivalent) drugs to achieve 2004 national treatment goals: - Procure and distribute antiretroviral and other medications and laboratory supplies/equipment as per USG requirements to accredited HIV care centers; (complements global fund and EGPAF antiretroviral procurement to provide ART for 10,000 persons in 2004).	HHS	
JHPIEGO/Johns Hopkins University New partner? Yes / No FBO? Yes / No	1. To provide technical assistance to the National HIV Care Program (MOH) and national institutions to develop and effectively use preservice and inservice comprehensive HIV care training materials in French. 2. To build planning and forecasting capacity within the National HIV Care Program	• 1. Provide technical assistance to develop and implement pre-service comprehensive HIV care training curricula; • Establish national pool of "expert trainers" in collaboration with national institutions; • Disseminate french language comprehensive HIV care training materials (training manual for trainers and for training participants) and educational resource materials for service providers/counselors; • 2. Provide technical advisor to the National HIV Care Program to help develop a detailed national expansion plan for decentralized care and treatment and forecast resource needs to meet 5-year targets (partially funded through track 1.5)	HHS	

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JHPIEGO/JHU Communications Center New partner? Yes / No FBO? Yes / No	To provide technical assistance to the MOA BCC working group and support national implementing partners to develop and effectively use communications to promote uptake of treatment services	• Build organizational technical and administrative capacity among the network of journalists and artists fighting HIV/AIDS; • Provide technical assistance to the MOA and the BCC working group to develop communications strategy and materials to promote uptake of treatment services. • Identify national implementing partners and develop • (Complements activities in table 4.2)	HHS	
Impact/FHI FBO? Yes / No New Partner Yes FBO? Yes / No	To provide technical assistance to improve the access to antiretroviral therapy through workplace programs with at least 5 enterprises providing HIV care with HAART to their employees as part of their workplace HIV/AIDS Programs in 2004.	Builds on existing RETRO-CI/private sector activities; Provide technical assistance to "HIV in the workplace" stakeholders to: - develop best practice model(s) of "HIV/AIDS in the workplace programs" which include antiretroviral therapy, and define alternative financing models (including solidarity and public/private partnerships); - develop and disseminate tools to support implementation of these programs; - develop a budgeted proposal(s) to establish a demonstration public/private project with expanded access to ART for families and/or surrounding communities;	USAID	

International HIV/AIDS Alliance with network of PLWH/A organizations and CBOs New Partner Yes FBO? Yes / No (Multiple secondary recipients)	To improve treatment service demand, adherence and community support among members of community-based ASOs, among HVPs and the general population.	NOTE: Builds on and represents a continuation of ASO (CBO/FBOs) provided prevention, care and treatment activities with assistance from the Alliance (tables 4.5, 4.6 and 4.7) - Capacity building to network of PLWH/A organizations and CBOs/FBOs/ASOs involved in HIV prevention, care and advocacy to develop and implement a community based treatment literacy campaign - Subcontract to CBOs/FBOs to implement treatment literacy campaign activities.	USAID	
Ministry of AIDS New Partner Yes FBO? Yes / No	To coordinate the national HIV BCC working group and facilitate the development and effective use of communications to promote uptake of treatment services	- Contributes to X-cutting BCC activity (table 4.12) - With the working group facilitate the development of a communications strategy and materials to promote uptake of treatment services.	HHS	

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Measure Evaluation/JSI New Partner No FBO? Yes / No	To strengthen national capacity to monitor and improve HIV treatment services in Cote d'Ivoire and meet PEPFAR reporting requirements	Builds on existing activity to strengthen national HMIS and integrate PMTCT and other HIV indicators (started with PMTCT initiative and described further in table 4.12) 1. Provide technical and material assistance to the MOH National HIV Care Program and Direction of Planning, Information and Evaluation to reinforce the Health Management Information System capacity with definition and integration of care and treatment indicators according to the recommendations of the joint national MEASURE/JSI assessment. 2. Provide technical assistance to the national authorities and the USGH team to assure PEPFAR reporting requirements for care and treatment programs are met.	USAID	
CDC HQ team New partner? Yes / No FBO? Yes / No	To provide TA to MOH to develop and implement a plan for improved access to VCT and care services for health sector staff members	HQ team to provide TA to national HIV program to assist development of services for health professionals and protect precious human resources	HHS	

	To reinforce technical capacity of adult and pediatric University reference centers to enable them to play their role as training and referral centers of excellence.	1. Provide forum for regular exchanges (visits/communication) between senior staff from these institutions to build capacity of national and international experts and trainers to rapidly expand treatment services in Cote d'Ivoire 2. Twinning capacity building may include but is not limited to practical and theoretical management, clinical, laboratory and public health training, exchange of management, training, clinical and monitoring and evaluation tools, as well as joint contributions to the development and implementation of evaluation studies, guideline/policy and training materials development	HRSA/USAID (Central)	
Total partners:	12	New partners: 6	FBOs: 2	Total budget:

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Table 4.11	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
4.11.1 Current status of program in country	**Overview:** Cote d'Ivoire has substantial experience in the provision of antiretroviral therapy, as it was one of the first countries to initiate a heavily subsidized pilot program to expand access to antiretroviral therapy in Africa through the RCI/UNAIDS Drug Access Initiative in 1998. Since 1999, with initiation of the "Fonds de Solidarite Therapeuthque international" (FSTI) initiative, women and their families have access to ART through PMTCT. The national public pharmacy is the only structure authorized to procure and distribute ARTs (to reduce the risk of counterfeit drugs and minimize misuse), it has played a central role in antiretroviral procurement and distribution for 6 years, and has substantial technical and material resources. (Described further in cross-cutting table 4.13). **Major partners** Ministry of Health, multilateral partners (WHO, UNICEF), other bilateral partners, civil society partners (networks of PLWH/A organizations and network of NGOs involved in HIV/AIDS). **Policy/guidelines/central coordination:** Drawing on the experience and results of the pilot initiative the MOH has worked with key stakeholders to: - Validate and disseminate a simplified biologic monitoring algorithm (2002) and a standard package of laboratory services (corresponding to the health pyramid); - Revise the national clinical treatment guidelines (ongoing for completion in FY04) ; - Hold a national scale-up workshop (Feb 2004) to develop a national treatment expansion plan including key elements: - Use of a network model following the health pyramid and including private, NGO and mixed services; - An expansion plan to provide HIV treatment services in all regions of Cote d'Ivoire by end CY2005; - Standardized recommendations for 1st line and 2nd line therapy for HIV-1 and HIV-2 related illness; - Recommendations for client cost contributions; - Identification of appropriate service providers for different program components (e.g. prescription by physicians); - Central role of PLWH/A and community and faith based organizations, particularly for promoting "treatment literacy", reducing stigma and continuum of care services which will support improved care and compliance to antiretrovirals; - Preservice and inservice training, laboratory services, and commodities procurement, distribution and management; - Monitoring and evaluation; - The MOH/MOA will establish new national policy in coming weeks to reintroduce subsidized treatment and define standard patient contributions (free for VCT and small fee for standard package of treatment services);) **Service Delivery for antiretroviral therapy:** • In 2002, one urban Maternal-Child Health center was funded in Abidjan by Columbia/ Rockefeller for MTCT-Plus Initiative with the

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	support of the DITRAME-University of Bordeaux research collaboration. • Three PMTCT sites have just been accredited to provide service delivery for ART: 2 in Abidjan including the site of the PEPFAR funded EGPAF project, and one upcountry, the 1st center outside Abidjan at Abengourou Regional Hospital (all include pediatric and adult services. • Various research groups (eg DITRAME-University of Bordeaux and other ANRS supported research studies) provide an additional avenue for care for participants in the research studies. • CBOs providing peer-support services and other forms of health, social, financial and legal support receive funds from various sources, including USAID funding and technical support from subcontractor Family Health International,French Cooperation, UNICEF, CDC/RETRO-CI, and other bilateral and multilateral sources. • There are a number of PLWH/A support organizations and increasing numbers of pregnant and postpartum women participating in "post-test clubs" which provide peer-based social support and advocacy to existing PMTCT facilities
4.11.2 How new activities will contribute to PEPFAR targets; linkages to other activities	There is a strong desire from all community-based, national and international partners to extend PMTCT-PLUS services to all HIV+ mothers, infants, and their partners. In addition it is hoped to provide these services in an integrated adult/pediatric service model at the same site or to be accessible to women and their families receiving PMTCT services. Resources from the PEPFAR, the Global Fund and other donors are required to support the realization of these plans. New activities will contribute to provide ARV treatment to at least 2500 HIV infected mothers and their families in FY 2004, and 6500 in FY 2005.

4.11.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1) 1.5 (2)
MOH FBO? Yes / No	To establish 2 PMTCT-Plus centers of excellence including comprehensive PMTCT services in Abidjan and in Abengourou. These will serve as national reference centers for expansion of PMTCT-Plus activities.	• Establishing 2 demonstration site models as PMTCT centers of excellence including PMTCT, comprehensive family care with antiretroviral therapy, peer-support groups and psychosocial support, stand-alone VCT services, home-	HHS		PMTCT	IP

		based care and community based activities with space for community groups to meet. • Providing practical short-term training. • Conducting an ongoing community consultation process to define the range of services that PMTCT Plus centers should provide to ensure that the activities are responding to community needs. • Providing comprehensive services or essential drugs to support PMTCT plus program.				
Hope Worldwide FBO - Yes	Develop a system to provide a continuum of comprehensive care and services to include antiretroviral drug therapy, psychosocial support, and treatment of opportunistic infections.	• Supporting PMTCT-Plus activities through community mobilization • Conducting peer outreach activities	HHS		S/GAC	1.5 and carry over
PSI	Train 10 CBO/FBO in provision of PMTCT-Plus activities in FY 04	Feasibility studies to evaluate use of locally manufactured chlorine to improve water quality and impregnated bed nets for targeted introduction into PMTCT program and for HIV-infected persons	HHS		S/GAC	1.5

4.1.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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	Training-capacity building	• Training exchange • TA for guideline/policy and training materials development (described in Treatment section - Table 4.10)			HRSA/USAID	☐ Central	
Total partners:	4	New partners:	2	FBOs:	0	Total budget:	

Table 4.12 Strategic Information: Surveillance, Monitoring, Program Evaluation

4.12.1 Current status of program in country	**Overall coordination and partners:** • The Ministry of AIDS (created in 2000) is responsible for overall monitoring and evaluation of the multisectoral, decentralized HIV/AIDS response (under the Direction of Planning, Monitoring and Evaluation); • The Ministry of Health is responsible for HIV/AIDS surveillance, and for monitoring and evaluation of HIV activities in the health sector (under the Direction of Planning, Information and Evaluation and the National HIV Care Program); • 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, monitoring and evaluation. UNAIDS and WHO are constant partners to the health ministry, with long term contributions from HHS/USG, the French Cooperation and the Canadian Cooperation, and the World Bank. (Incomplete list) **Surveillance and cross-sectional studies:** • With HHS/CDC assistance, the MOH has established a strong antenatal HIV sentinel surveillance system at 10 urban sites since 1997 (based on WHO/UNAIDS/HHS/CDC recommendations) with extension to 30 rural sites in 2002. This data forms the basis for national estimates; • AIDS case reporting has also been strengthened with HHS support but under-reporting undermines usefulness of the data; • HHS/CDC also provides assistance to monitor HIV trends among high risk populations accepting HIV testing services: TB patients (since 1989) and female sex workers (since 1992); since 1987, the MOH National Blood Transfusion Service monitors HIV trends among blood donors; • WHO/GPA supported a youth KABP survey in 1989 and 1993; • UNICEF supported a MICS in 2000; • FHI has conducted two behavioral surveillance surveys (BSS) among youth, female sex workers, migrants and truck drivers (1998 and 2002); • Macro International, the National Statistics Institute and the MOH conducted a DHS including an HIV module in 1994 and 1998/1999. There is strong interest in conducting a DHS+ survey as soon as it is feasible; Of note, since the September 2002 political crisis, no national antenatal surveillance round, other HIV prevalence survey, or rapid situation analysis has been conducted nor has there been any OVC quantitative surveys. National post-crisis data are urgently needed to direct a response and provide baseline data. This is a high priority for the Ministry of AIDS, UNAIDS and the USG team as well as for CARE as it plans its Global Fund program in the rebel held areas. The successful national polio campaign and the provision of antenatal services by international and national NGOs in rebel held areas demonstrate the feasibility of conducting national antenatal surveillance:

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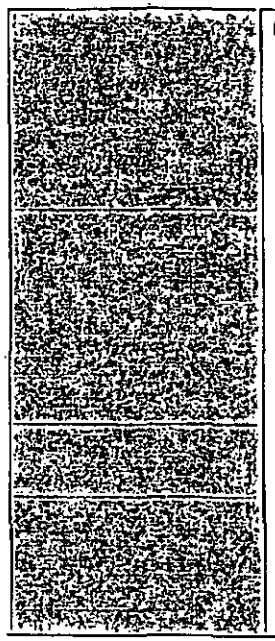

Monitoring & Program Evaluation:

- The Ministry of AIDS (MOA), developed national Multisectoral M&E guidelines in 2003.
- The MOA also supported eleven ministries to develop HIV/AIDS sectoral plans which include M&E activities. Other sectoral plans are in the process of being validated (4 with USG assistance through JHPIEGO);
- The Ministry of Health has initiated a major review of its strategic information systems and has restructured to put all surveillance and health management system together in one department. Some of the key national health programs (eg TB, EPI) have duplicative vertical monitoring systems or project specific systems (in the case of HIV) and data analysis, use and dissemination are weak. For HIV (VCT, PMTCT, care and treatment) data collection tools have varied widely (often with a page-length bias towards research rather than program evaluation). The national HIV Care Program and the DIPE have welcomed USG/HHS/Measure Evaluation/JSI assistance to improve HIV/AIDS M&E with an integrated systems approach. This builds on previous assistance to strengthen the HMIS from the Canadian and French Cooperations.

Capacity building:

- The USG has also contributed to capacity building through short and long term training and travel opportunities for MOA and MOH staff (international short and masters level courses, regional meetings, workshops, etc.).
- The Projet RETRO-CI informatics group continues to provide access to trainings and internet/informatics facilities, software development, data management and analysis support for national antenatal surveillance, HIV testing and biologic and clinical monitoring for patients receiving ART, and also supports program monitoring and evaluation studies. It provides technical assistance to the national program and NGO/CBO staff (trainings, collaborative software development and data management projects) to progressively build national capacity.

4.12.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Surveillance, M&E data are the basis for initial and ongoing targeting of programs, and evaluating the success of all program elements to achieve the 3 PEPFAR goals. As surveillance, M&E are common elements of importance to national and international donors and stakeholders, a coordinated standardized approach with pooling of resources will be sought whenever possible (with a commitment to do so from the national program (MOA and MOH), the World Bank, WHO and UNDP - the principal recipient of the Global Fund awards). Key activities will include: • Coordination and planning with the MOH, MOA, donors and key stakeholders to identify priorities, use comparative advantages, mobilize resources and maximize their efficient use. RHS is working with other partners to host an April meeting to disseminate available HIV-related data and review national surveillance, M&E needs and plans; • Baseline data collection to fill critical information gaps; to direct program efforts, and measure program results (e.g. orphan assessment, rapid needs assessment in the rebel-held areas and buffer zone, 2004 national antenatal sentinel surveillance study, and preparations for a DHS+ or HIV indicators survey); • Strengthen monitoring systems to provide required program indicator data on a regular and reliable basis, through the national HMIS in the health sector where feasible, although temporary systems may be necessary ion the short term; • Ongoing capacity building to create the critical skilled human resources and communications and informatics and communications infrastructure and systems required to develop and implement appropriate surveillance and M&E plans and improve use of data to guide interventions With USG support Measure Evaluation/JSI have conducted an initial evaluation of the existing vertical programs and data collection tools for PMTCT and treatment sites, as well as the national HMIS. Their evaluation report provides an excellent basis to make an informed decision as to whether to develop vertical monitoring systems or to work to strengthen the national system and encourage other programs/projects and donors to contribute. The latter option is strongly supported by the Minister of Health and the Directors of the National HIV Program and DIPE and builds on long standing investments by the WHO, and the Canadian and French Co-operations. A common system to capture HIV related information from VCT, PMTCT, and treatment will help to reinforce linkages between the sites and effective use of data at different levels of the health system. This data would then be transmitted to the MOA for use at the national and international levels. Data collection for other sectors (eg community based activities etc) will also be standardized with leadership from the MOA and support from multiple donors. Substantial telecommunications and informatics system investment will also be required to support M&E, and will also provide substantial secondary benefits to improve networking, access to information, distance-learning, telemedicine possibilities and other benefits.

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4.12.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAO)	Track (1.1, 1.5, 2)
Project RETRO-CI FBO? Yes / No	1. Provide technical and material assistance to conduct national antenatal surveillance and build national capacity to develop and implement appropriate surveillance and M&E plans in support of HIV activities in the health sector;	- In collaboration with INGOs and the MOH implement, analyze and report the results of the 2004 sentinel surveillance survey at 10 urban sites (including the rebel occupied/affected zones); - Conduct targeted evaluation study to compare PMTCT monitoring data and ANC surveillance data; - Provide TA to MOH to revise the national surveillance protocols and training materials;	HHS		Base	2

MOH FBO: No	Monitor and evaluate MOH HIV prevention and care activities	- Capacity building to promote rapid scale-up to attain 5-year PEPFAR goals through staff training and procurement of communications and informatics equipment for site, district and central M&E staff; (following Measure Evaluation/JSI assessment) • Plan to jointly finance with other donors such as the World Bank	HHS		S/GAC	1.5
Measure Evaluation/John Snow International FBO: No	Strengthen national capacities to monitor and evaluate PMTCT and other integrated HIV programs and reinforce the national HMIS	• Conduct a formative evaluation of the existing HMIS with a view to integration of HIV indicators; • Evaluate the existing PMTCT project(s) data management systems and provide technical assistance to the MOH to adopt standardized PMTCT indicators and data collection forms; • Develop a technical assistance proposal to follow-up on the findings of the formative evaluation, supporting pertinent local partners such as MOH and MOA.	USAID		PMTCT	IP

4.12.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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CDC HQ New Partner: No FBO: No	To build national capacity to implement and use HIV surveillance and M&E data	• Participate in national data dissemination and review meeting (May 2004) • Provide technical assistance to the MOH and RETRO-CI to revise national surveillance protocols.	HHS	
Measure Evaluation/John Snow International New Partner: No FBO: No	Strengthen national capacities to monitor and evaluate PMTCT and other integrated HIV programs and reinforce the national HMIS	• Implement the 1st phase of the technical assistance proposal to follow-up on the findings of the formative evaluation, supporting pertinent local partners such as MOH and MOA. (As described in detailed joint JSI/national team report) • This will include short and long term technical staff, support for a national workshop to validate national indicators for care and treatment, development of standardized data collection tools, hardware and software, staff training and other aspects as recommended by MEASURE/JSI. (Limited resources will require a phased approach and/or mobilization of resources from other donors)	USAID	
Measure Evaluation/ MACRO New partner? Yes / No FBO? Yes / No	To provide technical assistance to national authorities to review HIV-related and broader data needs and plan DHS+ or appropriate national survey.	• Provide technical assistance to a national working group to define demand for, feasibility of, and a proposed timeline for a national DHS+ (HIV testing) survey; (Plan to implement pilot study in FY2005)	USAID	Initial visit funded from other source

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HHS HQ - partner agency for "Strategic Information corps" New partner? Yes / No FBO? Yes / No	Strengthen national and USG human resources capacities in M&E skills	• Training of SI staff in strategic planning and program management skills (Participation of 3 persons (1 full time M&E person to be recruited, 1 person from HHS/CDC-CI and 1 person from MOA or MOH) to the SI orientation in August to Atlanta and related SI fellowship training opportunities	HHS	
Ministry of AIDS New partner? Yes / No FBO? Yes / No	Strengthen national capacity for decentralized monitoring and evaluation of services provided by CBO/FBOs.	• Dissemination of M&E guidelines, staff training and development, validation and dissemination of data collection and reporting tools, procurement of communications and informatics equipment; • Complements World Bank and French Cooperation assistance	HHS	
Impact/FHI New partner No FBO? No	Strengthen national capacity to rapidly develop and implement targeted evaluations to a) assess OVC needs as well as b) assess HIV programming needs related to the political crisis.	• To provide TA to Ministry of Solidarity and working group to develop and implement a rapid situation analysis to define OVC services and needs; • To provide TA to MOA and working group considering impact of crisis on HIV transmission and programming, and assist the development and implementation of a rapid evaluation.	HHS	
Total partners: 7	New partners: 3	FBOs: 0	Total budget	

Table 4.1.3 Cross-Cutting Activities

4.13.1 Current status of program in country	Coordination/policy/Mgt. Capacity/Stigma: Major reform has occurred over the past two years in coordination of the national HIV response, with the leadership of the Ministry of AIDS. This reorganization has lead to the development of various interlinked political and technical coordination bodies and the development of individual sectoral plans (2004-2007) in all ministries with an HIV related mandate. Many of these sectoral plans build on existing activities and include policy and legal reform to address stigma and discrimination and promote service delivery by state and non-state actors (e.g. Ministry of AIDS, Ministry of Solidarity, Ministry of Defence, Ministry of Health). Non-state forums such as the network of associations of PLWH/A and other groups have also been active in calling for policy reform, but there work is nascent and needs capacity strengrhening. Most technical assistance in the HIV/AIDS area appears to have been focused on development of policy and guidelines in support of technical strategies rather than in the areas of human rights/legal reform and policy related to stigma and discrimination. Systems development: With USG assistance as part of the President's PMTCT Initiative, multiple systems development initiatives have been commenced in collaboration with national partners; these focus on the areas of: commodities management, staff training (including preservice), monitoring and evaluation, and the national HIV reference laboratory and network. For commodities management related to HIV, the national pharmacy is the only structure authorized to procure and distribute antiretrovirals and narcotic drugs. It has been responsible for the antiretroviral drug management since 1998 as art of the national Drug Access Initiative. With USG assistance a major evaluation of the PMTCT and antiretroviral commodities management system has been conducted with contributions from the MOH, PLWH/A network, CDC/RETRO-CI and with technical support from MSH/RPM+. The evaluation report will serve as the base for a national meeting to review and improve antiretroviral management at central and peripheral levels together with Ministries of Finance, Health and AIDS, UN agencies, the World Bank, the Global Fund recipient UNDP, civil society and industry. representatives and bilateral partners.

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4.13.2 How new activities will contribute to PEPFAR targets, linkages to other activities	**Commodities management:** - Strengthening the forecasting, procurement, storage, distribution and management of antiretroviral medications, HIV test kits and other commodities is essential to ensure quality HIV testing, HIV treatment and care services, foster community and client confidence and minimize the risk of antiretroviral resistance emerging related to stock rupture. With the over-riding principal of 1st "do no harm," for antiretroviral treatment, strong commodities management is essential and an ethical imperative. - The comprehensive USG funded joint national/RPM+ evaluation of the existing commodities management system will permit evidence based and costed recommendations to optimize HIV-related commodities management and will provide an opportunity for the various donors to pool resources. There should be substantial financial and efficiency advantages to reinforce the commodities management system building on the substantial existing national infrastructure and capacity. This should be of interest to WHO and the multiple donors who will, in a short time-frame, initiate antiretroviral purchase (e.g. World Bank, Global Fund, PEPFAR field, PEPFAR grant to EGPAF, CI government funds) with different procurement regulations. - This activity cuts across multiple technical areas (PMTCT, VCT, treatment, continuum of care services etc) and engages multiple partners and donors (as represented in the the HIV commodities working group) . **Training activities** are described in individual technical strategies but a systems approach has been used with implication of all the national health professional training institutions in order to have key stakeholders involved and develop preservice, as well as inservice training materials, to rapidly have trained health professionals coming into the workforce and improve the quality of training at these institutions. **Coordination/policy/Mgt. Capacity/Stigma:** Support to NGO Consortia for management, planning and overall capacity development on HIV/AIDS prevention, care and treatment policy will help support the development of a stronger civil society response to HIV/AIDS in Cote d'Ivoire. These new activities will also allow NGOs working in HIV/AIDS to enhance their work in fighting Stigma and Discrimination.

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4.13.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base PMTCT S/GAC)	Track (1, 1.5, 2)
MSH/RPM+ FBO? Yes / No	To evaluate the needs and current capacity of the commodities management system to support a rapid expansion of a comprehensive PMTCT-plus and HIV treatment services	- Lead joint national and international assessment team - Conduct data collection and perform analysis (review existing national public pharmacy ("Pharmacie Sante Publique") procurement and distribution system of antiretrovirals, PMTCT medical supplies to peripheral PMTCT and HIV ART care sites, including stock *pharmacy management at peripheral* sites). - Provide evaluation report to national working group - Participate in national workshop (April 2004) with key stakeholders including donors - Produce final report with recommendations to strengthen commodities management system to support rapid scale-up	USAID		PMTCT	IP

MOH FBO? Yes / No	To reinforce the capacity of the national commodities management system to support a rapid expansion of PMTCT and HIIV treatment services	Initial training, procurement of equipment, supplies and software to strengthen the commodities management system for HIV/AIDS commodities at the Public Health Pharmacy and the peripheral pharmacies at the site level according to the recommendations issued from the national workshop (referred to in RPM+ section above). Note: (Support anticipated from multiple donors, World Bank etc.	HHS		S/GAC	1.5

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RETRO-CI	Develop/adapt French language materials and provide training to build capacity in program management, informatics and epidemiologic skills among public health professionals and CBOs/FBOs in francophone Africa	In coordination with CDC HQ and USAID West African Regional Program: • Complete French translation of the training course for sustainable management in Developing Countries (SMDP) and pilot; • Complete French translation of "Epi-Info" windows training course and pilot; • Review English language software applications used for program monitoring and evaluate for use in Cote d'Ivoire; • Maintain RETRO-CI LAN network and informatics training center and provide basic, intermediate and advanced informatics trainings; • Support administrative/logistic aspects of training workshops and meetings during transition period (until MOH administrative team is fully operational)	HHS		Base	2

4.13.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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Commodities Management TA partner RPM+ (or similar) New partner NO FBO NO	Provide technical assistance to implement recommendations to strengthen national commodities management system (directly related to HIV commodities)	• Participate in national workshop to review commodities management system; • Provide TA to implement recommendations to improve management of antiretroviral, HIV test kits and other commodities in support of HIV PMTCT, VCT and care and treatment programs at central and site levels; • Obtain waiver on tax for USG imported items (Anticipated multi-donor contribution including World Bank)	USAID	
MOH New Partner: No FBO? Yes / No	To reinforce the capacity of the national commodities management system to support a rapid expansion of PMTCT and HIV treatment services	• Further staged procurement of equipment, supplies and software to reinforce the commodities management system for HIV/AIDS commodities at the Public Health Pharmacy and the peripheral pharmacies at the site level according to the recommendations issued from the national workshop (referred to in RPM+ section above). Note: (Support anticipated from multiple donors, World Bank etc.	HHS	
JHPIEGO/ Johns Hopkins University FBO No	Provide TA for the development of comprehensive HIV/AIDS training materials and build capacity of national training experts	• Building on existing PMTCT activities (from IP) define HIV training needs for physicians, nurses, midwives, social workers and lay counselors and develop plan to develop and effectively use pre-service and in-service training materials	HHS	

Total partners:	4	New partners:	0	FBOs:	0	Total budget:	$

Table 4.14	Laboratory Support

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4.14.1 Current status of program in country	**National goal:** Improve access to, and quality of laboratory capacity for HIV/AIDS in Côte d'Ivoire. (National Strategic Plan, Ministry of AIDS, 2000-2004). The USG program fully supports this goal and is the major technical and financial partner in this area. **Current status:** The national public laboratory system is weak and requires substantial infrastructure and human resources investment to support comprehensive HIV diagnostic, biologic monitoring, surveillance and quality assurance functions and to work as an effective network with supervision, training and referrals at all health system levels. CDC/Projet RETRO-CI has provided comprehensive laboratory services to all patients participating in the national HIV treatment initiative since 1998 and supported the majority of program related on-site rapid HIV testing and quality assurance as well as other reference laboratory functions. No public laboratory has the capacity to fulfil reference laboratory functions for HIV related testing and there are no CD4 count facilities outside Abidjan however there is a strong political will and engagement of national experts to address these major challenges which represent a potential critical bottle-neck to scaling up VCT and treatment services. **Central coordination/policy and guidelines:** • APHL/CDC have responded to a request from the Ministries of AIDS and Health and completed an initial assessment visit (Nov 2003) with a view to ongoing assistance to strengthen the national laboratory system to meet HIV/AIDS related needs, together with WHO and other partners. • A "National Expert Biology Committee" was created in September 2003. It meets regularly and provides expert guidance to the MOH, including the HIV program, on HIV-related issues; • This group assisted the MOH to define a standard minimum package of laboratory services for different levels of the health system which is now being disseminated, other HIV specific guidelines and training materials are planned or are being prepared; • A new position for a VCT focal point within the MOH HIV/AIDS Program including counseling and HIV testing aspects has been appointed (March 2004) who will liaise with the expert biology committee and other partners.

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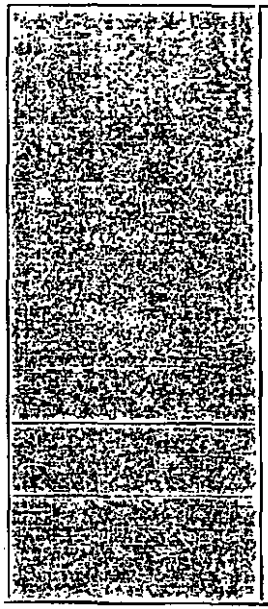

Existing services and partners:

- *The CDC/Projet RETRO-CI laboratory in Abidjan continues to provide almost all of the HIV diagnostic and* biologic monitoring services in the country outside the research setting and all the HIV surveillance testing. During FY 2003, more than 16,600 HIV diagnostic tests (ELISAs) and 91,000 CD4, viral load, hematology and biochemistry tests were performed at the RETRO-CI central laboratory, these last supporting the 2,105 patients currently receiving ARVs through the national program. Additionally, HIV diagnostic tests for more than 18,500 patients were performed on site at the point of service at 22 PMTCT and 4 VCT sites with QA support;
- *Two other mixed public/private-supported laboratories exist:* CeDRES (MOH/French Cooperation/ANRS funded) and CIRBA (with NGO/private support), and provide HIV diagnostic, monitoring and research related and fee for service tests including CD4 and viral load testing, along with QA for 10 sites (PMTCT/clinical);
- The 4 university hospitals (CHUs) provide limited HIV diagnostic services and no biological monitoring services;
- Institute Pasteur (national) - provides minimal HIV diagnostic services, but performs most of the STI and OI related testing in Abidjan and acts as the TB reference laboratory;
- The National Blood Transfusion Center performs screening of voluntary blood donations (using ELISA Abbot Murex) and refers samples from positive clients for confirmation prior to post-test counseling;
- The National Reference Laboratory (LNSP) is designated as the national public sector reference laboratory but currently has no activities corresponding to this function related to HIV/AIDS.

4.14.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Point of service quality HIV testing, accessible quality biologic monitoring for patients under ART, and evaluation of simple adapted techniques and testing to support HIV surveillance and blood screening, are critical to allow implementation of an effective, decentralized comprehensive treatment program and multiple specific prevention and care initiatives. Without effective concerted action the lack of decentralized laboratory services will be a critical rate-limiting factor to the accelerated expansion of services - especially comprehensive HIV treatment with HAART, as well as PMTCT, VCT, post-exposure prophylaxis and blood banking services. Thus these new activities are critical to achieve the national as well as the PEPFAR targets in all these areas. The new activities will result in the progressive establishment of a functional laboratory network within Côte d'Ivoire and the establishment of a national reference laboratory for HIV/AIDS which will support a national QA program for HIV/AIDS testing. This will include the establishment of the necessary regulatory, policy, guidelines, evaluation and accreditation materials, and training materials and QA documents, as well as the establishment of a critical mass of national experts (trainers of trainers, supervisors, content experts), and evaluation, equipment, training and implementation of decentralized HIV testing and biologic services according to national standards at the different levels of the health system. Appropriate supervision of public, mixed and private laboratory services will be established according to national regulations. Linkages between laboratory services and other health care services are self-evident; efforts will be made to ensure that the overall laboratory services and the health system are strengthened through these initiatives. The activities are also critical to realize the goals articulated in the current Global Fund award for HIV in the areas of VCT, PMTCT and expanded treatment. There is close cooperation and planning between the Global Fund, World Bank MAP, WHO and other partners mediated primarily through the coordination and leadership of the national HIV/AIDS Care Program (MOH) and the CCM. This enables ongoing identification of contributions and gaps which need funding or technical support. For example, the current Global Fund includes resources for purchase of some laboratory equipment and reagents and limited training for service providers but no resources for the national reference laboratory or the required national policy, guidelines or training materials. This track 2 plan seeks to fill critical gaps to promote an effective sequenced national plan in coordination with the national program. Further mobilization of resources for remaining financial gaps will also be undertaken through the World Bank MAP planning process and new opportunities to apply for further Global Fund resources. The new PEPFAR track 1 grant to EGPAF will also provide some complementary technical and financial resources which will also contribute to the establishment of the laboratory network.

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4.14.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
MOH FBO: NO	To provide standardized HIV/AIDS guidelines and strengthen national HIV/AIDS reference laboratory capacity	• Host national workshops to develop, validate and disseminate guidelines for HIV/AIDS related testing; • Procure equipment, reagents and supplies to support reference laboratory HIV services (as per MOH/APHL/CDC plan)	HHS		S/GAC	1.5

Project RETRO-CI FBO: NO	To strengthen national capacity to plan, implement and monitor and evaluate HIV/AIDS laboratory tests and QA functions in support of HIV/AIDS program services in the public and private sectors	• Provide free reference laboratory HIV services with operational research, training, supervision and quality assurance of central ELISA and peripheral site rapid testing until national public capacity adequate. • Provide technical and financial support to MOH to develop, validate and disseminate standardized guidelines, standard operating procedures, training materials, quality assurance and other M&E materials and systems for HIV/AIDS related testing and quality assurance; • Train at least 10 expert trainers and 50 technicians from CDC CAP CI, MOH and partners to assist in laboratory training for HIV testing;	HHS		Core	2

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Association of Public Health Laboratories (A.P.H.L.) New Partner: Yes FBO: No	• To strengthen capacity of national reference laboratory to assess and plan activities, leading to improved service delivery • To increase quality and coverage of national reference laboratory system in providing HIV diagnostics and biological monitoring of ARV patients	• Together with CDC provide technical assistance to the MOH to perform needs assessment and a comprehensive evaluation of the laboratory system (as it pertains to HIV/TB). • Develop an operational plan for the reinforcement of the national reference laboratory system to expand HIV diagnostics and biological monitoring of patients under ARV therapy. • Provide technical assistance to support implementation of the operational plan (includes US based and on site training, technical assistance to develop/revise standard operating procedures and training materials, equipment and infrastructure needs etc)	HHS		S/GAC	1.5

4.14.4 Proposed new activities in FY 04:

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Department of Defense New Partner Yes FBO No	Provide assistance to the MOH's national reference laboratory to renovate their facility provide HIV reference laboratory facilities	- Review and approve renovation plans for the national reference laboratory; - Review and approve co-financing agreement with MOH and the World Bank MAP and other partners; - Through contractors construct a new laboratory *section as phase) according to these plans;*	DOD	$

FINAL SUBMISSION

JHPIEGO FBO: No	To provide technical assistance to develop comprehensive preservice and inservice training *materials for HIV diagnostics*, monitoring and quality assurance for laboratory staff	Provide technical assistance working with national training steering committee and the National Institute for laboratory technician training (and APHL/CDC) to develop, validate and disseminate comprehensive laboratory HIV/AIDS training materials (build on existing JHPIEGO/CDC/MOH activities and APHL plans)	HHS	
CDC HQ TA	To increase quality and coverage of national reference laboratory system in providing HIV diagnostics and biological *monitoring of ARV patients*	- Provide technical assistance to develop training materials build on existing JHPIEGO/MOH activities and APHL plans - Train expert trainers on HIV testing and CD4 *count*	HHS	

Total partners:	5	New partners:	1	FBOs:	0	Total budget:	

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Table 5.1 U.S. Agency Management and Staffing – U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget
[Add rows as needed]	
Total	

5.1.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff							
Total Number of Staff							

Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

U.S. Agency Management Items and Activities (e.g., new management staff, office, equipment, etc.):	Budget
New staff : 2 PSC (budgeted for rest of FY04) and 4 senior FSN (part of ongoing change in staff profiles, filling of existing vacancies and return to pre-evacuation senior FSN staff levels).	
Existing operations costs: CDC office running costs (maintenance of vehicles, computer equipment, CDC office - turnover of equipment same as previous year) - Ministry of Health provides rental and water and electricity costs.	
State Department ICASS costs (estimated FY04) *Note this is expected to increased substantially in FY04 (by more than 300K due to departure of other agencies and pre-restructuration staff levels (189 FSN staff rather than post restructuration staff levels of 98 with further reductions endFY04).	
Total	

Proposed U.S. Agency Management and Program Staff, Existing and New, By Category

	Existing US direct-hire	New US direct-hire for PEPFAR	Existing FSN	New FSN for PEPFAR	Existing International PSC	New International PSC for PEPFAR	Total
U.S. Program Staff	1	0	74	3	0	1	79
U.S.Management Staff	2 including 1 to fill vacant position in May 2004	0	20	1	0	1	24

Total U.S. Staff, existing and new	3	0	94	4	0	2	103

Table 5.3 U.S. Agency Management and Staffing – U.S, Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense)

5.3.1 U.S. Agency Management Items and Activities	Budget
[Add rows as needed]	
Total:	

5.3.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							

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Number of Management Staff							
Total Number of Staff							

Table 5.4 U.S. Agency Management and Staffing – Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities	Budget
[Add rows as needed]	
Total	

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							

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Table 5.5 U.S. Agency Management and Staffing - Other

5.5.1 U.S. Agency Management Items and Activities	Budget
[Add rows as needed]	
Total	

5.5.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff							
Total Number of Staff							

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Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program Area	USAID			HHS			DOD*	DOD*	Other	
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget IP **	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	TOTAL
PMTCT										
Abstinence /Faithfulness										
Blood Safety										
Safe Medical Injections										
Other Prevention										
VCT										
HIV clinical care (non-ART)										
Palliative Care										
OVC										
ART (non-PMTCT Plus)										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management & Staffing										
TOTAL										

*Subject to further review and approval by the Office of the Secretary of Defense

**IP budget included for HHS but comes from FY03 and not included in total for FY04