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2005

Cote d'Ivoire

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: HARRY R MELONE  
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**Table 1: Country Program Strategic Overview****1.1 National Response**

Decreed by the President and executed under the office of the Prime Minister of Cote d'Ivoire, the Ministry of AIDS was created in 2000 and now has fully installed authority over HIV/AIDS efforts. The installation of this body illustrates the multisectoral national response realized by the Government to combat HIV/AIDS. All major ministries are now engaged under the coordination of the MOA as well as civil society and faith-based organizations. The Minister of Health and Population (MOHP) (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. The Minister is the president of the Global Fund Country Coordination Committee (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 under the MOHP 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 to maximize their impact and promote long term sustainability.

Since April 2003, the Ministry of Solidarity, Social Security and Handicapped Persons has formalized a broad multidisciplinary consultative forum to coordinate and provide technical guidance and leadership in the response to orphans and vulnerable children (OVC). 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.

There are numerous long standing civil society, faith based and private sector responses to the HIV/AIDS. The networks of PLWHA 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.

**1.1.1 National HIV/AIDS Action Framework**

The Ministry of AIDS has facilitated the development of 14 sectoral plans (2005-2007), within the framework of the overarching national HIV/AIDS strategy 2002-2004 and is now developing the 2005-2007 national strategic plan through a participatory process including PLWHA, civil society, partners and public and private sector representatives. Comprehensive, innovative prevention efforts including ABC interventions are a central pillar of the current national HIV/AIDS response. Development of the new national strategic plan for 2005-2007 through a participatory process in October to December 2004 offers an opportunity to further develop these strategies and to implement a coordinated and more decentralized response to achieve broad geographic coverage.

The government has established a whole system of committees which allows full participation and leadership at every level of the national system with a national committee lead by the President, regular meetings involving the Prime Minister and key ministries and decentralized linked regional, district and village multisectoral AIDS committees. The Ministry for the fight against AIDS also meets with representatives from all the different sectors and hosts a quarterly meeting with partners, civil society and representatives from the Ministry of Health and the Ministry of Economy and Finance to improve planning and coordination.

In addition to the national level efforts, strong cross-agency coordination are in place such as a Global Fund Country Coordination Mechanism. Additionally, the UN theme group appears to be moving from a closed to an open forum to include government representatives and bilateral partners. This is expected to enhance coordination especially with the support from the 10 UN agencies involved in the UN HIV response and the new expanded UN mission with the

deployment of the large peace keeping mission.

### 1.1.2 National HIV/AIDS Coordinating Authority

The MOA coordinates a 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:

1. 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
2. regional, district and village levels with a multisectoral representation (to coordinate a multisectoral and decentralized local response)
3. quarterly meetings with development and civil society partners to mobilize resources, and track progress of development projects in the AIDS field.

In addition to the MOA, the Global Fund Country Coordination Mechanism (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 forum with representatives from all sectors including key public and civil society representatives as well as the World Bank, UNDP, WHO and USG. The "Groupe Restraint" then brings their recommendations to the full CCM for a collective decision.

### 1.1.3 National HIV/AIDS M&E System

The Ministry of AIDS has responsibility for overall monitoring and evaluation of the multisectoral, decentralized HIV/AIDS response (under the Direction of Planning, Programming, Monitoring and Evaluation (MLS-DPPSE). A national monitoring and evaluation plan and framework have been developed and is now being executed in collaboration with the affiliated ministries. The Ministry of Health is responsible for HIV/AIDS surveillance, and for monitoring and evaluation of HIV prevention and care activities in the health sector (under the Direction of Planning, Information and Evaluation (DIPE) and the National HIV Care Program (NPPEC). 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 ministries responsible for AIDS and Health, with long term contributions from USG (CDC/Projet RETRO-C1 and USAID), the French Cooperation, Canadian Cooperation, and other bilaterals and recent funding support from the Global Fund and soon from the World Bank's Multisectoral AIDS Project.

### 1.2 Network Model

Development and implementation of a network model is consistent with national priorities within the health sector but will require a rapid targeted evaluation and critical reflection before a policy decision is taken as it will be a major initiative involving health sector reform. At present, the functional links between all components of the health delivery system (ie between the different levels of the health pyramid, between public and private sector providers, between health center and community based services and between different levels of commodities management, laboratory networks and M&E and management) are all weak and further eroded and fragmented by the prolonged crisis. In 2005, a rapid assessment of facilities and human resources will be undertaken to identify capability for service delivery expansion and identify areas for organizational and individual performance improvement.

### 1.3 Human Capacity Development

In the short term, the USG will prioritize building program, financial and human resource management, strategic planning and monitoring and evaluation skills at the institutional level (central and decentralized) to promote clear overarching strategies and plans in all technical intervention areas. This will also entail clear definitions of the roles of, and interactions between, different actors embracing a multisectoral and continuum of care framework. Other short term strategies will include harmonization of incentives provided by different partners/donors, rapid revision or development of in-service training materials and critical in-service training for a diverse range of service providers with

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involvement of professional associations, improved distribution of the existing work-force, and expansion of innovative public-associative partnerships which promote sustainable hiring practices. In 2005, a rapid assessment of facilities and human resources will be undertaken to identify capability for service delivery expansion and identify areas for organizational and individual performance improvement.

## 1.4 USG Partners

The US Ambassador is very active in ensuring USG Emergency Plan efforts are coordinated at the highest levels of government and partner organizations.

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 which include CDC Cote d'Ivoire focal points on public affairs and management/procurement have been established 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. The CDC Cote d'Ivoire Director represents USG on the Global Fund CCM and the sub-committee executive body. 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). 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.

### 1.4.1 Public-Private Partnerships

USG Emergency Plan in Cote d'Ivoire calls upon public-private partnerships in several areas of prevention, treatment, care, and strategic information. The resources among the USG Committee provides unique access to the private sector. A model for public-private partnership is the Mayor's Voluntary Counseling and Testing Centers approach in Port Bouet. The approach will be expanded in 2005 as a model for collaboration between local government and private centers. Additionally, private sector approaches will be encouraged in a competitive announcement for rural HIV/AIDS service delivery throughout the country. Associations such as the Lion's Club and Rotary International can serve as potential active partners in all areas of HIV/AIDS prevention, treatment, and care.

### 1.4.2 Local Partner Capacity for Health Care Delivery

A rapid assessment of the health facilities and human resources will be conducted to identify service delivery and human performance improvement opportunities. USG will continue to support critical training in pre-service institutions. Additionally, a quality assurance and supervision study will be advanced in San Pedro with the assistance of JHPIEGO.

## 1.5 Gender

Like HIV-related stigma and discrimination, gender considerations are a cross-cutting issue for all program activities in support of the Emergency Plan in Cote d'Ivoire. All partners will be required to define how they address gender issues in their programming.

A number of FY05 activities explicitly address aspects of gender that undermine the ability of girls and women, as well as men, to negotiate healthy sexual relationships. These include the development and implementation of life skills curricula, accompanying education sector activities targeting teachers and influential role models as well as students. Other activities involving a) the faith based communities and religious leaders, b) the media and other opinion leaders, and c) health-care workers and social workers will be directed to change sociocultural norms and create a facilitating environment to promote responsible male sexual and child-bearing behaviors and protect young girls and women from coercive sexual and gender-based practices and provide better health and social care in case of sexual abuse. Targeted HIV prevention and care activities will increase coverage of particularly vulnerable populations such as female and transsexual transactional sex workers and homosexual men. A new program announcement will improve prevention and care services targeting underserved populations including women living in rural areas, as well as non-French speaking and/or illiterate populations. All USG supported counseling services will continue to include

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post-test support clubs. In Fy05 specific strategies will be developed and implemented to promote couple counseling and testing, support safe disclosure and mitigate violence and ensure support in case of negative outcomes related to disclosure.

A further effort will support the Ministry of Solidarity and the network of jurists and human rights workers to promote, protect and respect rights of children and women and HIV-infected persons including documentation of civil status (especially of children) and inheritance rights. This will involve working with all stakeholders including governments, NGOs, traditional and religious leaders to address gender inequalities in the civil and criminal code and in their application.

## 1.6 Stigma and Discrimination

The Ivorian government and civil society response has shown leadership and support for vulnerable populations and explicitly adopted innovative strategies to mainstream these issues and promote equitable access to services (e.g. ensuring women and children had access to antiretroviral treatment through tiered subsidies, establishing a long-term HIV-prevention program to reach sex workers and other vulnerable populations, and including PLWH/A and other stakeholders in national planning). The Emergency Plan will work to mainstream these cross-cutting themes and require all USG supported partners to explicitly address stigma, equity, gender, progressive capacity building and the involvement of stakeholders and target beneficiaries (including PLWH/A) in their work plans. The USG will also support the national program to develop operational strategies and monitoring of these aspects in each technical program area. The network of organizations of PLWH/A has already been targeted as a key partner and the USG will prioritize capacity building of the network and member organizations to support an expanded leadership role of PLWH/A throughout the country for both advocacy and service delivery. In 2005, the International HIV/AIDS Alliance will mobilize community leaders to support service delivery and combat stigma. Using an approach that engages key authorities and civil society networks, communications materials and dialogue events will be carried out to focus on human rights of people living with HIV/AIDS. Additionally, Johns Hopkins University Center for Communication Programs will work with REPMASCI, a unique network of journalists, artists and sportsmen against HIV/AIDS to develop a communications campaign addressing stigma in communities.

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Table 2: Prevention, Care, and Treatment Targets

	National 2-7-10	USG Direct Target End FY2005	USG Indirect Target End FY2005	USG Total target End FY2005
<b>Prevention</b>				
	<b>Target 2010: 265,655</b>			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		80,000	70,000	150,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		8,000	7,000	15,000
<b>Care</b>				
	<b>Target 2008: 385,000</b>			
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		30,000	0	30,000
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		2,200	1,300	3,500
Number of OVC served by an OVC program during the reporting period		23,500	0	23,500
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		40,000	160,000	200,000
<b>Treatment</b>				
	<b>Target 2008: 77,000</b>			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		7,000	16,100	23,100
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of the reporting period		500	0	500

Table 3.1: Funding Mechanisms and Source

**Mechanism Name: Central Procurement Mechanism**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 92  
**Approved Funding(\$):**   
**Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** To Be Determined  
**New Partner:** No

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**Mechanism Name: Competitive announcement (comprehensive, prevention, Care & social marketing, including**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 423  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** To Be Determined  
**New Partner:** No

**Mechanism Name: PHR Abt Associates**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 2294  
**Approved Funding(\$):**   
**Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** ABT Associates  
**New Partner:** Yes

**Mechanism Name: PSP One**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 4026  
**Approved Funding(\$):**   
**Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** ABT Associates  
**New Partner:** No

**Mechanism Name: APHL, Lab Systems**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 82  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** Association of Public Health Laboratories  
**New Partner:** No



**Mechanism Name: (D) CARE International****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 401**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** Deferred (GHAI)**Prime Partner:** CARE International**New Partner:** No**Mechanism Name: CARE International****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 69**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** CARE International**New Partner:** No**Mechanism Name: EGPAF/U Bordeaux/ACONDA****Mechanism Type:** Headquarters procured, centrally funded (Central)**Mechanism ID:** 1477**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** N/A**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation**New Partner:** No**Sub-Partner:** University of Bordeaux**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** ACONDA**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** John Snow, Inc.**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Mechanism Name: EGPAF****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 431**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation**New Partner:** No

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

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

Sub-Partner: University of California at San Francisco  
 Approved Funding:  
 Funding is TO BE DETERMINED: Yes  
 New Partner: Yes

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

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

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 437  
**Approved Funding(\$):**   
**Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**New Partner:** No

**Mechanism Name: Rapid Expansion**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 2370  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** Rapid Expansion (GHAI account)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**New Partner:** No

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

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 81  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Prime Partner:** Family Health International  
**New Partner:** No

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

Sub-Partner: Espace Confiance  
 Approved Funding:

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Funding is TO BE DETERMINED: Yes  
New Partner: No

Sub-Partner: Cote d'Ivoire Prosperite

Approved Funding:

Funding is TO BE DETERMINED: Yes  
New Partner: No

Sub-Partner: Institute of Tropical Medicine

Approved Funding:

Funding is TO BE DETERMINED: Yes  
New Partner: No

Sub-Partner: Institut Africain pour le Developpement Economique et Social

Approved Funding:

Funding is TO BE DETERMINED: Yes  
New Partner: No

**Mechanism Name: Impact-FHI**

**Mechanism Type:** Headquarters procured, country funded (HQ)

**Mechanism ID:** 425

**Approved Funding(\$):**

**Agency:** U.S. Agency for International Development

**Funding Source:** GAC (GHAI account)

**Prime Partner:** Family Health International

**New Partner:** No

**Mechanism Name: ABY Hope Worldwide**

**Mechanism Type:** Headquarters procured, centrally funded (Central)

**Mechanism ID:** 1482

**Approved Funding(\$):**

**Agency:** U.S. Agency for International Development

**Funding Source:** N/A

**Prime Partner:** Hope Worldwide

**New Partner:** No

**Mechanism Name: OVC- Hope Worldwide**

**Mechanism Type:** Headquarters procured, centrally funded (Central)

**Mechanism ID:** 1481

**Approved Funding(\$):**

**Agency:** U.S. Agency for International Development

**Funding Source:** N/A

**Prime Partner:** Hope Worldwide

**New Partner:** No

**Mechanism Name: (D) Hope Worldwide****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 91**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** Deferred (GHAI)**Prime Partner:** Hope Worldwide**New Partner:** No**Mechanism Name: Cooperative Agreement with Hope Worldwide, #U50/CCU021954****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 83**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** Hope Worldwide**New Partner:** No**Mechanism Name: International HIV/AIDS Alliance****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 88**Approved Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** International HIV/AIDS Alliance**New Partner:** No**Sub-Partner:** Club Espoir d'Abengourou**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** Renaissance Sante Bouke**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** Caritas Cote d'Ivoire**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** Lumiere Action, Côte d'Ivoire**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** Chigata**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** Caritas Man**Approved Funding:****Funding is TO BE DETERMINED:** Yes

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New Partner: No

Sub-Partner: Fraternite

Approved Funding:

Funding is TO BE DETERMINED: Yes

New Partner: Yes

Sub-Partner: Ideal Korhogó

Approved Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Sub-Partner: Sidalerte

Approved Funding:

Funding is TO BE DETERMINED: Yes

New Partner: Yes

Sub-Partner: Centre d'Ecoute et Depistage Volontaire Port Bouet

Approved Funding:

Funding is TO BE DETERMINED: Yes

New Partner: Yes

**Mechanism Name: Internews**

**Mechanism Type:** Headquarters procured, country funded (HQ)

**Mechanism ID:** 2295

**Approved Funding(\$):**

**Agency:** U.S. Agency for International Development

**Funding Source:** GAC (GHAI account)

**Prime Partner:** Internews

**New Partner:** Yes

**Mechanism Name: (D) JHPIEGO CDC CA#U62/CCU322428-02 UTAP**

**Mechanism Type:** Headquarters procured, country funded (HQ)

**Mechanism ID:** 168

**Approved Funding(\$):**

**Agency:** Department of Health & Human Services

**Funding Source:** Deferred (GHAI)

**Prime Partner:** JHPIEGO

**New Partner:** No

Sub-Partner: Johns Hopkins University Center for Communication Programs

Approved Funding:

Funding is TO BE DETERMINED: No

New Partner: No

**Mechanism Name: GAC HHS JHPIEGO**

**Mechanism Type:** Headquarters procured, country funded (HQ)

**Mechanism ID:** 415

**Approved Funding(\$):**

**Agency:** Department of Health & Human Services

**Funding Source:** GAC (GHAI account)

**Prime Partner:** JHPIEGO

**New Partner:** No

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

**Mechanism Name: JSI Injection Safety**

Mechanism Type: Headquarters procured, centrally funded (Central)  
Mechanism ID: 1480  
Approved Funding(\$):   
Agency: Department of Health & Human Services  
Funding Source: N/A  
Prime Partner: John Snow, Inc.  
New Partner: No

**Mechanism Name: Rational Pharmaceutical Management Plus**

Mechanism Type: Headquarters procured, country funded (HQ)  
Mechanism ID: 426  
Approved Funding(\$):   
Agency: U.S. Agency for International Development  
Funding Source: GAC (GHAI account)  
Prime Partner: Management Sciences for Health  
New Partner: No

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

Mechanism Type: Headquarters procured, country funded (HQ)  
Mechanism ID: 78  
Approved Funding(\$):   
Agency: Department of Health & Human Services  
Funding Source: GAC (GHAI account)  
Prime Partner: Ministry of AIDS, Côte d'Ivoire  
New Partner: No

**Mechanism Name: Cooperative Agreement with MOH-CNTS (Blood Safety) #U62/CCU023649**

Mechanism Type: Headquarters procured, centrally funded (Central)  
Mechanism ID: 1478  
Approved Funding(\$):   
Agency: Department of Health & Human Services  
Funding Source: N/A  
Prime Partner: Ministry of Health, Côte d'Ivoire  
New Partner: No

**Mechanism Name: (D) Cooperative Agreement with Ministry of Health, #U50/CCU022230****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 66**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** Deferred (GHAI)**Prime Partner:** Ministry of Health, Côte d'Ivoire**New Partner:** No**Mechanism Name: Cooperative Agreement with Ministry of Health, #U50/CCU022230****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 419**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** Ministry of Health, Côte d'Ivoire**New Partner:** No**Mechanism Name: Cooperative Agreement with Ministry of National Education, # U62/CCU24223****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 79**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** Ministry of National Education, Côte d'Ivoire**New Partner:** No**Mechanism Name: Cooperative Agreement with Ministry of Solidarity, #U62/CCU024314****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 77**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire**New Partner:** No**Mechanism Name: HHS-Population Service International****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 1292**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** Population Services International**New Partner:** No**Sub-Partner:** Association Ivoirienne pour le Bien-Etre Familial**Approved Funding:****Funding is TO BE DETERMINED:** Yes

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

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

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

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

Sub-Partner: Group d'auto assistance de Personnes vivant avec le VIH/SIDA et Promotion Sociale  
 Approved Funding:  
 Funding is TO BE DETERMINED: Yes  
 New Partner: No

**Mechanism Name: MOH-Blood Safety TA**

**Mechanism Type:** Headquarters procured, centrally funded (Central)  
**Mechanism ID:** 1479  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** N/A  
**Prime Partner:** Social and Scientific Systems  
**New Partner:** No

**Mechanism Name: (D) CDC HQ TA (Deferred)**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 2237  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**New Partner:** No

**Mechanism Name: (D) S/GAC RETRO-CI**

**Mechanism Type:** Headquarters procured, country funded (HQ)  
**Mechanism ID:** 113  
**Approved Funding(\$):**   
**Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**New Partner:** No



**Mechanism Name: (D) S/GAC RETRO-CI****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 411**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** Deferred (GHAI)**Prime Partner:** U.S. Centers for Disease Control and Prevention**New Partner:** No**Mechanism Name: HHS/SGAC TA from HQ (CDC HQ TA Base)****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 1434**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** Base (GAP account)**Prime Partner:** U.S. Centers for Disease Control and Prevention**New Partner:** No**Mechanism Name: RETRO-CI - Budget****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 65**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** Base (GAP account)**Prime Partner:** U.S. Centers for Disease Control and Prevention**New Partner:** No**Mechanism Name: RETRO-CI LAB (HHS-S/GAC)****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 1529**Approved Funding(\$):** **Agency:** Department of Health & Human Services**Funding Source:** GAC (GHAI account)**Prime Partner:** U.S. Centers for Disease Control and Prevention**New Partner:** No**Sub-Partner:** Network of media professionals and artists against AIDS in Côte d'Ivoire**Approved Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No

**Mechanism Name: (D) Measure Evaluation**

**Mechanism Type:** Headquarters procured, country funded (HQ)

**Mechanism ID:** 89

**Approved Funding(\$):**

**Agency:** U.S. Agency for International Development

**Funding Source:** Deferred (GHAI)

**Prime Partner:** University of North Carolina Carolina Population Center

**New Partner:** No

**Sub-Partner:** John Snow, Inc.

**Approved Funding:**

**Funding is TO BE DETERMINED:** No

**New Partner:** No

**Mechanism Name: Measure Evaluation**

**Mechanism Type:** Headquarters procured, country funded (HQ)

**Mechanism ID:** 413

**Approved Funding(\$):**

**Agency:** U.S. Agency for International Development

**Funding Source:** GAC (GHAI account)

**Prime Partner:** University of North Carolina Carolina Population Center

**New Partner:** No

**Sub-Partner:** John Snow, Inc.

**Approved Funding:**

**Funding is TO BE DETERMINED:** No

**New Partner:** No

Table 3.3.01: Program Planning Overview

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

**Results:**

Increased access to quality PMTCT services\n  
 Awareness and demand created for PMTCT services \n  
 Full supply of diagnostics and related medical supplies achieved\n  
 International approach to PMTCT curriculum adapted and implemented  
 Increased number of skilled, motivated, and productive service providers  
 Sufficient number of trained staff skilled, motivated and productive

Total Approved Funding for Program Area:

**Current Program Context:**

With 560,000 births per year, of which 47% are carried out in health facilities, Cote d'Ivoire has an estimate of 9.7% HIV prevalence among women and 54,000 HIV+ women delivering per year. The national PMTCT strategy aims to i) reduce infant and child mortality and morbidity by decreasing MTCT by 40% by the end of 2007 and ii) increase access to PMTCT services to all the health regions and districts and to the 84% of pregnant women attending antenatal care by 2008. PMTCT is rapidly expanding from initial research and demonstration sites to 72 sites by the end of 2004 (10% of coverage) while the national expansion plan targets are 214 PMTCT sites by end 2005. Through this expansion, it is expected that 15,000 HIV+ pregnant women will receive a complete course of ART prophylaxis by end 2005 (30% coverage) as opposed to 1,511 in 2003. \n\nCoordination: The MOH coordinates all PMTCT interventions and is making significant efforts holding monthly technical meetings with partners. Major donors (The Global Fund, MAP, USG, UN, and other bilateral partners) are also committed to helping improve coordination. A joint progression plan developed by key partners now serves as a national planning tool. Further effort is needed for program planning and management at district and site levels, including the role of district health teams, linking to other HIV and health care services, quality of services with integration of couple-friendly approaches, and private sector involvement. \n\nUSG-funded Activities:\nIn 2004, USG support to PMTCT helped implement an aggressive PMTCT expansion strategy: i) an early increase of the number of facilities providing PMTCT services and ii) the strengthening of policies and systems for an exponential scale-up of PMTCT, care and other services. To date:\n- PMTCT policies and guidelines have been revised, validated and are being disseminated. \n- Medical and laboratory supplies, furniture, infrastructure improvements were provided to existing 22 health sites offering PMTCT services\n- PMTCT services were extended to 14 additional antenatal centers in FY04\n- Training in PMTCT and community mobilization was provided to more than 600 people including service providers and key community leaders \n- PMTCT training modules were developed and integrated into the Medical, Nurses and Midwives, and Social Workers school curricula. A national pool of expert trainers was developed as a way to address the health human resources constraints and promote sustainability \n- Commodities management and M&E systems are also an integral part of the USG support for PMTCT and other clinic-based services. \n- Existing national health management monitoring system has been evaluated. \n- PMTCT monitoring and evaluation tools at the district, regional, and central levels have been developed.\n\nDue to the current political crisis, USG activities are mainly located in the South and South-East regions of Cote d'Ivoire, covering both urban and peripheral sites. The populations served represent > 37% of total annual deliveries assisted by skilled attendants (for "Abidjan-Lagunes" region) and the highest antenatal HIV sero-prevalence of approximately 14% (for "Moyen Comoe" region), according to the 2001 antenatal sero-surveillance report. The scale-up in these 2 regions will integrate PMTCT services at every level of the health system and provide learning opportunities to improve program rollout to other districts and regions. \n\nOther major funding partners: The Global Fund, UNICEF, WHO, French Cooperation (ANRS & DITRAME), Columbia University (PMTCT-plus project), UNFPA and the GTZ are among the key partners providing support through complementary reproductive health initiatives\n

**Program Area Target:**

- Number of service outlets providing the minimum package of PMTCT services according to national or international standards
- Number of pregnant women provided with PMTCT services, including counseling and testing, during the reporting period
- Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting
- Number of health workers trained in the provision of PMTCT services according to national or international standards

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** (D) CDC HQ TA (Deferred)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT  
**Program Area Code:** 01  
**Activity ID:** 71

**Approved Funds:**

**Activity Narrative:** HHS HQ will provide expert technical assistance to the national program and USG country team to :

1. Conduct situation analysis of private, faith based and CBO health centers providing ANC services and assist them and the MOH national PMTCT Program to develop a plan for integration of quality PMTCT activities (to be continued by Projet RETRO-CI staff).
2. Participate in key national expert consultation meetings to review current international recommendations and available data to inform national infant feeding, ARV prophylaxis and HIV testing policies.
3. Help implement and monitor a pilot test using new counseling and testing tools at labor and post-delivery, developed by CDC, USAID, FHI, UNICEF.

Emphasis Areas	% Of Effort
Policy and Guidelines	50.00
Needs Assessment	50.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with PMTCT services, including counseling and testing, during the reporting period		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	30	<input type="checkbox"/>

**Target Populations:**

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Pregnant women

**Key Legislative Issues**

- Stigma and discrimination
- Gender
- Addressing male norms and behaviors

**Coverage Areas**

- Bas-Sassandra
- Lagunes

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** Cooperative Agreement with Ministry of Health, #U50/CCU022230  
**Prime Partner:** Ministry of Health, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHA I account)  
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT  
**Program Area Code:** 01  
**Activity ID:** 72

**Approved Funds:**

**Activity Narrative:** USG funds will allow Ministry of Health to support current activities at the 26 current PMTCT sites and the 11 about to open PMTCT sites (after substantial preparatory work) supported directly by USG funds:

- on-the-job training, and mentoring for physicians, midwives, nurses, social workers and lab technicians.
- reproduction and dissemination of PMTCT guidelines, as well as information, education and communication materials as brochures, pamphlets, and posters.
- support of Mothers living with HIV support groups, and related outreach work, to allow better quality of life for the infected mothers and their families, and a better care and treatment of their HIV infection
- procurement of needed commodities including laboratory supplies, registers, materials and equipment to support standardized CT services by public sector
- purchase of cotrimoxazole prophylaxis for HIV exposed children and basic medication supervision.

Emphasis Areas	% Of Effort
Policy and Guidelines	20.00
Training	30.00
Information, Education and Communication	20.00
Commodity Procurement	30.00

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## Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	37	<input type="checkbox"/>
Number of pregnant women provided with PMTCT services, including counseling and testing, during the reporting period	15,000	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,500	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	50	<input type="checkbox"/>

## Target Populations:

Country coordinating mechanisms  
International counterpart organizations  
National AIDS control program staff (Parent: Host country government workers)  
Non-governmental organizations/private voluntary organizations  
Pregnant women

## Key Legislative Issues

Gender  
Increasing gender equity in HIV/AIDS programs  
Addressing male norms and behaviors  
Stigma and discrimination

## Coverage Areas

Lagunes  
Bas-Sassandra  
Haut-Sassandra  
Moyen-Comoé

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** EGPAF- Call to Action Project (PMTCT)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT  
**Program Area Code:** 01  
**Activity ID:** 946  
**Approved Funds:**   
**Activity Narrative:**

The MOH and the national HIV care program supports an expanded implementation role for EGPAF for PMTCT activities. EGPAF will conduct extensive needs analysis and planning to coordinate closely with the MOH national care program and other relevant departments (nutrition, reproductive health, maternal and child health etc), UNICEF and other experts on national PMTCT strategies, policies and materials development. The analysis and planning process will support the implementation of the MOH national expansion plan for comprehensive PMTCT services with the goals of eventual indirect support in all 96 sites and direct support for the 26 existing sites and at least 20 new sites (46 sites) in at least 5 accessible regions including both public and non-public (NGO/FBO and/or private sector) partners.

Emphasis Areas	% Of Effort
Policy and Guidelines	10.00
Training	20.00
Human Resources	20.00
Information, Education and Communication	5.00
Linkages with Other Sectors and Initiatives	5.00
Development of Network/Linkages/Referral Systems	10.00
Local Organization Capacity Development	15.00
Strategic Information (M&E, IT, Reporting)	15.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with PMTCT services, including counseling and testing, during the reporting period		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>

**Target Populations:**

- Country coordinating mechanisms
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

**Coverage Areas**

Lagunes

Bas-Sassandra

18 Montagnes

Haut-Sassandra

Moyen-Comoé

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT  
**Program Area Code:** 01  
**Activity ID:** 2072

**Approved Funds:****Activity Narrative:**

With its long-term expertise in PMTCT and HIV laboratory interventions, Projet Retro-CI will, in collaboration with MOH and EGPAF:

1. Provide laboratory support at the Projet RETRO-CI laboratory for quality point of service HIV testing at PMTCT sites with quality assurance, this includes, purchase of some laboratory commodities and supplies, training of peripheral site staff, supervision, quality assurance services;
2. Provide infant diagnosis and continue to perform targeted evaluations to assess simplified methods for infant diagnosis;
3. Provide substantial technical assistance to the national PMTCT program sites at the request of the MOH to assist in the on-site supervision and training of staff at the 26 newly established sites, as well as the 2 PMTCT-plus sites and targeted new sites supported by NGO/FBOs (Reviewed further and are likely to be substantially outsourced to EGPAF during FY05);
4. Continue to provide technical assistance to the MOH and national experts to complete the validation, dissemination and regular updating of PMTCT policy, guidelines with revisions related to couple counseling, HIV testing algorithms, infant feeding and reaching women during and after labor anticipated.

**Emphasis Areas**

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	50.00
Policy and Guidelines	20.00
Local Organization Capacity Development	10.00
Strategic Information (M&E, IT, Reporting)	5.00
Development of Network/Linkages/Referral Systems	15.00



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## Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	37	<input checked="" type="checkbox"/>
Number of pregnant women provided with PMTCT services, including counseling and testing, during the reporting period		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	50	<input type="checkbox"/>

## Target Populations:

Community-based organizations

Faith-based organizations

Traditional birth attendants (Parent: Public health care workers)

HIV/AIDS-affected families

Policy makers (Parent: Host country government workers)

Pregnant women

## Key Legislative Issues

Stigma and discrimination

## Coverage Areas

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Como

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism:** GAC HHS JHPIEGO  
**Prime Partner:** JHPIEGO  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT  
**Program Area Code:** 01  
**Activity ID:** 2446  
**Approved Funds:**

**Activity Narrative:** Building on the activities of FY04 where the national PMTCT curricula was developed with national and international experts, in 2005 the curricula will be adapted and integrated into nursing, midwife, laboratory technician and physician training institutions permitting the ~ 250 physicians and the ~ 3,000 other health professionals to graduate with key PMTCT knowledge and skills.

JHPIEGO will support the pre-service training system in Cote d'Ivoire to ensure that providers graduating from the schools are able to provide PMTCT services in the country. Specifically, JHPIEGO will provide ongoing technical assistance (TA) to the MOH's department of Training and Research, the National HIV Care Program and the National HIV training steering committee to finalize the process of integrating the recently-developed PMTCT modules into the curricula of identified pre-service institutions including the nursing, midwife, laboratory technician and physician training institutions. This will be accomplished by providing requested TA to the curriculum development committee of each pre-service institution to revisit the existing curriculum, integrate the PMTCT modules and implement the new curriculum in the next academic year. Following this, JHPIEGO will train critical mass pre-service trainers in each pre-service institution (60 persons), and monitor and promote quality of the training provided by the newly-trained pre-service trainers linking these efforts with ongoing continuing training of existing service providers.

These activities will be closely coordinated with other complementary PEPFAR supported initiatives especially the EGPAF supported PMTCT service provision and PMTCT-plus services.

Preparatory work will also be done to integrate VCT and clinical treatment and HIV testing curricula into the various curricula and evaluate the possibility of integrating short counseling and HIV testing courses at the social worker (INFES) and laboratory technician schools (INFAS).

**Coverage Areas:**

National

Table 3.3.01: Activities by Funding Mechanism

**Mechanism:** EGPAF- Call to Action Project (PMTCT)  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHA) account)  
**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)  
**Budget Code:** MTCT  
**Program Area Code:** 01  
**Activity ID:** 2448

**Approved Funds:**

**Activity Narrative:**

The November 2004 deterioration in the political and security situation in Cote d'Ivoire and subsequent authorized departure (now ended) led to the need to reassess the original country operational plan including strategic reflections and decisions on the role of the CDC supported Project RETRO-CI technical staff and on the capacity of Emergency Plan USG project management staff to monitor programs and ensure financial and management controls. Up until now, USG supported PMTCT activities had been largely implemented through the Ministry of Health with technical support directly from the Project RETRO-CI technical staff (growing out of the landmark clinical trials and early pilot demonstration projects) but the country team had identified the need for a new major implementing partner with institutional expertise in this area to further expand services and complement and link to care and treatment services while ensuring adequate technical, programmatic and financial oversight. For this reason initial discussions with EGPAF were held but significant funds for PMTCT were deferred to this second submission to permit improved clarity about the politico-military environment and organizational capacity and commitment from EGPAF. With the establishment of a strong country office and the commitment of the EGPAF board the country team is confident to recommend funding for EGPAF's Call for Action Project to continue and expand PMTCT activities with strong links to their Project HEART and reinforcement of a family based model of services.

PMTCT activities continue to expand rapidly following the 1st Presidential initiative efforts representing flagship activities after the decade of research and work in this area in Cote d'Ivoire. The MOH/RETRO-CI partnership greatly expanded PMTCT services in 2004 with a doubling of operational PMTCT sites and more than 870 health professionals trained with program funds. It is proposed that EGPAF, building on their world-wide family-focused PMTCT project Call to Action and other institutional expertise, provide technical, programmatic, and financial oversight assistance to conduct PEPFAR PMTCT activities in Cote d'Ivoire.

The Côte d'Ivoire PMTCT program has expanded from its initial research and demonstration sites to 32 sites at the end of 2004. The national expansion plan has an aggressive target of 111 PMTCT sites by the end of 2005 with support from the Emergency Plan, the Global Fund and other funds/partners. Through this expansion it is projected that 15,000 HIV+ pregnant women will receive a complete preventive course of ARV by the end of 2005 (approximately 30% coverage).

EGPAF will conduct needs assessments and plan program activities while coordinating closely with the MOH and other partners in all the areas covered by a comprehensive PMTCT program including ARV prophylaxis, nutrition, reproductive health, and maternal and child health. The analysis and planning process will support the implementation of the MOH national expansion plan for comprehensive PMTCT services with goals of indirect support to all PMTCT sites, direct support of the 26 existing operational sites, and direct support to initiate PMTCT services in at least 24 new sites in 3 new regions of the country, with EGPAF interventions covering a total of 8 regions. PMTCT services will be implemented within both public and non-public (NGO, FBO, private sector) partners. Varying implementation strategies will be used to help the MOH determine implementation standards, training approaches and necessary infrastructure and logistic needs that can be used by the non-EGPAF sites in Cote d'Ivoire. EGPAF will work at these sites to develop a comprehensive family model that links the PMTCT services with the Care and Treatment and integrated counseling and testing services they support.

In summary, USG funds will allow EGPAF to support the Ministry of Health and its other partners in:

- i) Refining and strengthening of national policies and systems for scaling-up of PMTCT and associated services;
- ii) Maintaining and improving the PMTCT services at 26 PMTCT sites currently directly supported by USG funds programmed through the MOH and RETRO-CI.

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iii) Increasing the number of facilities providing PMTCT services to 24 new sites in both the public and private sectors including 11 sites supported by USG funds in 2004 whose staff have already received PMTCT training.

**Planned actions include:**

- ? Program planning and management at both the health district and site levels;
- ? Supervision of current and new sites;
- ? On-the-job training and mentoring for physicians, midwives, nurses, social workers and lab technicians;
- ? Support for associated ANC services;
- ? Reproduction and dissemination of PMTCT guidelines and IEC materials such as brochures, pamphlets, and posters;
- ? Support for the training of support groups for Mothers living with HIV.
- ? Support of outreach workers who work for a better quality of life for the infected mothers and their families
- ? Procurement of necessary PMTCT commodities including laboratory supplies, PMTCT and ANC registers, material, and equipment to support standardized services
- ? Procurement of cotrimoxazole prophylaxis for HIV exposed children, other basic medications and appropriate feeding supplies;
- ? Implementation of couple-friendly approaches within a larger family-based care model, with a particular focus on the longitudinal follow-up of HIV-exposed infants;
- ? Development and implementation of a comprehensive HIV/AIDS care model that will link PMTCT and Care and Treatment services and place PMTCT sites at all existing ART sites; and,
- ? Actions to integrate PMTCT services within the private sector and subgrants to support NGO/FBO clinic services.

Emphasis Areas	% Of Effort
Training	20.00
Human Resources	15.00
Policy and Guidelines	5.00
Quality Assurance and Supportive Supervision	20.00
Needs Assessment	5.00
Development of Network/Linkages/Referral Systems	15.00
Infrastructure	5.00
Commodity Procurement	15.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	50	<input type="checkbox"/>
Number of pregnant women provided with PMTCT services, including counseling and testing, during the reporting period	100,000	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	6,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	500	<input type="checkbox"/>

**Coverage Areas**

Agnebi

Bas-Sassandra

Moyen-Como

Nzi-Como

Sud-Bandama

Table 3.3.02: Program Planning Overview

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

**Results:**

HIV/AIDS stigma and discrimination reduced and human rights promoted related to gender, sexuality and HIV/AIDS  
 Promotion of sexual health with delay of sexual debut with evidence-based life skills curricula integrated within the school system

Increased evidence based HIV-prevention behavior change interventions available through schools, faith-based and other community networks

Increased evidence-based behavior change interventions to promote reduction of sexual-partners, and fidelity that include HIV-testing, strengthened with involvement of influential figures including faith-based and other community leaders and networks

Reduced high risk sexual behaviors due to changed social and community norms on gender inequity

Total Approved Funding for Program Area:

**Current Program Context:**

To achieve the national goal of Reducing the incidence of HIV/AIDS/STIs among youth (aged 15-24), the Government of Cote d'Ivoire is currently developing a National Strategic Plan for the period 2005-2007 with the following key strategies: \n- Promotion of abstinence and delay of sexual debut among youth; \n- HIV/AIDS education and "life skills" campaign (Core Curriculum development and roll out of materials in public school system) \n- Peer-to-Peer Education and mobilization of youth; and \n- BCC campaign addressing gender and cultural-related sexual vulnerability for youth (including cross-generational sex)\n\nNew programs for youth regarding abstinence and the delay of sexual debut 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 many parts of the country, targeting youth. \n\nKey institutional partners include Ministries of AIDS, Education, Health, Youth, and Tertiary Education and NGOs/CBOs (PSI, AIMAS, AIBEF, International de l'Education-CI, 1000 young girls; "Ma Virginite"), associations of PLWH/A (Ruban Rouge, Lumière Action, RIPS/AG), and FBOs (Hope WorldWide, the Religious Coalition to fight HIV/AIDS In Côte d'Ivoire -- CORAS-CI, Merite International, Caritas national, Young Muslims association, Djiguiba Foundation, Orphan's Smile, Christian churches).\n\nCoordination: \nA coordination committee was established in 2002 to improve coordination of HIV/sexual health initiatives among youth. The various Ministries sectoral plans also aim to improve planning by identify the specific roles of the different public sector partners. The MOA has established a BCC committee to improve quality, coverage and coordination of BCC activities. The MOH, MOA, Youth and MOE coordinate to implement the "health clubs and services for students" at education facilities. \n\nAs for data, there is no current school-based KAP survey and no biologic survey among youth outside the antenatal setting. USG supported BSS surveys among youth in 1998 and 2001 through FHI.\n\nService delivery\nUSG supports a very successful BCC multimedia campaign entitled "T'es yere t'es cool: (promoting abstinence, fidelity and/or condom use) implemented by PSI and its local partner NGO AIMAS. \n\nApart from the USG, there are no other major donors/partners supporting abstinence and youth activities in the country. Limited scope activities have been initiated by various NGO's (e.g., IRC) since the beginning of the crisis focusing on reproductive health, sexual violence, etc. as well as targeting out-of school youth.\n

**Program Area Target:**

Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful

Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)

Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful

Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)

Table 3.3.02: Activities by Funding Mechanism

<b>Mechanism:</b>	Cooperative Agreement with Ministry of AIDS #U62/CCU024313
<b>Prime Partner:</b>	Ministry of AIDS, Côte d'Ivoire
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	GAC (GHA) account)
<b>Program Area:</b>	Abstinence and Be Faithful Programs
<b>Budget Code:</b>	HVAB
<b>Program Area Code:</b>	02
<b>Activity ID:</b>	100
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>Building on activities begun in FY04 with USG support including technical assistance from Johns Hopkins University (JHU)-Communication Center, the Ministry for the Fight against AIDS will disseminate and coordinate the implementation of the national strategic plan for behavior change communication targeting promotion of sexual health with delay of sexual debut, fidelity and partner reduction, and promotion of HIV testing as part of a comprehensive BCC strategy. This "AB" focused activity is part of an integrated cross-cutting set of activities to use BCC to reduce HIV transmission, and improve care, support and treatment for PLWH/A and family members.</p> <p>With FY05 USG support complementing government and other donor support, the Ministry of AIDS will:</p> <ul style="list-style-type: none"> <li>- Disseminate the national BCC strategy document and tools (developed with FY04 funds) that includes a comprehensive prevention strategy with promotion of abstinence/delay of sexual debut, partner reduction/fidelity and addresses gender and cultural norms which impact on HIV transmission;</li> <li>- Coordinate the national technical working group on BCC which includes key stakeholders and implementing partners from multiple sectors such as NGO and journalists/artist networks, other technical line ministries (education, health, youth, communication, solidarity etc), and technical staff from development partners;</li> <li>- Work with the members of this committee to establish a functional review process to assure quality of, and standardized use, of BCC materials.</li> <li>- Reproduce quality BCC materials drawing on existing materials for use by the Ministry of AIDS and implementing partners such as those from the Ministry of Education, Health and other public sector partners, private sector and civil society. Disseminate tools and information through networks (FBO/NGO/government/professional associations and other) and monitor and evaluate use of materials in association with decentralized committees and other civil society partners.</li> <li>- These combined multimedia BCC activities should result in BCC messages to reach at least 50% of the population over 15 years of age (~4,000,000 persons). This activity will seek to mobilize other resources and link with other communication initiatives such as those of the USG initiative in Cote d'Ivoire through internets to promote good journalism and editorial skills to strengthen civil society and the UN mission (ONUCI) radio program.</li> </ul>

Emphasis Areas	% Of Effort
Information, Education and Communication	80.00
Quality Assurance and Supportive Supervision	10.00



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## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	1	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	4,000,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)	260	<input type="checkbox"/>

### Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Factory workers (Parent: Business community/private sector)
- Faith-based organizations
- Most at risk populations
- Military personnel (Parent: Most at risk populations)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Program managers
- Teachers (Parent: Host country government workers)

### Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs

### Coverage Areas:

- National

Table 3.3.02: Activities by Funding Mechanism

<b>Mechanism:</b>	Cooperative Agreement with Ministry of National Education, # U62/CCU24223
<b>Prime Partner:</b>	Ministry of National Education, Côte d'Ivoire
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	GAC (GHAI account)
<b>Program Area:</b>	Abstinence and Be Faithful Programs
<b>Budget Code:</b>	HVAB
<b>Program Area Code:</b>	02
<b>Activity ID:</b>	102
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>The November 2004 deterioration in the political and security situation in Cote d'Ivoire and subsequent authorized departure (now ended) led to the need to reassess the original country operational plan including reflections on the capacity of Emergency Plan USG project management staff to monitor programs and ensure financial controls. This, combined with the need to evaluate the initial technical and management results from the new cooperative agreement with the Ministry of National Education, led to significant funds for AB being deferred to this second submission. Preliminary results and ongoing strong engagement from senior Ministry officials give confidence to the country team to strongly recommend that ongoing AB activities with the Ministry of National Education remain an essential component of the Emergency Plan and are feasible and appropriate in the current environment.</p> <p>With this additional funding, it is proposed that the Ministry of Education will build on the activities begun in FY04 with USG support, including their priority activity: the development of an age-appropriate skills building curricula including HIV/AIDS prevention designed to delay sexual debut, encourage responsible sexual behavior and address detrimental gender and cultural norms constraining healthy sexuality.</p> <p>Life Skills activities during FY04 of the cooperative agreement with the Ministry of Education benefited from the establishment of a competitive sub-contractual award to access expert international technical assistance, which will be continued through the life of this activity through FY07. The Ministry of Education will also build on previous USG, UNICEF/UNESCO and other donor supported activities, to expand the number and quality of extra-curricular activities by students and school health clubs to include Life Skills and will collaborate with other ministries and NGO/FBO/CBO networks who work with youth, including out of school youth, children orphaned by AIDS, and other vulnerable children, to adapt and use life skills curricula and educational materials.</p>

## Planned activities include:

- Development of curricula followed by supervision, monitoring, and evaluation of implementation of newly-developed Life Skills curriculum in three pilot school districts targeting the 1st cycle of grammar/secondary school ;
- Revision and validation of curriculum with input from key stakeholders and National Working Group;
- Assessment of needs for national roll out of life skills curricula;
- Improvement of quality and coverage of pre-service and in-service HIV and Life Skills related training for secondary school teachers with establishment of pool of 30 training experts, adaptation of HIV and life skills training materials, and training of 30 teachers;
- Integration of Life Skills curricula into the national curricula and roll out with parallel activities to prepare life skills curricula targeting older secondary school students and primary school students;
- Building on previous USG, UNICEF/UNESCO and other donor supported activities, expand number and quality of extra-curricular activities by students and school health clubs to include Life Skills approach and continue to build competency through training of 180 teachers, health and social workers of serving students at school health clinics in promoting ABC and Life Skills;
- Evaluation of the pilot phase of the Life Skills project (both curricula and health clubs/peer education components);
- Development, dissemination and implementation of expanded monitoring and evaluation plan and tools related to the second phase of the curriculum project;
- Collection, analysis and dissemination data to contribute to evaluation, improvements, and appropriate expansion of the curriculum and required reports;
- Expansion of national policy to use data for policy and planning;

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- In addition, in coordination with US funded technical assistance provider (FHI), a complementary "change agents" program will be conducted : this will include initial formative research, and the development, implementation, monitoring and evaluation of a comprehensive HIV in the workplace program for Ministry of Education staff, improving the ability of the Ministry to provide improved support to HIV-infected teachers, their families and communities, including counseling on prevention, peer-support, and links to comprehensive social and health services. These activities will be designed to assist staff to confront HIV in their own lives and families and assist them to be effective role models and "change agents" for their students and communities (especially rural communities). Considerations of gender, culture and power-relations will be required as issues such as teacher-student and inter-generational sexual relations are addressed.
- Reporting of data to the Ministry for the Fight Against AIDS for inclusion in the national database

Emphasis Areas	% Of Effort
Training	15.00
Human Resources	10.00
Policy and Guidelines	15.00
Logistics	10.00
Quality Assurance and Supportive Supervision	15.00
Information, Education and Communication	10.00
Strategic Information (M&E, IT, Reporting)	20.00

## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	1	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,400	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	17,400	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	510	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)	510	<input type="checkbox"/>

**Target Populations:**

Teachers (Parent: Host country government workers)

**Key Legislative Issues**

Gender

Increasing women's legal rights

Stigma and discrimination

Twinning

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism:</b>	Competitive announcement (comprehensive, prevention, Care & social marketing,
<b>Prime Partner:</b>	To Be Determined
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	GAC (GHAI account)
<b>Program Area:</b>	Abstinence and Be Faithful Programs
<b>Budget Code:</b>	HVAB
<b>Program Area Code:</b>	02
<b>Activity ID:</b>	483
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	

This new procurement (cooperative agreement) is designed to reach poorly served areas including rural areas using existing experienced national organizational structures with well developed financial management systems and established reach to rural populations in multiple regions. It should be awarded in the 3rd quarter of FY05 permitting implementation over at least a 6 month period prior to March 2006. The primary recipient and/or subcontractors will build on existing activities, community structures such as the village HIV action committees, and available BCC tools, including those developed by other USG partners and/or the national BCC committee, and will:

- Conduct rapid situation analyses involving key informants to adapt prevention approaches and "AB" focused BCC tools to inform a future comprehensive BCC prevention campaign involving and targeting rural youth and key decision makers using complementary methods of proximity (theatre, participatory peer methods, rural traditional events etc) and mass media (including local language interventions building on new national lexicon of HIV/AIDS terms developed by journalists' network (REPMASCI) with USG support).
- Promote capacity building to CBOs and village and district AIDS Action Committees to promote quality, local ownership and sustainability of activities.

\*This activity is one component of a broader effort to expand comprehensive HIV/AIDS activities into rural and typically underserved areas -see treatment section for related cooperative agreement and Johns Hopkins activity concerning BCC in rural areas (described in Prevention).

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Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	5.00
Information, Education and Communication	20.00
Community Mobilization/Participation	30.00
Local Organization Capacity Development	30.00
Strategic Information (M&E, IT, Reporting)	5.00
Commodity Procurement	10.00

## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	250,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	40	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>

## Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Volunteers
- Rural

**Key Legislative Issues**

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

**Coverage Areas**

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Moyen-Comoé

Lagunes

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism:</b>	HHS-Population Service International
<b>Prime Partner:</b>	Population Services International
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	GAC (GHAI account)
<b>Program Area:</b>	Abstinence and Be Faithful Programs
<b>Budget Code:</b>	HVAB
<b>Program Area Code:</b>	02
<b>Activity ID:</b>	1369
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>Building on work commenced with the national army (with USG support) and the Force Nouvelle (with Global Fund support) in Cote d'Ivoire and work with the US DOD in other African settings, PSI will coordinate with the US Department of Defence and provide technical assistance to the Ivorian Ministry of Defence, National Committee for Disarmament, Demobilization and Reinsertion (NCDDR), ONUCI mission and representatives of uniformed services to adapt and disseminate a BCC strategy and BCC tools targeting fidelity, partner reduction, risk reduction, promotion of HIV testing and addressing sexual violence and gender issues as part of an integrated HIV prevention strategy for members of the various uniformed services and their sex partners (complementing activities defined in other prevention section). The existing program targeting the FANCI with 12 groups of 25 trained voluntary peer educators will be supported with both fixed site peer educators located at military installations and through the team of mobile peer educators equipped with a Mobile Video Unit (MVU), that visit military camps.</p> <p>The NCDDR and ONUCI will bring other donor resources but will benefit from technical assistance to implement coordinated complementary programs. The target population includes approximately 100,000 persons with at least 50% coverage of the various forces as well as sexual partners and the surrounding population</p>

**Emphasis Areas**

	<b>% Of Effort</b>
Policy and Guidelines	5.00
Quality Assurance and Supportive Supervision	5.00
Information, Education and Communication	75.00
Infrastructure	10.00
Strategic Information (M&E, IT, Reporting)	5.00

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## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	85,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	25	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>

### Target Populations:

- Military personnel (Parent: Most at risk populations)
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)

### Key Legislative Issues

#### Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

### Coverage Areas:

National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVAB  
**Program Area Code:** 02  
**Activity ID:** 1380

**Approved Funds:**

**Activity Narrative:** The HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand the capacity of the local community including faith based and non-governmental organizations to respond to HIV in their communities. The Alliance will draw on their experience in Senegal, Burkina Faso and other countries in the sub-region to establish and reinforce a national linking organization to provide management and technical assistance to sub-grantees as well as manage a large number of sub-grants including those dedicated to HIV prevention with socioculturally and linguistically competent abstinence and fidelity behavior change interventions.

HIV/AIDS Alliance will provide technical assistance and share their international experience to assist national authorities and key stakeholders including representatives of PLWH/A and ASO and FBO networks to define a simplified monitoring and evaluation plan for community based activities and a CBO/FBO small grants program including the technical and management assistance to ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

With FY05 funds, Alliance will help strengthen CBO networks and local coordination bodies to improve communication and coordination and promote continuum of prevention and care services. They will work with national authorities and draw on national policy, tools and national and international best practices to define criteria for CBO/FBOs to receive small grants and technical assistance to implement and monitor evidence based BCC prevention interventions (including abstinence and fidelity for relevant subpopulations) at the community level complementing mass-media, school-based and other national interventions. Small subgrants will be provided to at least 20 community and/or faith based organizations to promote evidence based prevention messages including abstinence and fidelity and address HIV related stigma and ignorance reaching populations in at least 6 regions, before March 2006. At least 120 persons will be trained to improve their skills in program and financial management, monitoring and evaluation and/or BCC service provision.

HIV/AIDS Alliance will work to link community mobilization, treatment literacy and support services with related services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies.

Emphasis Areas	% Of Effort
Training	20.00
Policy and Guidelines	10.00
Quality Assurance and Supportive Supervision	10.00
Local Organization Capacity Development	50.00
Needs Assessment	10.00



**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	20	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	120	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>

**Target Populations:**

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Stigma and discrimination

**Coverage Areas**

Bas-Sassandra

Lagunes

Moyen-Comoé

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVAB  
**Program Area Code:** 02  
**Activity ID:** 2074  
**Approved Funds:**   
**Activity Narrative:**

Projet RETRO-CI will provide technical assistance to partners to ensure continuity of strategies and financial support. Ongoing activities will include support to:

- Life Skills Curricula implementation and copordination of the National Working Group;
- Identifying opportunities for targeted Behavior Change Communication (BCC);
- Supervising critical needs assessments
- Coordination of activities among donors and partners (e.g. UNICEF, REPMASCI (Network of media professionals and artists against AIDS in CI), Ministry of Education, FBOs)
- Ongoing monitoring and targeted evaluations with quality assurance and supportive supervision

RETRO-CI technical assistance will be particularly important until USAID position can be filled and expanded international technical assistance is available.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	20.00
Needs Assessment	10.00
Policy and Guidelines	20.00
Quality Assurance and Supportive Supervision	40.00
Strategic Information (M&E, IT, Reporting)	10.00

**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	25	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>

**Target Populations:**

- Adults
- Community leaders
- Teachers (Parent: Host country government workers)
- Ministry of National Education

**Key Legislative Issues**

- Gender
- Stigma and discrimination

**Coverage Areas**

- 18 Montagnes
- Bas-Sassandra
- Haut-Sassandra
- Lagunes
- Moyen-Comoé
- Sud-Comoé

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** (D) CDC HQ TA (Deferred)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHA1)  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVAB  
**Program Area Code:** 02  
**Activity ID:** 2076  
**Approved Funds:**   
**Activity Narrative:** HHS HQ will provide expert technical assistance to the Ministry of Education and USG country team to :  
 - integrate and pilot age-specific education and skills building curricula targeted for in-school youth  
 - evaluate HIV-related preservice and inservice training for teachers and for health professionals working in the MOE , and provide recommendations to improve training and training skills.

Emphasis Areas	% Of Effort
Needs Assessment	50.00
Policy and Guidelines	50.00

**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>

**Target Populations:**

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

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** ABY Hope Worldwide  
**Prime Partner:** Hope Worldwide  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** N/A  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVAB  
**Program Area Code:** 02  
**Activity ID:** 2089

**Approved Funds:**

**Activity Narrative:** Through the new central award, HW will strengthen existing HIV/AIDS Prevention activities to focus on Abstinence and Faithfulness (AB) focused messages, primarily targeting youth. Activities will promote primary and secondary abstinence, fidelity in marriage, reduction of sexual coercion and violence against women. At least 11,000 youth and parents will be reached in FY05 with progressive geographic expansion and expansion of CBO/FBO service delivery partners. HW will:

- Work closely with government departments such as the Ministry of Education, key stakeholders, and national Life Skills Network experts to review HIV prevention curricula and provide support to life skills orientation programs.
- Conduct workshops with participating schools, communities of faith, and youth groups to promote AB-focused messages and community mobilization activities
- Train trainers from above-mentioned groups on Life Skills topics such as, self esteem, communication skills, peer pressure, gender issues, and family related principles.
- Facilitate community institutions and groups to develop actions plans to implement AB/youth focused activities
- Provide support for networking of AB/Youth focused practitioners
- Provide monitoring and evaluation information on mass media reach.

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Community Mobilization/Participation	15.00
Infrastructure	10.00
Local Organization Capacity Development	20.00
Quality Assurance and Supportive Supervision	15.00
Strategic Information (M&E, IT, Reporting)	10.00
Training	30.00

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**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	11,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)		<input checked="" type="checkbox"/>

**Target Populations:**

- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations

## Activities by Funding Mechanism

**Mechanism:** GAC HHS JHPIEGO  
**Prime Partner:** JHPIEGO  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHA) account)  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVA8  
**Program Area Code:** 02  
**Activity ID:** 2093

**Approved Funds:****Activity Narrative:**

Expanded, targeted and complementary behavior change communications (BCC) campaigns with involvement of key public sector ministries, journalists, religious and other influential communities and professional associations are critical to achieve broad prevention, care and treatment goals. Both the Minister for the fight against AIDS and the Minister of Health have specifically requested assistance from JHU-Center for Communications Programs as part of the Emergency Plan Assistance.

This funding request supports activities building on the body of work accomplished with FY04 funds such as the BCC needs assessment and the development of a national BCC strategy and is feasible in the current environment in Cote d'Ivoire due to the extensive national and regional network of professionals trained with CCP over more than a decade. In addition this proposal draws on and complements the BCC work CCP is supporting as part of the World Bank Corridor Project as well as the work of other Emergency Plan supported partners such as Internews, HIV/AIDS Alliance and the Ministries of Education and AIDS.

With these funds CCP will draw on materials successfully used in Cote d'Ivoire and in the subregion (previously as part of the USAID regional project) and manage the development of a campaign to promote abstinence and the delay of sexual debut targeting youth, and a broader abstinence, fidelity and compassion promotion campaign working with religious leaders and their communities. These will also reinforce communication interventions aimed at supporting treatment in the community and building social inclusion for PLWHA.

The Behavior Change Communication (BCC) support from CCP for PEPFAR in Côte d'Ivoire for FY 2005 will be four pronged (the fourth prong - the treatment component has already been funded in the 1st FY05 submission from Cote d'Ivoire):

## 1- Abstinence, Be faithful for Youth

a) CCP will provide technical and sub-granting support to the network of journalists and artists fighting AIDS ("REPMASCI") and work with other partners (Ministry of National Education and agricultural technical assistance to rural areas agency "ANADER") to develop and implement REPMASCI's abstinence among youth campaign drawing on REPMASCI's national youth competition for the best slogan to promote abstinence among young people conducted in 2004 and on ANADER supported village HIV action committees and the "community risk assessment and action" approach at the village level. It is anticipated that this will include community outreach with decentralized actors from REPMASCI, agriculture extension agents and teachers (with needs assessment, mini module development, training of trainers, roll-out training, design and production of inter-personal communication materials, community activities: home visits, community talks, youth-theater.)

b) To complement the activity above, CCP will work with national partners to draw on materials developed under the USAID regional SFPS project (2001-2003) to adapt and implement a BCC campaign promoting abstinence among youth. The campaign included community-based interventions, coupled with mass media promotion of 'Mimi' a young girl who was determined to stay virgin until she was 20, despite peer pressure. Despite growing unrest, the campaign recorded widespread support and a follow-up evaluation measured increased discussion about abstinence and increased intent to abstain/postpone sex among young girls (Source: CCP study in 2003). After inventory of youth BCC materials available in Côte d'Ivoire and a rapid formative qualitative study are conducted, campaign messages and materials will be adapted and reproduced.

## 2- Religious communities and promotion of Abstinence/Fidelity and Compassion for PLWHA

CCP will collaborate with the Inter-religious council, Moslem, Christian and other

religious leaders and faith-based organizations, building on indigenous and regional approaches such as those used in Ghana and Nigeria, and including abstinence and fidelity BCC approaches through faith-based communities and including youth, couples and men as specific target groups:

- The 'Reach Out' compassion campaign from Ghana involved religious Leaders showing compassion for PLWHAs where religious leaders and FBOs are trained to play a greater role in supporting PLWH/As and working through their faith to address the HIV/AIDS problem and effect sustainable behavior change.

- In Nigeria, a new audio player technology was used to record content about compassion, fidelity, and AIDS. The audio players were used to conduct listening groups within FBO congregations to stimulate dialogue and community action.

As a first step, CCP will conduct rapid formative evaluations both qualitative and quantitative to collect data on existing perceptions, messages currently transmitted, attitudes, access to information, and how to structure BCC interventions through faith-based communities in Côte d'Ivoire. The results of the formative research will be used for campaign design, messages and materials development and initial pilots will be conducted. Full campaign launch and implementation will take place in FY 06.

### 3- Improved Behavior Change Communication (BCC) capacity

As a cross-cutting activity, CCP will work with key national partners including public sector partners (the Ministry for the fight against AIDS and technical line ministries), and key implementing partners such as REPMASCI and women media professionals fighting HIV/AIDS to increase overall strategic communication capacity with effective message development and activity design to support prevention efforts as well as community care and support, stigma reduction, service promotion and treatment adherence. Activities will include BCC curriculum development, training of trainers, roll-out training as well as dissemination of existing materials and tools developed under the previous regional USAID project (Message Development Guide, P+ Comic Book, Living Positively video).

Every effort will be made to ensure these activities progressively reinforce national capacity and complement activities of other PEPFAR supported implementing partners (such as Internews, HIV/AIDS Alliance, JHPIEGO, EGPAF) as well as other national and regional BCC activities supported by diverse partners.

Emphasis Areas	% Of Effort
Training	20.00
Information, Education and Communication	25.00
Local Organization Capacity Development	20.00
Community Mobilization/Participation	20.00
Needs Assessment	5.00
Strategic Information (M&E, IT, Reporting)	15.00



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**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	2	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	2	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Individuals trained in implementing programs related to capacity building	30	<input type="checkbox"/>
Number of HIV implementing programs related to capacity building	2	<input type="checkbox"/>

**Coverage Areas:**

National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** (D) S/GAC RETRO-CI  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVAB  
**Program Area Code:** 02  
**Activity ID:** 2100  
**Approved Funds:**   
**Activity Narrative:** Projet RETRO-CI will support REPMASCI (Network of media professionals and artists against AIDS in Cote d'Ivoire) and COS-CI (NGO collective against HIV representing >400 organizations) to:

Implement abstinence/sexual debut delay promotion campaign among at least 20,000 young persons in Cote d'Ivoire (following their national competition for identifying best BCC messages) including: Multimedia campaign (television, radio, local language radio, print media), Mass promotion event (with artists/musicians) in at least 5 regions

Projet RETRO-CI will support CORA-CI (Network of religious organizations against AIDS) to mobilize at least 5,000 persons through their religious communities to promote delay of sexual debut and abstinence among youth in their communities in Cote d'Ivoire :

- provide training and BCC support materials (posters/pamphlets)
- Mobilize religious community leaders and conduct trainers of trainers for 50 persons to promote abstinence and fidelity especially among youth
- Provide training/community mobilization to 25 religious communities/parishes to promote abstinence and fidelity in their respective communities especially among youth

Projet RETRO-CI will support Federation of youth organizations against AIDS, REPMASCI, CORA-CI, and the American Cultural Center to develop culturally sensitive BCC materials to promote delay of sexual debut and abstinence among youth in Cote d'Ivoire.  
 -Develop/adapt and produce training and BCC support materials (posters/pamphlets) in support of abstinence/delay of sexual debut and fidelity through a participatory process involving youth leaders and a school competition (building on previous work by American Cultural Center, REPMASCI, COSCI and Projet RETRO-CI).

Emphasis Areas	% Of Effort
Training	30.00
Local Organization Capacity Development	30.00
Information, Education and Communication	40.00

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## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Number of community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	0	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	1	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence (subset of AB)	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)	25	<input type="checkbox"/>

### Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS

### Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

### Coverage Areas:

- National

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism:** Internews  
**Prime Partner:** Internews  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Abstinence and Be Faithful Programs  
**Budget Code:** HVAB  
**Program Area Code:** 02  
**Activity ID:** 2456  
**Approved Funds:**   
**Activity Narrative:**

Internews Network can build the capacity of local media in Cote d'Ivoire to create a supportive and heightened public awareness of the intricacies of HIV/AIDS prevention, care and treatment. Through its Local Voices program, and in collaboration with the Réseau des Professionnels des Médias et des Arts, engagés dans la Lutte Contre le SIDA et les autres Pandémies en Côte d'Ivoire (REPMASCI), Internews will facilitate managerial, journalistic, and health technical expertise local journalists (specifically with radio news journalists in Cote d'Ivoire) to raise the level of public discourse on HIV/AIDS. A specific focus of this activity is to promote message development that supports all areas of prevention including abstinence and fidelity.

The specific objectives of the Internews Local Voices program in Cote d'Ivoire are to:

- ? Secure the practical/actionable commitment of radio station managers and owners in the battle against HIV/AIDS;
- ? Strengthen the skills of radio journalists and provide them with the on-going resources they need to expand and improve their reporting and programming on HIV/AIDS;
- ? Provide radio announcers with the knowledge and vocabulary to weave constructive, accurate messages about HIV/AIDS into their daily programs including appropriate messages on the importance of abstinence and fidelity in prevention;
- ? Support radio talk show hosts in counteracting social stigma, confusion, denial and erroneous stereotypes about HIV/AIDS;
- ? Increase citizen dialogue with experts and public officials by increasing the frequency and quality of HIV/AIDS-related call-in radio programs supporting all aspects of prevention, and access to treatment and care;
- ? Provide support for increased reporting and special programming targeting pre-pubescent children, their parents and teachers, and young women and men; highly vulnerable populations, and
- ? Improve radio journalism, programming, announcing and station management skills generally, an approach that provides tangible incentives for participating in the program.

Rural Radio stations would be encouraged to develop consistent news reports on HIV/AIDS, to develop call-in shows, and to access local resources (NGOs, PLHIV/AIDS, and health professionals) for their reports. Key collaborating partners on this activity will be REPMASCI, the US Embassy Press Office in Abidjan, the International HIV/AIDS Alliance, and the Ivorian Network of People Living with HIV/AIDS.

Emphasis Areas	% Of Effort
Training	50.00
Linkages with Other Sectors and Initiatives	20.00
Local Organization Capacity Development	30.00

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**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/>
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence (subset of AB)	30	<input type="checkbox"/>

**Coverage Areas:**

National

Table 3.3.03: Program Planning Overview

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

**Results:**

Full supply of related medical equipment and supply achieved  
 Infrastructure for the collection, testing, storage and distribution of safe blood and blood products built and expanded  
 Management of blood transfusion services strengthened  
 Standard blood safety precautions in public and private hospitals strengthened  
 Improved quality of national blood transfusion service  
 A national blood transfusion service established\n\n\n

Total Approved Funding for Program Area:

**Current Program Context:**

The National Blood Transfusion Services (CNTS) of the Ministry of Health through its effective low-risk donor recruitment, comprehensive screening and distribution activities continues to provide safe blood for transfusion thereby contributing to a substantial reduction in blood transmissible infections in the country. However, currently CNTS is able to meet only 40% of the estimated need for blood. It is hoped that by the end of the year FY 2004 activities, CNTS will have increased the supply of distributable units by 8% from the previous year's performance (approx. 76,000 distributable blood units). The socio-political crisis continues as the rebels occupy the Northern part of the country where two regional blood banks are situated. These blood Transfusion centers will remain closed during the FY 2004. Yamoussoukro regional blood bank will be reinforced to also cater to the blood transfusion needs of the displaced population following the political the crisis.\nUSG contributions to the overall National goal on Blood safety:\nReceiving Track 1 funds for FY 04 has reinforced its operations in many ways. Social & Scientific Systems, Inc. and its partners have started to provide technical assistance to CNTS. The following are some of the on-going activities that will directly contribute to the targets stated in MOH, CNTS work plan in FY04.\nCompleted and on-going activities financed by FY 2004 funds:\n1. As foreseen, all the additional staff for the administration of the project are recruited and will receive the necessary induction to their roles. Recruitment of other personnel to strengthen the human capacity required for the expansion of blood transfusion services in year 1 operations is on-going. Administrative systems, procedures and processes to manage and administer the 5 year US Emergency Plan input for CNTS is being developed.\n2. Architectural plans for extension and repairs required for CNTS existing buildings in Abidjan, Daloa and Yamoussoukro are being finalized through Technical Assistance from Social & Scientific Systems, Inc. so that works can be undertaken during the first year of operation.\n3. Given the Track 1 budget sanction to reinforce the capacity of blood transfusion services, a priority list of testing automates, laboratory equipments, reagents, blood drawing supplies, storage facilities, laboratory testing materials etc have been finalized with the help of TA through SSSI and purchase orders have been placed. Materials are expected to in place in the next months and installations of equipments purchased with FY 2004 monies are expected to be completed by February 2005. Supplier maintenance contracts have been judiciously negotiated.\n4. Process to prepare the policy and guidelines for clinical use of blood, country legislation and regulation on blood transfusion, standard operating procedures have commenced. Activities such as consensus-building for clinical use of blood will be undertaken during the year.\n5. Hardware and software needed to improve and extend the information technology system for the national and regional blood transfusion centers have been purchased. Technical assistance to evaluate the existing system, compilation of existing data and hands on training on the improved software will be provided in December 2004.\n6. Initial activities to build systems to have a good internal quality assurance component to the entire blood transfusion "value chain" - Donor recruitment through Use of blood is foreseen for FY 2004.\n7. Data requirements and information systems to collect the data required and indicators to measure the progress of the entire operation will be initiated in the FY 2004.\n8. Training on safety of Blood and Blood products, Quality Assurance and Transfusion, Best practices in lab techniques foreseen for the first year of operation will be carried out as an when the staff are recruited and the materials are available.

**Program Area Target:**

Number of service outlets/programs carrying out blood safety activities

Number of individuals trained in blood safety

Table 3.3.03: Activities by Funding Mechanism

**Mechanism:** Cooperative Agreement with MOH-CNTS (Blood Safety) #U62/CCU023649  
**Prime Partner:** Ministry of Health, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** N/A  
**Program Area:** Medical Transmission/Blood Safety  
**Budget Code:** HMBL  
**Program Area Code:** 03  
**Activity ID:** 1636  
**Approved Funds:**   
**Activity Narrative:** FY05 of the program will be dedicated to build capacities (infrastructure & training), to manage quality and develop standard operating procedures, to develop policies and guidelines for blood utilization, to develop a local network in each functional Blood Transfusion Service (BTS) and undertake suitable collaborations in order to mobilize and retain new blood donors. This plan will make provision for adequate staff, equipment, reagents and supplies to make fully functional the NBTC and five RBTCs in the south of the country.  
 Note that we will pursue some of the ongoing activities that began in the first year, but this does not comprise equipments already bought in the first year.

**Infrastructure:** to increase the capacity of collection, management and distribution of safe blood each year, the National Blood Transfusion Center (NBTC) of Abidjan and the two existing regional blood transfusion center (RBTC) will be restored/equipped. Facilities will be improved and equipped to accommodate scale-up of activities; this involves renovation, equipment and supply (blood bags, tubes, reagents, test kits...) for the laboratories. Further actions are planned in FY05 to reinforce the decentralization of blood transfusion activities in year 2 (Identify sites and existing buildings, renovate and equip these buildings to accommodate activities of three new RBTC (San-Pedro, Abengourou, Aboisso). Renovate and equip existing buildings to accommodate activities of one collection center in one quarter of Abidjan. Assess needs of 20 non-functioning blood banks, renovate and purchase equipment and supplies for these blood banks. Ongoing collaboration with the NGOs working in the area (International Red Cross, Medecins Sans Frontieres France, Holland and Belgium) will be reinforced to ensure management and distribution of safe blood in the occupied zone.

**Training:** Build the capacity of local staff in all aspects of blood banking, donor recruitment and quality management, providing the groundwork for a sustainable operation. The NBTC will cooperate with existing training institutions and will also develop its own training activities. For FY05 the transfusion services involved are those in open-functional areas. The same training will be repeated in the other RBTC the following years. The number of participants may vary (10 – 100) depending on the location and the topic of the training.

**Quality assurance:** activities in this domain will begin early in the first year and be pursued in the following year to finalize quality assurance guide, improve blood bank, organize a national quality control system, implement an internal quality control system and organize an external audit according to the ISO17 025.

**Policies and guidelines:** Actions could be undertaken by this financial support to improve the therapeutic use of blood products in order to reduce the number of non-necessary transfusions each year. Among these actions, note the diversification of blood product, the integration of written texts and professional agreement for blood products management and clinical use in the national legal framework. Creation of blood transfusion committees and establishment of traceability in health care services.

**Development of Network/Linkages/Referral Systems:** the goal for FY 05 is to improve, extend or implement a local network in each BTC and initiate the implementation of the national IT network. This includes renovation, equipment (hardware and software) and establishment of a national internet connection.



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<b>Emphasis Areas</b>	<b>% Of Effort</b>
Training	25.00
Policy and Guidelines	25.00
Quality Assurance and Supportive Supervision	40.00
Strategic Information (M&E, IT, Reporting)	10.00

## **Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of service outlets/programs carrying out blood safety activities	6	<input type="checkbox"/>
Number of individuals trained in blood safety	100	<input type="checkbox"/>
Percent of blood units transfused that have been adequately screened for transmitted diseases (HIV, Hepatitis B and C and syphilis) according to national or WHO guidelines	100	<input type="checkbox"/>

## **Key Legislative Issues**

### **Gender**

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Twinning

Volunteers

Stigma and discrimination

### **Coverage Areas:**

National

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism:** MOH-Blood Safety TA  
**Prime Partner:** Social and Scientific Systems  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** N/A  
**Program Area:** Medical Transmission/Blood Safety  
**Budget Code:** HMBL  
**Program Area Code:** 03  
**Activity ID:** 1948  
**Approved Funds:**   
**Activity Narrative:** Building on the activities that have been supported in FY 2004, Social and Scientific Systems along with its partners will:

1. Continue to provide guidance to make right decisions on the choice of materials foreseen under commodity procurement for the establishment of Yamoussoukro, Abengourou, San Pedro and Aboisso Blood banks. This will include assistance to establish the related mobile blood collection units attached to the Blood Transfusion centers.
2. Technical assistance will be provided to prepare policy and guidelines for donor recruitment, use of blood (Nurses), legal transfusion regulations . Assist in the development of national guidelines.
3. TA for transition from manual record maintenance to computerized information system in operating regional banks through "hands-on" training on software and improve the system in Abidjan blood bank
4. TA to prepare the quality assurance guide/manual. Assistance to establish an internal quality assurance system within CNTS. Audit one-third of the 67 (approx. 20 ) blood banks in the hospitals in the country
5. Training: Approximately 100 health personnel will be trained in Blood safety during the year FY 2005. The category of personnel, type of training required and whether it will be done locally or internationally will be determined after the assessment of progress made under capacity building in the first year of operation.
6. Monitoring and Evaluation:  
 Finalize the indicators that have been proposed to monitor the entire "Value Chain of CNTS". Assist in adapting the data collecting tools to capture the data that is required to measure the progress using these indicators.

Emphasis Areas	% Of Effort
Training	25.00
Policy and Guidelines	25.00
Quality Assurance and Supportive Supervision	40.00
Strategic Information (M&E, IT, Reporting)	10.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	20	<input type="checkbox"/>
Number of individuals trained in blood safety	100	<input type="checkbox"/>
Percent of blood units transfused that have been adequately screened for transmitted diseases (HIV, Hepatitis B and C and syphilis) according to national or WHO guidelines		<input checked="" type="checkbox"/>

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Twinning

Volunteers

Stigma and discrimination

**Coverage Areas:**

National

**3.04: Program Planning Overview**

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

**Objectives:**

- Supply of related medical equipment and supply achieved
- Universal safety precautions implemented and safe medical injections ensured
- Strengthened local capacity for procurement of quality safe injection equipment
- Improved policy support and demand for safe injection practices

**Total Approved Funding for Program Area:**

**Current Program Context:**

Current Country Context: (1) 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 (2) 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. (3) 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. (4) 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. (4) Currently, there are policies and guidelines which govern safe injection practices in public or private health care facilities or for home-based care and no institutional infection prevention and control. However this is recognized as a neglected and important area by the GERES-CI, and the National HIV Care Program. (4) Comprehensive implementation of a national 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 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. (4) 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). (4) Complements safe injection and medical waste management initiatives of MOH, in partnership with GAVI, WHO, UNICEF and the World Bank.

**Program Area Target:**

Number of individuals trained in injection safety

**Table 3.3.04: Activities by Funding Mechanism**

**Mechanism:** JSI Injection Safety  
**Prime Partner:** John Snow, Inc.  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** N/A  
**Program Area:** Medical Transmission/Injection Safety  
**Budget Code:** HMIN  
**Program Area Code:** 04  
**Activity ID:** 2046  
**Approved Funds:**   
**Activity Narrative:**

With an alarming rise in HIV infections worldwide; CDC awarded contracts to John Snow Inc (JSI) to undertake an injection safety project. The goal of this project is to provide a rapid response aimed at preventing the transmission of this disease by improving the medical injection safety.

In FY05, the project will build upon the FY04 one-year project by expanding the training of health care workers and other personnel, helping the government develop and implement a strategy to achieve commodity security, implementing behavior change and advocacy strategies to reduce unnecessary injections, developing a sustainable waste management system, and improving health worker safety. Within these areas, health care workers' safety will be the primary focus through specific activities such as promotion of Hepatitis B vaccination for health workers, the observance of universal precautions and the use of protective gear for waste handlers and post-exposure prophylaxis. These activities will expand beyond the initial project areas to work toward reaching national coverage under the new five-year project.

The project will undertake training of health workers in injection safety, capacity building in procurement and supply management, and training in medical waste management. In addition to training staff, the project will work to develop cadres of trainers at the national, provincial and district levels

**Expected results:**

1. National Injection Policy developed
2. National Drug Policy revised
3. Test of injection devices equipped with reuse and needle-stick prevention features completed
4. Behavior change strategy developed
5. Medical waste management curriculum developed
6. trainers trained
7. health care workers including waste handlers trained and supervised in selected provinces
8. Universal safety precautions implemented and safe medical injections ensured
9. Develop and implement strategy to achieve commodity security

**Notes:**

1. Systems strengthening activities will be jointly funded with contributions by the government of Cote d'Ivoire, and other donors including the Global Fund and World Bank Multisectoral AIDS Project (already included in their budgeted plans – however World Bank project is yet to commence). The Ministry for the fight against AIDS will continue to advocate for expanded state contributions (from central and local government resources) especially for recurrent costs.

2. Technical assistance will be provided to support these activities by USG technical staff including CDC/Projet RETRO-CI staff, AED, PATH, Measure Evaluation,, by UN agencies including WHO, UNICEF, UNAIDS, UNFPA, , HIV/AIDS Alliance and complement SI activities implemented by the Ministry for Health and other technical ministries to create one functional national M&E system

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Emphasis Areas	% Of Effort
Training	30.00
Policy and Guidelines	10.00
Commodity Procurement	25.00
Information, Education and Communication	25.00
Strategic Information (M&E, IT, Reporting)	10.00

## Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	100	<input type="checkbox"/>

## Target Populations:

### Adults

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Most at risk populations

HIV/AIDS-affected families

International counterpart organizations

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

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Prisoners (Parent: Most at risk populations)

USG headquarters staff

Ministry of AIDS

Technicians laboratorians

## Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

## Coverage Areas:

National

Table 3.3.05: Program Planning Overview

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

**Results:**

Full supply of related drugs, condoms, medical equipment and supplies achieved  
 Awareness and knowledge about HIV/AIDS preventive practices increased  
 Increased access to HIV/AIDS prevention services for high risk populations including sex workers and military personnel/former combatants  
 Quality of STI services in sites providing VCT and/or HIV care and treatment services improved  
 HIV infection and transmission risk in vulnerable and hidden populations reduced

Total Approved Funding for Program Area:

Percent of Total Funding Planned for Condom Procurements:

25%

**Current Program Context:**

In Cote d'Ivoire, sex workers and their partners, truckers, uniformed services/military, and displaced and mobile populations are at higher risk of acquiring and transmitting the HIV and other STIs. UNAIDS 2002 estimated HIV prevalence in major urban areas among female sex workers at 36% and among male STI patients at 25%. Reported higher-risk sex for adult males (15-49) in the last year was 87.4% vs. 29.9% for adult females while reported condom use for adult females (15-49) in the last year was 1% vs. 11.6% for adult males. The current political and humanitarian crisis has created new structural, population and individual risk factors and has exacerbated existing ones. Since early in the epidemic, there has been a priority for targeted prevention interventions, including specific prevention services for sex workers. The National strategy (2002-2004) is to: a) expand HIV prevention for sex workers & their partners, including psychosocial care and financial support, b) integrate STI prevention & care in primary health care, STI kits in all health centers, and STI messages into HIV/AIDS IEC campaigns, and c) increase from 35% to 50% systematic use of condoms among youth involved in high risk sexual relations through male and female condom promotion, training and mobilization of religious and community leaders. There is a well developed sectoral plan for expanded interventions for uniformed services developed by the Ministry of Defense, while the UN mission and the national disarmament commission are developing their plans. Various targeted interventions (including those targeting sex workers) are coordinated and monitored by focal points and coordination forums to ensure consistency with common national, regional and international goals. An example of synergistic efforts is that of USG support to PSI to work with the national armed forces while the Global Fund supports CARE/PSI to work with the rebel forces occupying the Northern part of the country) to prevent HIV transmission/acquisition. Since October 1992, HHS/CDC and the Institute of Tropical Medicine (ITM) have supported Clinique de Confiance, a model confidential STI/HIV center, now a best practice (HIV prevalence went from 80% in 1992 to 30% in 2002 among sex worker populations). This clinic now conducts extensive BCC outreach and condom promotion, clinic-based HIV counseling and testing, STI management, and primary health care services to sex workers and partners in Abidjan. In 2003, 2 similar sites were created in partnership with national CBOs. In 2004, USG supported expansion of these HIV/STI services to at least 800 sex workers & their partners and to at least 2,000 uniformed personnel. PSI also provides technical assistance to the Ministry of Defense to expand STI/HIV prevention activities among the armed forces. USG-funded BSS studies have shown improved condom use and dramatic declines in HIV/STI prevalence among sex workers. FHI was awarded funds to strengthen capacity of selected local NGOs and help expand their HIV services to HVP. Other support: Other major donors/partners in HIV/STI prevention for HVP include the Canadian "SIDA 3" project and the multi-country Corridor (World Bank) and Rail-link (MSD Secure the Future). CARE International is funded by the GF (March 2004) for HIV prevention in the rebel-occupied zones and services to immigrant populations in Abidjan. Several humanitarian and UN agencies also incorporate HIV prevention into their response activities. The Cote d'Ivoire MOD is also seeking funds for a 3-year plan for HIV prevention and care for the armed forces. The German cooperation funds a condom social marketing to high-risk groups including sero-discordant couples, through AIMAS - a PSI local partner NGO. The new UN mission will also integrate HIV prevention and care activities for their personnel and contribute to disseminate BCC messages through their radio broadcasts.

**Program Area Target:**

- Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful
- Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful
- Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
- Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful
- Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful
- Number of targeted condom service outlets

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** (D) CDC HQ TA (Deferred)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 311  
**Approved Funds:**

**Activity Narrative:** With FY 05 funds, CDC HQ will :  
 provide expert technical assistance (in conjunction with country team counseling technical advisor) to assess counseling services targeting highly vulnerable populations, including high-risk youth, uniformed services, sex workers and discordant couples, to improve primary and secondary prevention and linkage to care and treatment through technical assistance to strengthen counseling services, including outreach activities, targeting these HVPs, based on the recommendations of the assessment and in coordination with FHI, PSI, the national AIDS Care Program and the Ministry of AIDS.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	100.00



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## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	240	<input type="checkbox"/>
Number of targeted condom service outlets	3	<input type="checkbox"/>
Number of local NGOs/associations trained in resource mobilization	3	<input type="checkbox"/>
Number of outlets provided with technical assistance to implement HIV services integrated plan		<input checked="" type="checkbox"/>
The network model of HIV comprehensive services is developed and implemented		<input checked="" type="checkbox"/>

## Target Populations:

- Brothel owners
- Commercial sex workers (Parent: Most at risk populations)
- Country coordinating mechanisms
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Traditional healers (Parent: Public health care workers)
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)
- Street youth (Parent: Most at risk populations)
- Military personnel (Parent: Most at risk populations)
- Mobile populations (Parent: Most at risk populations)
- Refugees/internally displaced persons (Parent: Mobile populations)
- Truck drivers (Parent: Mobile populations)
- National AIDS control program staff (Parent: Host country government workers)

## Key Legislative Issues

- Gender
- Stigma and discrimination
- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors

## Coverage Areas:

Populated Printable COP  
Country: Cote d'Ivoire

Fiscal Year: 2005

# UNCLASSIFIED

National

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Cooperative Agreement with FHI/ITM (HVP), #U62/CCU324473  
**Prime Partner:** Family Health International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 429  
**Approved Funds:**

**Activity Narrative:**

With USG FY 05 funding, FHI will :

**A. Strengthen Operational Capacity**  
 Work with selected local NGOs and associations in Cote d'Ivoire that are implementing HIV activities for HVP, to assess their current administrative and technical capacity, organizational structure, and challenges to implementing and sustaining activities.  
 Provide training and technical assistance to local NGOs and associations to expand and improve their operational systems (budgeting, personnel, financial oversight, reporting and evaluation) to assure efficient management of activities and funds and increase the organizations' competitiveness for new funding.  
 Strengthen the local NGOs and associations by developing their skills in resource mobilization.

**B. Promote National and Sub-regional Activities for HVP**  
 Participate in and promote national and sub-regional coordination forums.

**C. Expand Quality and Geographic Coverage of HVP Services in Cote d'Ivoire**  
 Assist national organizations and associations in development of work plans to design and implement their activities, taking into account geographic and population coverage of services and activities as well as the diversity of the various populations served. The work plan should be elaborated with consideration for sustainability of activities.  
 Assist organizations to develop appropriate tools for activities.  
 Work through national organizations and associations to provide training in peer counseling, outreach, care, support and treatment, skills and literacy training, and legal guidance to the NGOs and associations providing services for HVP.  
 Assess organizations' and associations' resource needs to carry out activities.  
 Finance the delivery of services accordingly.

**D. Monitoring and Evaluation**  
 Progressively reinforce the monitoring and evaluation capacity of national organizations and associations working with HVP.

Emphasis Areas	% Of Effort
Training	15.00
Commodity Procurement	25.00
Local Organization Capacity Development	25.00
Policy and Guidelines	10.00
Quality Assurance and Supportive Supervision	25.00

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**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>
Number of targeted condom service outlets	0	<input type="checkbox"/>
Number of local NGOs/associations trained in resource mobilization	5	<input type="checkbox"/>
Number of outlets provided with technical assistance to implement HIV services integrated plan		<input checked="" type="checkbox"/>
The network model of HIV comprehensive services is developed and implemented		<input checked="" type="checkbox"/>
Number of individuals served with STI/CT comprehensive clinic services	5,000	<input type="checkbox"/>

**Target Populations:**

- Brothel owners
- Commercial sex workers (Parent: Most at risk populations)
- Country coordinating mechanisms
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Traditional healers (Parent: Public health care workers)
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- Injecting drug users (Parent: Most at risk populations)
- Men who have sex with men (Parent: Most at risk populations)
- Street youth (Parent: Most at risk populations)
- HIV/AIDS-affected families
- Mobile populations (Parent: Most at risk populations)
- Refugees/internally displaced persons (Parent: Mobile populations)
- Truck drivers (Parent: Mobile populations)
- National AIDS control program staff (Parent: Host country government workers)
- People living with HIV/AIDS

**Key Legislative Issues**

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

**Coverage Areas:**

National

UNCLASSIFIED

Table 3.3.05: Activities by Funding Mechanism

**Mechanism:** CARE International  
**Prime Partner:** CARE International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 431

**Approved Funds:** [Redacted]

**Activity Narrative:** *Care International will build other donor-supported activities which will end during FY05 (including Global Fund and Rail-link projects) and maintain behavior change communication interventions targeting promotion of sexual health and promotion of HIV testing as part of a comprehensive BCC strategy to reduce HIV transmission, and improve care, support and treatment for PLWH/A and family members and will draw on materials provided by the Ministry of AIDS, the Journalists' network (REPMASCI) and other partners. In partnership with local organizations (CBOs/NGOs/FBOs/INGOs) and traditional and elected authorities in the former-rebel held zone in the northern and western part of the country CARE will :*

- Progressively build technical skills and administrative capacity of NGO/FBO/CBOs to implement quality BCC interventions through participatory methods with outreach into underserved and rural areas complementing mass media interventions and reinforcing actions of the village and district HIV/AIDS coordination committees; BCC interventions should reach at least 100,000 persons in at least 3 regions by March 2006 through technical assistance and sub grants to a minimum of 10 FBO/CBOs;
- Continue to work to link BCC, community mobilization, treatment literacy and palliative care and other support services with related services in the 03 geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies.

The project activities will be carried out in 3 regions covering the rebel -controlled zone in Man, Bouaké and Korhogo, in western and northern (11 districts)  
*Continuation and expansion of Global fund prevention activities targeting HVP in former rebel held zones including sex workers, highly vulnerable youth, military and ex-combatants including:*

- peer education/outreach to mobilize communities, and address prevention and care issues related to HIV
- highly subsidized condom distribution
- support to integrated VCT and STI services at existing health structures
- Provision of basic care and links to further care and treatment

Partners are :

1. MAN : IDE AFRIQUE
2. BOUAKE : Renaissance Sante Bouake
3. KOROGHO : Lumiere et Action
4. 7 CBOs and FBOs, TBD

NOTE: Builds on and represents a continuation of CARE International supported CBO/FBO provided prevention activities funded by the Global Fund for HIV, TB and Malaria..

Emphasis Areas	% Of Effort
Training	25.00
Commodity Procurement	30.00
Development of Network/Linkages/Referral Systems	15.00
Local Organization Capacity Development	30.00

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## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25	<input type="checkbox"/>
Number of targeted condom service outlets	0	<input type="checkbox"/>
Number of local NGOs/associations trained in resource mobilization	10	<input type="checkbox"/>
Number of outlets provided with technical assistance to implement HIV services integrated plan		<input checked="" type="checkbox"/>
The network model of HIV comprehensive services is developed and implemented		<input checked="" type="checkbox"/>

### Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Country coordinating mechanisms
- Most at risk populations
- Military personnel (Parent: Most at risk populations)
- Mobile populations (Parent: Most at risk populations)
- Non-governmental organizations/private voluntary organizations

### Key Legislative Issues

- Stigma and discrimination

### Coverage Areas

- Lagunes
- Vale du Bandama

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Competitive announcement (comprehensive, prevention, Care & social marketing,  
**Prime Partner:** To Be Determined  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 476  
**Approved Funds:**

**Activity Narrative:** This new procurement is designed to identify an organization that will provide comprehensive HIV prevention and care activities including rural settings and HVP. Other Prevention is one of 4 targeted areas along with abstinence and fidelity, palliative care, OVC and reduction of stigma. It should be awarded in the 3rd quarter of FY05 permitting implementation over at least a 6 month period prior to March 2006.

Building on existing activities and available tools, the recipient will:

- . Implement peer education/outreach to mobilize communities in rural areas
- . Implement, evaluate and coordinate BCC interventions including prevention (ABC) and care issues related to HIV
- . Implement a highly subsidized condom distribution for targeted HVP
- . Ensure linkages with integrated VCT and/or STI services existing at health structures

Rural and underserved populations will be targeted both through mass-media (i.e., rural radios) and methods of proximity with outreach into rural areas. The recipient will build on and strengthen existing HIV prevention program and village level HIV/AIDS action committees. BCC interventions focusing on "ABC" should reach at least 3,500,000 persons and 300,000 condoms should be distributed prior to March 2006.

The recipient will work to link these services with related services in the area and promote coordination at all levels through the village, district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies. They will be represented on the national prevention technical and/or consultative workgroups and also participate in the national process to define a simplified CBO small grants program and ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

The recipients will also develop and implement a project specific monitoring and evaluation plan drawing on national and USG requirements and tools.

Emphasis Areas	% Of Effort
Training	30.00
Commodity Procurement	30.00
Community Mobilization/Participation	40.00

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## Targets

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input checked="" type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,250,000	<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	<input type="checkbox"/>
Number of targeted condom service outlets	60	<input checked="" type="checkbox"/>
Number of local NGOs/associations trained in resource mobilization	0	<input type="checkbox"/>
Number of outlets provided with technical assistance to implement HIV services integrated plan	60	<input type="checkbox"/>
The network model of HIV comprehensive services is developed and implemented	1	<input type="checkbox"/>

### Target Populations:

Adults  
 Community leaders  
 Community-based organizations  
 Most at risk populations  
 Discordant couples (Parent: Most at risk populations)  
 Injecting drug users (Parent: Most at risk populations)  
 Men who have sex with men (Parent: Most at risk populations)  
 Street youth (Parent: Most at risk populations)  
 HIV/AIDS-affected families  
 Mobile populations (Parent: Most at risk populations)  
 Non-governmental organizations/private voluntary organizations  
 Orphans and vulnerable children  
 People living with HIV/AIDS

### Key Legislative Issues

Gender  
 Stigma and discrimination  
 Increasing gender equity in HIV/AIDS programs  
 Addressing male norms and behaviors



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**Coverage Areas**

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAJ account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 1626  
**Approved Funds:**

**Activity Narrative:** With FY05 funds, the Alliance will work with highly vulnerable populations in Côte d'Ivoire including PLHA, transactional sex workers and their partners, street children and potential street children, highly vulnerable mobile populations, other vulnerable women, men in uniform and men who have sex with men. To date in Côte d'Ivoire, prevention and support services are largely confined to urban and peri-urban areas and there remains limited access by poor highly vulnerable populations (HVPs) to resources to reduce vulnerability to HIV infection and to the social and economic consequences of HIV and AIDS. The Alliance will focus on strengthening the capacity of NGOs and CBOs to reach and work with marginalised HVPs with an emphasis on expanding coverage to hard to reach and under-served HVPs. NGOs and CBOs will be strengthened to better understand the notion of "vulnerability", to map out their target populations and target areas, and to refine approaches and tools for working with HVPs in order to improve the quality of their work and reach more HVPs with prevention services. At the same time, HVPs will be supported to organize and to become involved in prevention activities within their own communities through peer education and other BCC approaches. The Alliance will work with NGOs and CBOs to develop positive prevention interventions that support people with HIV to avoid contracting new STIs, to delay HIV/AIDS disease progression and to avoid passing on the infection to others. The positive prevention interventions will be provided within an ethical framework, without putting PLHA at increased risk for stigma and discrimination and without eroding their human rights. These strategies will be implemented synergistically with other prevention and care and treatment efforts in order to provide a continuum of services. A whole range of prevention services will be provided including individually focused health education and support, VCT, referrals, community awareness and community mobilization, advocacy/policy, etc.

Emphasis Areas	% Of Effort
Training	10.00
Policy and Guidelines	5.00
Quality Assurance and Supportive Supervision	10.00
Local Organization Capacity Development	50.00
Needs Assessment	5.00
Linkages with Other Sectors and Initiatives	10.00
Community Mobilization/Participation	10.00

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**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	<input type="checkbox"/>
Number of targeted condom service outlets	0	<input type="checkbox"/>
Number of local NGOs/associations trained in resource mobilization	5	<input type="checkbox"/>
Number of outlets provided with technical assistance to implement HIV services integrated plan		<input checked="" type="checkbox"/>
The network model of HIV comprehensive services is developed and implemented		<input checked="" type="checkbox"/>

**Target Populations:**

- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

UNCLASSIFIED

Table 3.3.05: Activities by Funding Mechanism

**Mechanism:** HHS-Population Service International  
**Prime Partner:** Population Services International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 2043

**Approved Funds:**   
**Activity Narrative:**

- Building on work commenced with the national army (with USG support) and the Force Nouvelle (with Global Fund support) in Cote d'Ivoire and work with the US DOD in other African settings, PSI will coordinate with the US Department of Defense and national partners (the Ivorian Security Forces, Ministry of Defense, National Committee for Disarmament, Demobilization and Reinsertion (NCDDR), and other representatives of the various uniformed services/bodies) and the UN mission (ONUCI) to develop and implement a comprehensive HIV prevention strategy. This will include HIV prevention and sexual risk reduction through peer education and IEC/BCC interventions, promotion of HIV counseling and testing, demonstration and distribution of condom samples (>100,000), prevention and treatment of STIs, including the distribution of >5,000 STI treatment kits. The existing programs targeting the various uniformed services including the National Army with 12 groups of 12 trained voluntary peer educators will be supported through provision of IEC/BCC materials (20,000 flyers and 5,000 posters), continuing training, supervision and monitoring and evaluation. The program includes both fixed site peer educators located at military installations as well as mobile peer educators, outreach through mobile units will be continued with use of a Mobile Video Unit (MVU) to visit military camps. Health providers at 12 military health services will also be trained in the syndromic management of STIs. (Note that military health installations also treat large numbers of civilian personnel). The program will be integrated with expanded VCT promotion and service delivery with links to comprehensive care for HIV-infected individuals and couples.

It is anticipated that the NCDDR and ONUCI will bring other donor resources for program implementation but will benefit from technical assistance to implement coordinated complementary programs using evidence based best practices. The target population includes approximately 85,000 military personnel and partners with at least 50% coverage of the various forces (40,000 FANCI, 5,000 gendarmes, 40,000 Force Nouvelle) as well as sexual partners and the surrounding population.

Emphasis Areas	% Of Effort
Training	25.00
Commodity Procurement	30.00
Information, Education and Communication	25.00
Local Organization Capacity Development	20.00

**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	12	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6	<input type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	85,000	<input type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400,000	<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	144	<input type="checkbox"/>
Number of targeted condom service outlets	12	<input type="checkbox"/>

**Target Populations:**

Adults

Country coordinating mechanisms

Military personnel (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

**Coverage Areas:**

National

UNCLASSIFIED

Table 3.3.05: Activities by Funding Mechanism

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 2077  
**Approved Funds:**   
**Activity Narrative:** RETRO - CI is providing technical support to provide targeted HIV prevention services for sex workers and their clients at the center of excellence "Clinique de Conflance" and provide comprehensive assistance to support the national and regional expansion of similar targeted interventions. RETRO-CI will provide support during a transition to new a new FHI award with RETRO-CI providing support for 1st 4 months of clinic activities. The approach represents implementation of comprehensive outreach and clinic based HIV prevention activities for highly vulnerable women and their partners in Abidjan (annually more than 5000 clinic visits and 200 outreach sessions in 6 districts anticipated) .

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	15.00
Policy and Guidelines	10.00
Training	10.00
Logistics	20.00
Strategic Information (M&E, IT, Reporting)	5.00
Infrastructure	20.00
Human Resources	20.00

**Targets**

Target	Target Value	Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/>
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of local NGOs/associations trained in resource mobilization		<input checked="" type="checkbox"/>
Number of outlets provided with technical assistance to implement HIV services integrated plan		<input checked="" type="checkbox"/>
The network model of HIV comprehensive services is developed and implemented		<input checked="" type="checkbox"/>
Number of individuals served with STI/CT comprehensive clinic services	5,000	<input type="checkbox"/>

**Target Populations:**

- Commercial sex workers (Parent: Most at risk populations)
- Most at risk populations
- People living with HIV/AIDS

**Key Legislative Issues**

- Stigma and discrimination

**Coverage Areas**

- Bas-Sassandra
- Lagunes

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism:** Cooperative Agreement with FHI/ITM (HVP), #U62/CCU324473  
**Prime Partner:** Family Health International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other Prevention Activities  
**Budget Code:** HVOP  
**Program Area Code:** 05  
**Activity ID:** 2447  
**Approved Funds:**

**Activity Narrative:** Following the November events in Cote d'Ivoire and as part of the implementation of the new cooperative agreement to provide comprehensive STI and HIV prevention and care services to commercial sex workers and other vulnerable populations, FHI and its partners have now completed an exercise to clarify their team structure and relevant roles to ensure that project activities would continue with minimal interruption in the event of ongoing insecurity. They have also developed a capacity development plan to ensure progressively increased participation and ownership by national organizations and developed formal partnerships (subagreements) with 4 NGOs and developed comprehensive work plans for 2005. This body of work builds on more than a decade of research and service provision through the previously CDC/RETRO-CI supported Clinique de Confiance in collaboration with the Institute of Tropical Medicine in Antwerp. The approach increases the possibility of project success and ensures that activities can expand as originally planned while building local capacity to sustain activities with appropriate and targeted external technical assistance. The new total funding request represents the additional funding needed to support a full-year of program implementation through March 2006 to: 1) continue support to three (3) existing services sites including counseling and voluntary HIV testing, STI care, condom promotion and links to comprehensive treatment and other services; 2) conduct initial needs assessments for subsequent expansion of services to additional services sites; 3) provide technical assistance to develop technical and managerial capacity; 4) support and reinforce national networks of providers; and, 5) to support innovative strategies that expand access to the existing services and improve links to other care and treatment services in recognition of the 30% current HIV-seroprevalence rate among 1st time clinic attendees. Activities will also include concrete approaches to improve the continuum of care for this population through improved links to other care and treatment activities such as those supported by the Emergency Plan including EGPAF/Project HEART, HIV/AIDS Alliance and other organizations.

Emphasis Areas	% Of Effort
Training	20.00
Policy and Guidelines	10.00
Quality Assurance and Supportive Supervision	25.00
Development of Network/Linkages/Referral Systems	10.00
Local Organization Capacity Development	35.00

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**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/>
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>

**Coverage Areas**

Bas-Sassandra

Lagunes



**Table 3.3.06: Program Planning Overview**

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

**Results:**

Strengthened local and national networks with functional links between health, social and other services that tap PLWH/A peer and community counselors as part of continuum of care

Improved quality of basic health care clinical services for persons living with advanced HIV disease, including the provision of adapted Basic Care Package for PLWHAs (safe drinking water tools, cotrimoxazole prophylaxis, impregnated bednets, condoms)

Expanded access to medications to prevent and treat opportunistic infections (OIs) and distressing symptoms through improved policy framework development and commodities management system \n\n

Increased access to community based psychosocial, health and other services by PLWHA and their families\n

Strengthened organizational capacity to promote long-term integration and sustainability of palliative care services\n\n

Total Approved Funding for Program Area:

**Current Program Context:**

Cote d'Ivoire's national policies have not, to date, specifically identified "Palliative Care" as a separate priority, however key elements of palliative care have been incorporated into national policies and comprehensive health and psychosocial care approaches. An explicit national goal is to strengthen continuum of care services and psychosocial support for PLWH/A through a "minimum package of care" including home based-care and prevention and management of opportunistic infections (OIs) (Ministry of AIDS 2002-2004 HIV/AIDS National Strategic Plan) as part of a multisectoral response involving all actors. At present palliative care and other home and community based services for PLWH/A and their families is very limited, fragmented, uncoordinated, and with insufficient financial and technical resources in Cote d'Ivoire. There is limited end of life care provided by a few, predominantly faith-based organizations centered in Abidjan. \n\nIn 2002, USG supported a situation analysis of home and community based services and subsequent development of a community care guide and training and support to some NGO/FBOs. However this and the current clinical guidelines do not include key palliative care topics such as pain relief or standard HIV care kits for use at different settings. 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 effective affordable palliative care formulations are not generally available. \n\nWhile Cote d'Ivoire is advanced in terms of leading the creation of a national subsidized HIV treatment program with HAART since 1998, OI prevention and management has been relatively neglected. The epidemiologic pattern of OIs and treatment recommendations have not been updated. An operations research study to update the current pattern and frequency of HIV related illnesses is to be done and an adapted list of drugs developed. A committee will then estimate the national need in drugs for OI treatments according to the findings and a policy to subsidize the expensive one proposed to the MOH\n\nWith FY04 USG funds, an assessment of palliative care as well as home based care was conducted and the MOH has established an HIV palliative care task force to address palliative care issues with the objective of revising and updating national policy, care guidelines and training materials and initiate a large advocacy and dissemination process followed by training and expanded service delivery. These activities will also complement training and service delivery activities in support of a continuum of care and prevention. In particular, the revision of treatment guidelines will include improved physical and psychological symptom management and pain control, and, an improved continuum of care service model with a case management role for the peer counselor. These are expected to provide direct benefits and link home and clinic based care services and providers. Community and home interventions are also expected to help address stigma and ignorance, promote secondary prevention and access to VCT and care services, and improve adherence to antiretroviral and other chronic treatments. \n\nOther partners (Global Fund) are providing limited funds for OI management and civil society response but there is little specific donor support or action to strengthen palliative care. The existing end of life care services provided by faith-based organizations do not generally receive large donor funding and rely on individuals, churches and other organizations. \n

**Program Area Target:**

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care

Number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** CARE International  
**Prime Partner:** CARE International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 604

**Approved Funds:**   
**Activity Narrative:**

Care International will build on USG and Global Fund FY04 activities and with FY05 USG funds will continue providing support through AIDS service organizations (CBOs/NGOs/FBOs/INGOs) in the former-rebel occupied zone in the north and western part of the country to:

- Assist the MOH to re-establish effective health services with integrated HIV services in these regions;
- Provide subgrants (and basic care package(s)) to at least 10 AIDS service organizations in at least 3 former rebel occupied regions to provide home and community based palliative care services including basic care package(s) to alleviate distressing psychosocial, physical and spiritual distress, promote positive living and support bereavement to at least 3,000 PLWH/A, orphans and/or their family members, by March 2006.
- Train at least 75 persons from these organizations to improve their skills in program and financial management, monitoring and evaluation, resource mobilization, advocacy and/or community/home-based palliative care service provision.

CARE will continue to work to link community mobilization, treatment literacy and palliative care and other support services with related services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies.

NOTE: Builds on and represents a continuation of CARE International supported CBO/FBO provided prevention activities funded by the Global Fund for HIV, TB and Malaria in crisis affected area.

NOTE: Builds on and represents a continuation of CARE International supported CBO/FBO provided OVC support activities funded by the Global Fund for HIV, TB and Malaria in crisis affected area.

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Emphasis Areas	% Of Effort
Training	20.00
Quality Assurance and Supportive Supervision	20.00
Linkages with Other Sectors and Initiatives	5.00
Infrastructure	5.00
Local Organization Capacity Development	40.00
Needs Assessment	5.00
Development of Network/Linkages/Referral Systems	5.00

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care	10	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	75	<input type="checkbox"/>

## Target Populations:

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- People living with HIV/AIDS
- Ministry of solidarity

## Key Legislative Issues

- Volunteers
- Stigma and discrimination
- Increasing women's access to income and productive resources

## Coverage Areas

- 18 Montagnes
- Savanes
- Vale du Bandama

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Cooperative Agreement with Hope Worldwide, #U50/CCU021954  
**Prime Partner:** Hope Worldwide  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 636  
**Approved Funds:**

**Activity Narrative:** Building on its long experience in palliative care and holistic clinic and community based care with FY05 USG funds, HOPE worldwide (HW) will:  
 Continue to provide comprehensive holistic care services (including basic palliative care and support, counseling, Cotrimoxazole prophylaxis, nutritional support and guidance) with clinic, community and home based care and support at their Treichville based clinic "CASM" to 2,000 (People living with HIV/AIDS) PLWHA and/or their family members;  
 Facilitate community-based support groups for PLHA in 10 suburbs of Abidjan  
 Conduct home-based visits and provide care kits to caregivers of persons with advanced disease;  
 Link services to other health and social services in the geographic region;  
 Monitor and evaluate "Best Practice" services and document and share this experience with the national program and other national and regional stakeholders.  
 Provide technical input in the national process to develop the national palliative care strategy, national palliative care guidelines, define the basic care package(s), 3-year implementation plan and training materials in support of expanded integrated palliative care services in Cote d'Ivoire;

Emphasis Areas :	% Of Effort
Commodity Procurement	50.00
Human Resources	15.00
Training	10.00
Quality Assurance and Supportive Supervision	15.00
Strategic Information (M&E, IT, Reporting)	10.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Number of FBOs trained in response to palliative		<input checked="" type="checkbox"/>

**Target Populations:**

Community-based organizations  
Faith-based organizations  
HIV/AIDS-affected families  
Orphans and vulnerable children  
People living with HIV/AIDS

**Key Legislative Issues**

Gender  
Increasing gender equity in HIV/AIDS programs  
Reducing violence and coercion  
Increasing women's access to income and productive resources  
Increasing women's legal rights  
Twinning  
Volunteers  
Stigma and discrimination

**Coverage Areas**

Lagunes

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 1274  
**Approved Funds:**

**Activity Narrative:**

HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand CBO/FBO capacity. They will draw on their experience in Senegal, Burkina Faso and other countries in the sub-region to establish and reinforce a national linking organization to provide management and technical assistance to sub-grantees as well as manage a large number of sub-grants including those dedicated to provision of various palliative care services by non-health professionals.

HIV/AIDS Alliance will provide technical assistance and share their international experience to assist national authorities and key stakeholders including representatives of PLWH/A and ASO and FBO networks to define a simplified monitoring and evaluation plan for community based activities, updated community care guidelines (including palliative care as well as treatment literacy), and a CBO/FBO small grants program including the technical and management assistance to ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

With FY05 funds, the HIV/AIDS Alliance will work through the national linking organization to help strengthen CBO networks and local coordination bodies to improve communication and coordination and promote continuum of care services. They will also assist the MOH and MLS and key stakeholders to develop tools in support of home and community based palliative care and strengthen continuum of care services. They will help establish a national pool of trainers, develop training tools and develop and implement a training plan with the MOH and MLS. Subgrants will be provided to at least 40 AIDS service organizations to provide home and community based palliative care services to alleviate distressing psychosocial, physical and spiritual distress, promote positive living and support bereavement to at least 15,000 PLWH/A and/or their family members in at least 6 regions, by March 2006. At least 125 persons will be trained to improve their skills in program and financial management, monitoring and evaluation, resource mobilization, advocacy and/or community/home-based palliative care service provision.

HIV/AIDS Alliance will work to link community mobilization, treatment literacy and palliative care and other support services with related services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies.

HIV/Alliance will assist the Ministry of AIDS in the development of the national HIV/AIDS monitoring and evaluation plan through the adaptation and integration of monitoring and evaluation tools for home-based and community care including palliative care.

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Training	5.00
Policy and Guidelines	5.00
Quality Assurance and Supportive Supervision	5.00
Infrastructure	10.00
Development of Network/Linkages/Referral Systems	5.00
Local Organization Capacity Development	70.00

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## Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	<input type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care	40	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	125	<input type="checkbox"/>
Number of FBOs trained in response to palliative		<input checked="" type="checkbox"/>

### Target Populations:

Community leaders  
Community-based organizations  
Faith-based organizations  
Non-governmental organizations/private voluntary organizations  
People living with HIV/AIDS

### Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

**Mechanism:** Impact-FHI  
**Prime Partner:** Family Health International  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 1276  
**Approved Funds:**   
**Activity Narrative:** FY 04 USG funded activities permitted FHI to provide technical assistance to the MOH to assess existing palliative care and home-based care (HBC) HIV-services and suggest an approach to build national capacity and progressively expand quality and coverage of palliative care services.

With FY05 funds, in collaboration with the national palliative care task force (created in 2004 at the request of the MOH), FHI will provide technical assistance to the MOH to advance palliative care in FY05 through the 1) Development of strategic framework for palliative care, 2) Training and capacity building, 3) Provision of care, 4) Advocacy.

FHI will support the MOH and the palliative care task force (created in 2004) to:

Develop, validate and disseminate a national palliative care strategy, national palliative care guidelines including both clinic-based and home based care and the definition of basic care package(s), and a 3-year plan to expand integrated palliative care services in Cote d'Ivoire;

Revise essential medications list and recommended use to permit appropriate use of affordable narcotics, analgesics and other medications to support palliative care strategy;

Develop, validate and disseminate palliative care training curriculum adapted for trainers of trainers and health professionals as an integrated part of the clinical guidelines for comprehensive HIV care. This includes training of 25 trainers and training of 100 providers from at least 20 service sites and including at least 5FBOs;

Develop, validate and disseminate palliative care training curriculum adapted for trainers of trainers and community and lay counselors to support home based and community based palliative care services;

Advocate for, and contribute to, the procurement and accessibility of medications needed to provide complete and effective palliative care according to the national policy and ensure availability and affordability of drugs for the treatment of OI's including those offered through drug donation international initiatives (such as Fluconazole through Pfizer);

Create a pilot project to procure, package and distribute basic care package(s) for at least 5,000 PLWH/A including items such as impregnated bed nets, cotrimoxazole prophylaxis, condoms, and safe water promotion tools through HIV treatment service sites and AIDS service organizations in coordination with the HIV/AIDS Alliance;

Coordinate with the malaria control program, the national nutrition program, the World Food Program and other relevant programs and partners to ensure that basic care and prevention interventions also reach PLWH/A (e.g. immunizations, bed nets and drugs for malaria, safe water to reduce diarrhea and targeted nutritional support);

Conduct ongoing advocacy among policy makers, health providers, and other key stakeholders on the integral role of palliative care as part of comprehensive HIV care. Critical areas for awareness include the essential requirements for palliative care including provision of initial and continuing education to improve the understanding of and management of palliative care, including pain assessment and control, management of common HIV related symptoms and psychological distress, and appropriate use of analgesia and other medications in the home.

These activities will be coordinated with MOH, and complement the technical assistance provided by JHPIEGO (training) and HIV/AIDS Alliance (home based care and treatment literacy).

FHI will also provide technical assistance to establish improved monitoring and evaluation systems for palliative care services provided by other PEPFAR funded



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partners and evaluate, document and share evolving best practices if mutually agreeable (e.g Hope Worldwide, other NGO/FBO services).

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Training	40.00
Policy and Guidelines	15.00
Quality Assurance and Supportive Supervision	5.00
Infrastructure	10.00
Development of Network/Linkages/Referral Systems	20.00
Local Organization Capacity Development	10.00

## Targets

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	<input type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care	20	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	375	<input type="checkbox"/>
Number of FBOs trained in response to palliative	5	<input type="checkbox"/>

## Target Populations:

Business community/private sector  
 Community-based organizations  
 Factory workers (Parent: Business community/private sector)  
 Faith-based organizations  
 Non-governmental organizations/private voluntary organizations  
 Policy makers (Parent: Host country government workers)  
 Teachers (Parent: Host country government workers)  
 people living in village

## Coverage Areas

18 Montagnes  
 Bas-Sassandra  
 Haut-Sassandra  
 Lagunes  
 Moyen-Comoé

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** MHS-Population Service International  
**Prime Partner:** Population Services International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 1277  
**Approved Funds:**

**Activity Narrative:** Building on FY04 activities and in collaboration with the national program, develop and implement a pilot project to provide basic care kit(s) to targeted populations of PLWH/A, OVC and their caretakers using social marketing methods, including products such as safe water and impregnated bed nets, and through clinic outlets and/or PLWH/A and AIDS service organizations. Assure that considerations of potential stigma and discrimination are considered and that strategies to monitor and minimize adverse effects are implemented.

Building on FY04 activities with provision of comprehensive prevention and care activities to the military and FANCI-ESPOIR, continue to expand palliative care services to PLWH/A and their family members accessing services through military supported health services.

Monitor and evaluate the project, including feasibility and sustainability analyses, and share results with the national program and key stakeholders.

Emphasis Areas	% Of Effort
Training	5.00
Commodity Procurement	80.00
Quality Assurance and Supportive Supervision	10.00
Strategic Information (M&E, IT, Reporting)	5.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care	5	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>

**Target Populations:**

- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Twinning

Volunteers

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** Competitive announcement (comprehensive, prevention, Care & social marketing,  
**Prime Partner:** To Be Determined  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 2079  
**Approved Funds:**

**Activity Narrative:** This new procurement is designed to identify an organization that will provide comprehensive HIV prevention and care activities including rural settings and HVP. Palliative care is one of 4 targeted areas along with abstinence and fidelity, other prevention, OVC and reduction of stigma. It should be awarded in the 3rd quarter of FY05 permitting implementation over at least a 6 month period prior to March 2006.

Building on existing activities and available tools (for example those developed by FHI/MOH), the recipient will establish a pilot palliative care program using a network model:

- educate at least 25 rural village action committees about palliative care
- train at least 25 rural community workers in community-based palliative care including symptom management and end of life care;
- promote use of referral and counter-referral tools to improve continuum of care
- establish pilot outreach services through mobile clinics to increase access to services for underserved rural populations.

The recipient will work to link these services with related services in the area and promote coordination at all levels through the village, district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies. They will be represented on the national prevention technical and/or consultative workgroups and also participate in the national process to define a simplified CBO small grants program and ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

The recipients will also develop and implement a project specific monitoring and evaluation plan drawing on national and USG requirements and tools.

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Community Mobilization/Participation	30.00
Training	30.00
Local Organization Capacity Development	30.00
Needs Assessment	10.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	<input type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of FBOs trained in response to palliative		<input checked="" type="checkbox"/>

**Target Populations:**

- Adults
- Community-based organizations
- Faith-based organizations
- Traditional healers (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- people living in village
- other stakeholders
- Health social workers

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism:** (D) CARE International  
**Prime Partner:** CARE International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Palliative Care: Basic health care and support  
**Budget Code:** HBHC  
**Program Area Code:** 06  
**Activity ID:** 2360  
**Approved Funds:**   
**Activity Narrative:** Reprogrammed funds - previously deferred for OVC

Complements CARE new funding request to bring total to   
 please see activities and targets in new funding request for CARE in this section

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of service outlets/programs providing malaria care and/or referral for malaria care for HIV-infected clients (diagnosed or presumed) as part of general HIV-related palliative care		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of FBOs trained in response to palliative		<input checked="" type="checkbox"/>

Table 3.3.07: Program Planning Overview

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

**Results:**

Enhanced institutional capacity of local organizations caring for HIV+ TB patients  
 Achievement of full HIV+ TB care drugs supplies and diagnostics  
 Improved detection and case management of TB among HIV + individuals at HIV diagnostic and care centers  
 Delivery of integrated HIV and TB services strengthened with integration of HIV and TB treatment services at TB sites and linkages to comprehensive health center and community based services  
 Capacity of health professionals to care for HIV and TB co-infected patients strengthened

Total Approved Funding for Program Area:

**Current Program Context:**

In 2004, building on previous research and demonstration project experiences, the MOH's national HIV and TB control programs launched an integrated HIV/TB program with technical and financial assistance from HHS (CDC and Projet RETRO-CI) and WHO. The TB program created a new central position at the national level to lead efforts to integrate HIV services within the TB program and liaise with the HIV program. The program goals are twofold: 1) to improve TB screening at the time of HIV diagnosis or care (VCT or clinic based) and; 2) to provide effective HIV and TB treatment for HIV-TB coinfecting clients with ongoing comprehensive HIV care after TB treatment completion. (Approximately 50% of the > 17,000 annual new smear positive TB patients are co-infected with HIV).  
 Progress: In FY04 the MOH has developed a national expansion plan and is developing standard procedures to integrate routine HIV counseling and testing services (opt out) at the 2 major TB care clinics in Abidjan and 1 peripheral site. The expansion plan also includes 1) improving HIV/TB surveillance and monitoring and evaluation; and 2) improving TB screening and referral (link to TB services) at HIV diagnostic and care sites.  
 Funds: The national TB program is predominantly funded by the RCI. It was also successful in the 2003 global fund application to strengthen the TB program, including restoring disrupted services in the former rebel held areas, extending the decentralization of integrated TB services, and incorporating routine HIV counseling and testing at TB care sites. Funds from the government, global fund (TB-specific), and USG PEPFAR will help support the implementation of the national HIV/TB expansion program.

**Program Area Target:**

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting  
 Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB  
 Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards

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**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Palliative Care: TB/HIV  
**Budget Code:** HVTB  
**Program Area Code:** 07  
**Activity ID:** 478

**Approved Funds:**

**Activity Narrative:** Under the leadership of the MOH, CDC/Projet RETRO-CI will provide technical and material assistance to the MOH to:

- Integrate VCT services and strengthen HIV/TB care at least 4 TB clinics (with >50% national TB case coverage serving more than 10,000 smear +ve TB cases annually);
- Develop/adapt HIV/TB care guidelines and training and M&E tools to support co-located comprehensive HIV care services with HAART at TB sites, and to expand NGO involvement in community-based care for HIV-TB co-infected patients
- Continue to support and expand effective laboratory HIV services including commodities management, quality assurance, training of expert-supervisors and regular supervision to TB centers' lab technicians.

This will complement technical assistance provided by CDC headquarter staff, APHL (with US support) and Global Fund.

Emphasis Areas	% Of Effort
Commodity Procurement	10.00
Training	10.00
Infrastructure	5.00
Policy and Guidelines	15.00
Strategic Information (M&E, IT, Reporting)	10.00
Local Organization Capacity Development	15.00
Human Resources	25.00
Quality Assurance and Supportive Supervision	10.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	<input type="checkbox"/>
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>

**Target Populations:**

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

**Coverage Areas**

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Como



Table 3.3.07: Activities by Funding Mechanism

**Mechanism:** Cooperative Agreement with Ministry of Health, #U50/CCU022230  
**Prime Partner:** Ministry of Health, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: TB/HIV  
**Budget Code:** HVTB  
**Program Area Code:** 07  
**Activity ID:** 480  
**Approved Funds:**   
**Activity Narrative:**

USG support complements that of the Global Fund and national support for the TB program to focus on expanded HIV/TB services to reach dually infected persons. It will be a requirement of this funding to have coordinated planning and regular coordination meetings with other donors.

To achieve the implementation of routine integrated HIV counseling and testing (opt-out) consistent with the national TB/HIV expansion plan, USG funds will assist the MOH's national TB and HIV care programs, in collaboration with CDC and the Projet RETRO-CI laboratory staff, to :

- 1) Ensure essential functions of the TB/HIV central coordination staff (provide equipment, supplies and support contractors in strictly time-limited positions);
- 2) Develop and disseminate program planning, site assessment and training tools in collaboration with district health teams and the 4 targeted clinic sites (in 4 accessible regions);
- 3) Support existing CT and HIV care services at the 2 main HIV/TB centers (serving ~50% of national case-load) and conduct site assessments, provide laboratory, counseling supplies and cotrimoxazole and other essential OI medications, conduct minor rehabilitations and equip at least 4 laboratories for point of service HIV testing and monitoring of patients under ARV,
- 4) Develop/adapt HIV/TB program planning and training modules to integrate HIV and TB services at VCT sites, TB services and HIV services and train the following groups to plan and implement services :
  - a) 6 counseling trainers (trainers of trainers) and subsequent 18 VCT staff from 6 VCT centers in TB screening to develop and pilot the use of screening tools to detect and effectively refer persons requiring further TB diagnostic evaluation based on symptoms;
  - b) TB service providers from 4 TB clinics (serving >50% national caseload in 4 regions) to integrate HIV care (20 doctors/nurses), and 8 social workers in HIV counseling and testing, 8 lab technicians in HIV test (14 days training: theory + practice), 8 staff in data handling from district health management team and TB center (2 days);
  - c) 20 health professionals (2 staff members from each center) to plan the integration of DOTS at 10 HIV accredited centers (5 days);
- 5) Continue to implement integrated HIV/TB surveillance (with technical assistance from USG implementing partner Measure Evaluation), by adapting data collection and reporting forms, and initiating data analysis at the different level of the health system and providing feed back to stakeholders on a regular basis including annual review with stakeholders ;
- 6) Reinforce and expand community-based care and promotion of adherence for HIV-TB co-infected patients with training of trainers for at least 10 members of community based organizations from at least 4 centers in 4 regions (in collaboration with US supported HIV/AIDS Alliance subgrants targeting expanded community support for HIV/TB infected individuals);
- 7) Preparing required reports for donors including the USG.

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8) Preparing reports and data dissemination materials describing results of national HIV/AIDS response for HIV/TB and providing written and oral reports for national and international partners and stakeholders.

9) Participating in 2 key regional or international meetings or trainings to remain up to date in international requirements and best practice in support of one integrated national M&E system as they pertain to HIV/TB.

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Commodity Procurement	15.00
Training	10.00
Logistics	10.00
Infrastructure	5.00
Needs Assessment	10.00
Strategic Information (M&E, IT, Reporting)	10.00
Quality Assurance and Supportive Supervision	25.00
Development of Network/Linkages/Referral Systems	15.00

### Targets

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	<input type="checkbox"/>
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	3,500	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	88	<input type="checkbox"/>
Number of HIV service sites (VCT and/or treatment sites) screening for TB and referring to TB center	16	<input type="checkbox"/>

### Target Populations:

- Adults
- Community-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- People living with HIV/AIDS
- National Health program and staff
- Local government bodies
- Technicians laboratorians

### Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Areas**

- Bas-Sassandra
- Haut-Sassandra
- Lagunes
- Moyen-Como

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Palliative Care: TB/HIV  
**Budget Code:** HVTB  
**Program Area Code:** 07  
**Activity ID:** 2362  
**Approved Funds:**

**Activity Narrative:** As described in detail in other sections; HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand CBO/FBO capacity. They will establish and reinforce a national linking organization to provide management and technical assistance to sub-grantees as well as manage a large number of sub-grants including those dedicated to improve the continuum of care for HIV-TB coinfected persons and their families through comprehensive community-based services.

In coordination with the national HIV and TB programs (MOH), the HIV/AIDS Alliance will work through the national linking organization to provide 4 subgrants of approximately \$10,000/grant to experienced CBO/FBOs to improve community support for persons living with HIV and TB and their families to address Tb and HIV-related stigma, promote treatment literacy and adherence and link clients to comprehensive services in collaboration with the 4 main clinic services with integrated HIV/TB services. HIV/AIDS Alliance will provide training and ongoing support in program planning, management and monitoring and evaluation.

HIV/AIDS Alliance will work to ensure these activities are linked to other clinic and community based services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the donor and relevant bodies.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	80.00
Development of Network/Linkages/Referral Systems	20.00

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## Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV service sites (VCT and/or treatment sites) screening for TB and referring to TB center		<input checked="" type="checkbox"/>
Number of clinic sites with associated CBO/FBOs providing community based services to persons coinfected with HIV/TB.	4	<input type="checkbox"/>

### Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Volunteers
- National Health program and staff
- Health social workers

### Coverage Areas

- Bas-Sassandra
- Haut-Sassandra
- Lagunes
- Moyen-Cote

Table 3.3.08: Program Planning Overview

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

**Results:**

Strengthened links between OVC support programs and relevant family and HIV-related services at the community level  
 Existing OVC support programs strengthened and expanded  
 National OVC policy is produced and disseminated to key OVC stakeholders  
 Strengthened capacity of national and district coordinating structures in support of OVCs  
 Strengthened national framework to promote, respect and protect OVC rights and fight against HIV and gender related discrimination

Total Approved Funding for Program Area:

**Current Program Context:**

Data gap: There are few data yet 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. 2004 UN estimates 310,000 HIV-related orphans. However, the politico-humanitarian crisis since 9/02 has created new orphans and exacerbated childhood vulnerability directly through conflict, as well as indirectly with increased HIV transmission and disrupted HIV-related care services. An estimated 80,000 infants and children are currently living with HIV and pediatric HIV treatment services are available only in the capital city. The USG is currently supporting national authorities to conduct a rapid mapping of services in 6 districts with technical assistance from FHI. Further national mapping and a quantitative survey are a priority. \nCoordination/policy: The Ministry of Solidarity (MSSSH) has responsibility for social services including the coordination and promotion of the national OVC response. A multidisciplinary department dedicated to OVC was created in early 2003 with advocacy, legal reform and promotion of community level "human rights literacy" integral aspects of OVC activities. An OVC consultative committee includes all key stakeholders and partners. This group has improved coordination and planning in the sector, including the development of a national strategic plan (2003) and the Ministry of Solidarity's HIV sectoral plan (2004-2007). The national strategic, sectoral and national implementation plans clearly define the national policy to support orphans and vulnerable children (OVC) within their families and communities (rather than as part of institutionalized care). At the regional, district and village levels HIV coordination committees are progressively being established with a mission to guide, coordinate and facilitate a local comprehensive HIV response as part of coordinated national response. \nResponse to date: Traditionally OVC needs have been (inadequately) supported by the extended family and through informal community support with relatively weak and fragmented service delivery by civil society organizations (CBOs/FBOs) and a weak uncoordinated response by religious and traditional leaders and communities. There are a few, small, predominantly religious, organizations providing institutional and/or community-based services to HIV-infected or affected families, orphans and vulnerable children and adolescents which are concentrated in Abidjan (e.g Sisters of Charity etc). The state provides some social welfare services (through their 53 social welfare offices) but these are largely ineffective with a poorly adapted model of individual service delivery by social workers, little to no support to the community-based response, and very limited health and social services, geographic coverage and links to other health and social services. They do, however, represent a significant potential untapped resource as there are trained social workers and substantial infrastructure with decentralized offices under the MSSSH. \nThe USG is committed to rapidly expanding service delivery through technical assistance and small grants to community based organizations (faith based and NGOs) in coordination with local and central coordination bodies to promote linkage to comprehensive HIV and other services. Initial FY04 work has included FHI, Hope Worldwide and MSSSH in coordination with other development partners. \n

**Program Area Target:**

Number of OVC programs

Number of OVC served by OVC programs

Number of providers/caretakers trained in caring for OVC

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Country: Cote d'Ivoire

Fiscal Year: 2005

Table 3.3.08: Activities by Funding Mechanism

<b>Mechanism:</b>	Cooperative Agreement with Ministry of Solidarity, #U62/CCU024314
<b>Prime Partner:</b>	Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	GAC (GHAI account)
<b>Program Area:</b>	Orphans and Vulnerable Children
<b>Budget Code:</b>	HKID
<b>Program Area Code:</b>	08
<b>Activity ID:</b>	1022
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>The new agreement between CDC and the Ministry of Solidarity was awarded in September 2004. Despite the events of November the National Program for OVC has been able to achieve an initial mapping exercise including sites in the interior of the country and conduct other key activities meeting all planning and administrative requirements. This was also despite the fact that planned on-site international assistance from FHI was not able to be provided. The country team is confident that these activities are feasible and are a critical part of the country plan to meet OVC targets. We are reassured that FHI is now completing the process of recruiting a dedicated OVC staff member on their country team as well as a focal point for the San Pedro regional project to expand OVC services as part of a model pilot district project.</p> <p>The Ministry of Solidarity, Social Security and the Disabled will support expanded quality services for OVCs and their families living in Cote d'Ivoire through:</p> <ul style="list-style-type: none"> <li>- Dissemination of national policy and planning documents;</li> <li>- Completion of a situation analysis with FHI and the national institute for social worker training in collaboration with JHPIEGO;</li> <li>- Contribute to the revision of in and pre-service training materials for social workers;</li> </ul> <p>1. A pilot project will be implemented to improve decentralized coordination and service delivery, with technical support from FHI and Projet RETRO-CI, the MSSSH will:</p> <ul style="list-style-type: none"> <li>- Build on situation analysis to develop and implement detailed monitoring and work plan;</li> <li>- Establish a pilot social center in San Pedro with a modified mission to improve district-level knowledge, to coordinate and to expand OVC and HIV service delivery;</li> <li>- Improve the overall skills of managers and social workers at 6 district and regional social assistance centers to coordinate and communicate OVC and other social services;</li> </ul> <p>2. Implement and reinforce a plan to integrate a new service delivery in social centers in the 6 pilots sites.</p> <p>With this additional funding, it is proposed that the Ministry of Solidarity, Social Security and the Disabled will build on the activities begun in FY04 with USG support, including their priority activity: the development of an age-appropriate capacity building in the social centers</p> <p>3. To implement the OVC monitoring and evaluation plan, (with technical support from FHI and Projet RETRO-CI), the MSSSH will:</p> <ul style="list-style-type: none"> <li>- Disseminate and implement a monitoring and evaluation;</li> <li>- Define and disseminate data collection tools and guides for OVC;</li> <li>- Train, support, and supervise central and peripheral personnel to support quality data collection, transfer, analysis and use;</li> <li>- Ongoing mapping of OVC service delivery providers and evaluation of OVC needs.</li> <li>- Target evaluation to better support adolescent girls in the former rebel-occupied zones</li> <li>- Prepare reports for donors including the USG and disseminate results of national HIV/AIDS response for OVC and provide written and oral reports for national and international partners and stakeholders.</li> <li>- Participate in up to 2 key regional or international meetings or trainings to remain up to date with international requirements and best practices in support of one integrated national M&amp;E system as they pertain to OVC.</li> </ul>

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Emphasis Areas	% Of Effort
Training	15.00
Policy and Guidelines	15.00
Development of Network/Linkages/Referral Systems	10.00
Strategic Information (M&E, IT, Reporting)	15.00
Human Resources	15.00
Logistics	5.00
Quality Assurance and Supportive Supervision	15.00
Information, Education and Communication	10.00

## Targets

Target	Target Value	Not Applicable
Number of OVC programs	6	<input type="checkbox"/>
Number of OVC served by OVC programs	6,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	120	<input type="checkbox"/>
Numer of faith-based OVC programs		<input checked="" type="checkbox"/>

## Target Populations:

Community-based organizations  
Country coordinating mechanisms  
Faith-based organizations  
HIV/AIDS-affected families  
International counterpart organizations  
National AIDS control program staff (Parent: Host country government workers)  
Non-governmental organizations/private voluntary organizations  
Orphans and vulnerable children

## Key Legislative Issues

Gender  
Increasing gender equity in HIV/AIDS programs  
Increasing women's access to income and productive resources  
Stigma and discrimination

## Coverage Areas:

National

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Impact-FHI  
**Prime Partner:** Family Health International  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 1026  
**Approved Funds:**   
**Activity Narrative:**

FHI (Impact) will build on the activities commenced in FY04 with USG support and provide substantial technical assistance to the MSSSH and MLS and OVC consultative committee to achieve the activities defined in the MSSSH OVC section (table 1) to support expanded quality services for OVCs and their families living in Cote d'Ivoire through: 1) central policy, planning training and coordination activities; 2) initiation of a pilot project to improve decentralized coordination and service delivery; and 3) implementation of the OVC monitoring and evaluation plan.

FHI/IMPACT will provide a resident technical advisor and targeted international expert assistance to meet the technical assistance needs mutually identified and agreed upon by the MSSSH and FHI including program design and implementation and monitoring and evaluation support. The detailed FHI workplan will be validated by the donor as well as MSSSH. Outcomes will include those defined in the MSSSH section such as : validated national policy and planning documents, a detailed workplan including management, monitoring and evaluation components for the pilot project, and required reports. The MLS and MSSSH will receive technical assistance to develop the national monitoring and evaluation plan for community interventions including OVC, and related data collection and other tools.

Additional required outcomes will be documentation of the small grants procedures for OVC service providers, the lessons learned and achievements of the initial OVC small grants, and a capacity building plan in response to the needs assessment among targeted FBO/CBO service providers (training, management systems, M&E, accounting & administrative systems).

\*\* Note – the technical assistance provided by FHI will complement and be coordinated with other TA providers supported by the USG (eg HIV/AIDS Alliance, CARE, JHPIEGO) and with that of other partners including UNICEF and other UN agencies, bilateral partners and hired consultants.

Emphasis Areas	% Of Effort
Training	25.00
Needs Assessment	15.00
Local Organization Capacity Development	30.00
Strategic Information (M&E, IT, Reporting)	20.00
Quality Assurance and Supportive Supervision	10.00

**Targets**

Target	Target Value	Not Applicable
Number of OVC programs	10	<input type="checkbox"/>
Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	40	<input type="checkbox"/>
Numer of faith-based OVC programs	0	<input type="checkbox"/>



**Target Populations:**

Community-based organizations  
Country coordinating mechanisms  
Faith-based organizations  
HIV/AIDS-affected families  
National AIDS control program staff (Parent: Host country government workers)  
Non-governmental organizations/private voluntary organizations  
Orphans and vulnerable children  
People living with HIV/AIDS

**Key Legislative Issues**

Gender  
Increasing gender equity in HIV/AIDS programs  
Volunteers  
Stigma and discrimination

**Coverage Areas**

Bas-Sassandra  
Lagunes

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** Competitive announcement (comprehensive, prevention, Care & social marketing,  
**Prime Partner:** To Be Determined  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 1032  
**Approved Funds:**   
**Activity Narrative:** This new procurement is designed to reach underserved areas including rural areas using existing national organizational structures. It should be awarded in the 3rd quarter of FY05 permitting implementation over at least a 6 month period prior to March 2006.

An initial OVC (and other) needs assessment in targeted rural areas will be conducted and small grants will be provided to meet OVC needs for at least 1000 OVC and their families, in coordination with the MSSSH and national NGO umbrella group and local authorities including district-level HIV coordination committee. Small grants recipients will be accountable to the village HIV coordination committee as well as the funding organization who will distribute and supervise funds and programs (using established procedures). These mechanisms will allow USG to support decentralized OVC services in rural areas and improve the reach, range and quality of care services. Small grants will be provided 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.

The recipient will work to link OVC services with related services in the area and promote coordination at all levels through the village, district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies. They will be represented on the national OVC consultative committee and also participate in the national process to define a simplified CBO small grants program and ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

They will also develop and implement a project specific monitoring and evaluation plan drawing on national and USG requirements and tools.

Emphasis Areas	% Of Effort
Training	30.00
Infrastructure	10.00
Quality Assurance and Supportive Supervision	15.00
Local Organization Capacity Development	20.00
Community Mobilization/Participation	15.00
Strategic Information (M&E, IT, Reporting)	10.00

**Targets**

Target	Target Value	Not Applicable
Number of OVC programs	1	<input type="checkbox"/>
Number of OVC served by OVC programs	1,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/>

**Target Populations:**

Community-based organizations  
Country coordinating mechanisms  
Faith-based organizations  
HIV/AIDS-affected families  
Non-governmental organizations/private voluntary organizations  
Orphans and vulnerable children  
people living in village

**Key Legislative Issues**

Gender  
Increasing women's access to income and productive resources  
Increasing women's legal rights  
Stigma and discrimination

**Coverage Areas**

Lagunes  
18 Montagnes  
Bas-Sassandra  
Haut-Sassandra  
Moyen-Como

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**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 1082

**Approved Funds:**

**Activity Narrative:** HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand CBO/FBO capacity. They will draw on their experience in Senegal, Burkina Faso and other countries in the sub-region to establish and reinforce a national linking organization to provide management and technical assistance to subgrantees as well as manage a large number of subgrants including those dedicated to provision of various OVC services.

HIV/AIDS Alliance will provide technical assistance and share their international experience to assist national authorities and key stakeholders including representatives of PLWH/A and ASO and FBO networks to define a simplified monitoring and evaluation plan for community based activities and a CBO/FBO small grants program including the technical and management assistance to ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

With FY05 funds subgrants of less than will be provided to at least 20 organizations or networks to provide services to at least 9,000 OVC in more than 6 regions before March 2006. More than 120 persons will be trained to improve their skills in program and financial management, monitoring and evaluation and/or OVC service provision. Small grants will be provided to at least 20 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; and monitoring and evaluation.

HIV/AIDS Alliance will work to link OVC services with related services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies

Emphasis Areas	% Of Effort
Training	30.00
Quality Assurance and Supportive Supervision	10.00
Linkages with Other Sectors and Initiatives	5.00
Local Organization Capacity Development	23.00
Infrastructure	7.00
Community Mobilization/Participation	20.00
Strategic Information (M&E, IT, Reporting)	5.00

**Targets**

Target	Target Value	Not Applicable
Number of OVC programs	20	<input type="checkbox"/>
Number of OVC served by OVC programs	9,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	120	<input type="checkbox"/>

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**Target Populations:**

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- People living with HIV/AIDS

**Key Legislative Issues**

- Gender
- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Areas**

- Bas-Sassandra
- Lagunes
- Moyen-Comoé

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 2080  
**Approved Funds:**   
**Activity Narrative:** RETRO-CI provides technical support to expand quality services for OVCs and their families. RETRO-CI ensures partnership between the MSSSH, and the MLS as well as provide core technical assistance in program design, supervision, and monitoring and evaluation

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	40.00
Policy and Guidelines	30.00
Logistics	10.00
Strategic Information (M&E, IT, Reporting)	20.00

**Targets**

Target	Target Value	Not Applicable
Number of OVC programs		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	40	<input type="checkbox"/>

**Target Populations:**

Country coordinating mechanisms  
 Orphans and vulnerable children  
 Ministry of solidarity  
 Ministry of AIDS  
 Ministry of National Education

**Coverage Areas**

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** (D) Hope Worldwide  
**Prime Partner:** Hope Worldwide  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 2082  
**Approved Funds:** [REDACTED]

**Activity Narrative:**

Through supplemental funds from USG Cote d'Ivoire, HW will continue existing community mobilization activities in Abidjan and expand prevention activities to 2 other regions in Cote d'Ivoire. Activities will be coordinated from the HW head office in Abidjan and will be aligned financially and programmatically with the centrally funded Abstinence and Youth project. HW will;

Mentor and monitor NGOs and CBOs trained in Community mobilization and prevention strategies

In collaboration with Ministry of AIDS (MOA) and Ministry of Education (MEN), workshops with participating schools, communities of faith, and youth groups to promote AB-focused messages and community mobilization activities

Train trainers in collaboration with national Life Skills network experts from above-mentioned groups on Life skills topics such as, self esteem, communication skills, peer pressure, gender issues, and building family

Facilitate community institutions and groups to develop actions plans to implement AB/youth focused activities

Provide support for networking of AB/Youth focused practitioners

Provide routine monitoring and evaluation information.

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Emphasis Areas	% Of Effort
Training	10.00
Infrastructure	10.00
Local Organization Capacity Development	40.00
Community Mobilization/Participation	15.00
Strategic Information (M&E, IT, Reporting)	10.00
Quality Assurance and Supportive Supervision	15.00

## Targets

Target	Target Value	Not Applicable
Number of OVC programs	2	<input type="checkbox"/>
Number of OVC served by OVC programs	2,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>
Number of NGOs and CBOs which promote abstinence and/or being faithful focused messages and community mobilization activities	2	<input type="checkbox"/>
Number of individuals reached with abstinence and/or being faithful focused messages and community mobilization activities	15,000	<input type="checkbox"/>

## Target Populations:

Community-based organizations  
 Country coordinating mechanisms  
 Faith-based organizations  
 HIV/AIDS-affected families

## Key Legislative Issues

Gender  
 Increasing women's access to income and productive resources  
 Increasing women's legal rights  
 Stigma and discrimination

## Coverage Areas

Lagunes

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** OVC- Hope Worldwide  
**Prime Partner:** Hope Worldwide  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** N/A  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 2088

**Approved Funds:**

**Activity Narrative:** Through the new central award, the ANCHOR partnership of HW, will strengthen existing OVC activities in the greater Abidjan area in collaboration with Rotary International's HIV/AIDS Fellowship (RFFA), and with support from the Emory Schools of Public Health and Nursing, the International AIDS Trust, and Coca Cola. Activities will support OVC with provision of home and community-based counseling, psychosocial support and health and nutritional services, and will reach at least 3,000 OVC and affected family members in FY05.

HW will continue to facilitate after-school programs to provide multilevel support for children through Support Groups for OVC. This includes counseling, play therapy, nutritional support, referrals, and educational support. Child participation and interaction is promoted; Childcare facilitators and volunteers will conduct OVC-focused Home-Based Care activities and will visit children with special needs and assess living conditions and family needs and concerns;

HW will provide sub grants to selected NGOs/CBOs working in OVC care and support as well as provides programmatic and administrative technical assistance. HW will find new partners to scale up OVC reach.

HW will Train and mentor CBOs, NGOs and FBOs and other community stakeholders on OVC issues. This includes training in OVC community mobilization strategies, psychosocial support, counseling, nutritional support, succession planning, and play skills

HW will also subcontract a targeted independent evaluation (by institutions such as FH1) of their OVC and related community mobilization activities to assist documentation of their best practices and identify areas for improvement and program gaps including in their monitoring and evaluation plan.

HW will revise and implement their monitoring and evaluation plan in light of their expanded activities.

HW will also collaborate with the MSSSH and participate in the national OVC consultative committee and contribute to national policy, planning and training material development (including definition of targeted OVC care packages to support OVC within the community) and ongoing coordination at the national level.

HW will also continue to mobilize additional financial and in-kind resources (including from WFP) and develop a plan to promote local ownership and long term sustainability of quality services.

Emphasis Areas	% Of Effort
Infrastructure	10.00
Community Mobilization/Participation	15.00
Local Organization Capacity Development	20.00
Quality Assurance and Supportive Supervision	15.00
Strategic Information (M&E, IT, Reporting)	10.00
Training	30.00



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## Targets

Target	Target Value	Not Applicable
Number of OVC programs	3	<input type="checkbox"/>
Number of OVC served by OVC programs	3,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/>

## Target Populations:

Community-based organizations  
Country coordinating mechanisms  
Faith-based organizations  
HIV/AIDS-affected families  
Non-governmental organizations/private voluntary organizations  
Orphans and vulnerable children  
People living with HIV/AIDS

## Key Legislative Issues

Gender  
Increasing women's access to income and productive resources  
Increasing women's legal rights  
Stigma and discrimination

## Coverage Areas

Lagunes

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Orphans and Vulnerable Children  
**Budget Code:** HKID  
**Program Area Code:** 08  
**Activity ID:** 2451

**Approved Funds:**

**Activity Narrative:** The major donor for OVCs in 2005 was anticipated to be the World Bank MAP project which has not materialized and other donor funds are grossly inadequate to meet the aggregate PEPFAR target for 2005 of 39,000 and national needs which have been only exacerbated by the chronic politico-military crisis. Partnerships with international organizations such as Save the Children UK, CARE International and UNICEF as well as links with groups such as Rotary and the Lion's Club provide ongoing access to regions throughout the country and the supervision and support required to ensure that small grants to CBOs/FBOs are effectively used. The development and award of these subgrants will build on FY04 activities with the technical ministry responsible and FHI, UNICEF and other partners to ensure quality services with adequate monitoring and evaluation.

These additional funds for the HIV/AIDS Alliance subgrants program will be critical to allow broader service delivery to meet the needs of OVCs and their families and will be particularly targeted to reach OVCs in the hard hit Western part of the country where poverty, displacement and HIV/AIDS have combined to render children especially vulnerable.

With these additional funds, expanded small-medium subgrants will be provided to at least 30 organizations or networks to provide services to at least 11,000 OVC in more than 6 regions before March 2006. More than 200 persons will be trained to improve their skills in program and financial management, monitoring and evaluation and/or OVC service provision. Small grants will be provided to at least 30 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; and monitoring and evaluation.

HIV/AIDS Alliance will work with the OVC coordination group linked to the OVC National Program (Ministry of Solidarity) and FHI, UNICEF and other national and international partners to support implementing partners (CBOs/FBOs) to provide quality OVC services and link them to related services in the geographic area and promote coordination at all levels through the various HIV, humanitarian and other coordination forums (and ensure M&E reports are provided to the relevant bodies

Emphasis Areas	% Of Effort
Training	30.00
Commodity Procurement	20.00
Quality Assurance and Supportive Supervision	10.00
Linkages with Other Sectors and Initiatives	5.00
Infrastructure	10.00
Local Organization Capacity Development	20.00
Strategic Information (M&E, IT, Reporting)	5.00

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**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of OVC programs	30	<input type="checkbox"/>
Number of OVC served by OVC programs	15,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	200	<input type="checkbox"/>

**Coverage Areas:**

National

Table 3.3.09: Program Planning Overview

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

**Results:**

Internationally approved training packages in HIV/AIDS counseling and testing adapted and implemented  
 Expanded linkages between CT services and care and treatment facilities  
 Enhanced quality of CT services  
 Public information and understanding of HIV Counseling and Testing increased  
 Increased use of HIV Testing and Counseling Services  
 Improved availability of and access to of HIV Testing and Counseling services\n\n

Total Approved Funding for Program Area:

**Current Program Context:**

Senior public officials including the 1st Lady and the Ministers of AIDS and Health strongly promote HIV counseling & testing (CT) as a central part of the national HIV strategy. The Health Minister has repeatedly been tested to promote CT and the use of rapid HIV tests. The national policy is to provide free HIV testing services to exclude cost barriers to uptake. There are various CT service delivery and financing models. Nationwide, there are only 17 integrated or stand-alone CT service sites (without PMTCT services) for the general community as well as high-risk populations (youth, sex workers, military, etc.) but include a number of innovative partnership models with financial and technical contributions from the public, private and/or NGO/FBOs, emphasizing sustainability and local ownership. At present these services are largely concentrated in Abidjan with poor population coverage (<2%). Efforts are underway to re-open 2 VCT services in Northern cities disrupted due to the crisis.\n\nCoordination: The national HIV Care Program (MOH) has been strengthened with the appointment of a VCT focal point (Feb 2004) to coordinate the technical group, develop annual expansion plans and coordinate/monitor services. USG supported the creation of a National Technical Working Group on VCT (2002), led by the national HIV program which improved coordination by bringing together implementing partners and stakeholders and meeting regularly to coordinate activities and discuss technical issues. The MOH expert biology committee (created September 2003) can also provide expert guidance on HIV testing and other laboratory issues, including use of rapid HIV tests and quality assurance. In 2004 standardized guidelines were disseminated, a national evaluation of CT services was conducted and disseminated, and an expansion plan was formulated. Although the current coverage of counseling and testing services is very limited, technical capacity and political willingness for rapid scale-up exist. The national goal is "to improve quality of and access to VCT in all regions of Côte d' Ivoire by 2007" through both integrated CT services as well as sustainable stand-alone service models. National CT "norms and procedures", developed in 2002 with USG support, are used and referenced in CT centers. 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 CT services. Efforts are now underway to rapidly expand VCT services with a new center and franchise model supported by PSI/USG, and other partners (Global Fund and private sector partners such as Shell) are conducting initial needs assessments and working to open at least 7 additional VCT centers in 2004.\n\nCollaboration: The GOCI and the USG continue to be the major donors for CT activities. Of note, substantial resources were also mobilized from private sector partners (eg. Shell and Orange), local government (eg Mayor of Port Bouet), and successful global fund applications for TB and HIV mobilized further resources targeting CT including HIV/TB services. Additionally, the GOCI introduced a new annual budget line for HIV rapid tests (~\$USD 400,000). The USG has provided substantial financial and technical support to strengthen the capacity of the MOH's National HIV Program, resulting in improved coordination and the development of relevant policy, guidelines and other tools related to counseling and testing. In FY04, USG supported VCT services at 5 free-standing sites targeting youth, uniformed services and other vulnerable populations, and 9 integrated with TB services at 3 sites, 3 sites providing comprehensive services to sex workers and their partners, and 3 family planning clinics. A USG supported national communication campaign to promote counseling and testing services and uptake was launched in April 2004 with a strong upsurge in demand for VCT. \n\n

**Program Area Target:**

Number of service outlets providing counseling and testing according to national or international standards

Number of individuals who received counseling and testing for HIV and received their test results

Number of individuals trained in counseling and testing according to national or international standards

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 239  
**Approved Funds:**   
**Activity Narrative:** The US funded Projet RETRO-CI's laboratory and counseling technical advisors will continue to provide:

1. Technical assistance through the participation of the laboratory and counseling experts in the national VCT technical working group, expert HIV laboratory committee and other technical forums, to assure the quality of decentralized HIV counseling and testing services.

Specific laboratory related outputs include:

- a. Guides and tools to improve the management and supervision of laboratories providing CT services
- b. Laboratory needs assessment for targeted CT sites
- c. In-service training of 40 laboratory staff at RETRO-CI
- d. An external HIV quality testing assessment program (EQA)
- e. Purchase of laboratory commodities and supplies to support evaluation of new HIV test kits, bench training and quality assurance
- f. Contribution to the evaluation of optimal simplified HIV testing algorithms for point of service testing along with other national laboratories.
- g. Ongoing technical assistance for the inspection and supervision of HIV testing services performed at peripheral sites.

Specific counseling related outputs include the evaluation of health service sites, training and ongoing supervision in conjunction with the national HIV and TB care programs' expansion (PMTCT, TB, STI, inpatient and outpatient services) to integrate routine CT activities including couple counseling and secondary prevention counseling for serodiscordant couples.

These activities complement direct USG laboratory and other donor contributions to support the expansion and reinforcement of a national network of laboratories involved in the development and implementation of laboratory plans and resources for training, technical supervision, maintenance and evaluation of laboratory equipment and facilities.

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Emphasis Areas	% Of Effort
Training	20.00
Policy and Guidelines	20.00
Commodity Procurement	40.00
Quality Assurance and Supportive Supervision	20.00

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	34	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	40	<input type="checkbox"/>

## Target Populations:

- Community-based organizations
- Country coordinating mechanisms
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations

## Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's legal rights
- Stigma and discrimination

## Coverage Areas

- Bas-Sassandra
- Lagunes
- Moyen-Como

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** (D) CDC HQ TA (Deferred)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 244  
**Approved Funds:**   
**Activity Narrative:** CDC/HHS will provide technical assistance to the MOH to improve quality and M&E of counseling and testing through evaluation of existing counseling and testing services and materials and provision of recommendations. CDC/HHS HQ will provide TA to MOH and work with the national VCT technical working group to:

1. Integrate HIV testing at health care service sites, prioritizing TB, and other high-prevalence service sites,
2. Strengthen counseling training in conjunction with JHPIEGO which will reach at least 180 health workers, professional and lay counselors, lab technicians and other support people,
3. Improve linkages to ensure persons who test HIV -positive are linked with ongoing care and treatment services,
4. Strengthen national guidelines and assure regulatory support,
5. Encourage adoption of routine testing policies at health facilities.

This will complement technical assistance provided by Projet RETRO-CI staff, JHPIEGO and APHL (with US support) and that of WHO and other partners.

Emphasis Areas	% Of Effort
Training	30.00
Policy and Guidelines	30.00
Development of Network/Linkages/Referral Systems	20.00
Needs Assessment	20.00

**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	120	<input type="checkbox"/>

**Target Populations:**

- Community-based organizations
- Country coordinating mechanisms
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

**Coverage Areas:**

National



Table 3.3.09: Activities by Funding Mechanism

<b>Mechanism:</b>	Competitive announcement (comprehensive, prevention, Care & social marketing,
<b>Prime Partner:</b>	To Be Determined
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	GAC (GHAI account)
<b>Program Area:</b>	Counseling and Testing
<b>Budget Code:</b>	HVCT
<b>Program Area Code:</b>	09
<b>Activity ID:</b>	409
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>This new procurement (cooperative agreement) is designed to reach poorly served areas including rural areas using existing national organizational structures with well developed management and financial control and established relationships with reach to rural areas. It should be awarded by the 3rd quarter of FY05 permitting implementation over at least a 6-month period prior to March 2006.</p> <p>The successful recipient (national organization), in conjunction with the Ministry of Health and subcontracting partners will:</p> <ol style="list-style-type: none"> <li>1. Conduct a rapid situation analysis using participatory approaches to define stakeholder priorities and develop a work plan to improve knowledge of, access to, and uptake of VCT services among underserved and rural populations;</li> <li>2. Establish a pilot mobile VCT service linked to existing VCT and care services to improve reach to underserved and/or rural areas, building on the existing franchised VCT clinic model initiated by PSI in 2004 as well as other static VCT clinics meeting national MOH quality standards. The VCT service will adhere to the strict standards of quality and customer service required by the franchise. The recipient will be required to develop a strategy to support recurrent costs and promote long-term sustainability. In collaboration with other USG technical assistance partners such as JHPIEGO and PSI it will ensure adequate training, supplies, monitoring and supervision for the VCT sites, and establish a referral system for other medical services and support groups.</li> <li>3. Develop and implement a behavior change and communication (BCC) campaign to promote VCT and overcome barriers to HIV testing for these target populations in collaboration with PSI, the technical Ministries and the network of journalists (building on large body of BCC work commenced in FY03). This will involve an evidence based coordinated multimedia campaign linked with community based methods of proximity including use of local language and the village HIV/AIDS action committees and influential community members and leaders to reinforce the messages. The recipient, in conjunction with the MOH and partners, will also be required to conduct a baseline study and an end-of-project evaluation (at a later time) to measure impact of the VCT promotional campaign. Targeted evaluations and use of qualitative methods are also anticipated over the life of the award). The campaign should reach at least 50% of the primary target audience of persons aged 18-30 and complement other efforts to promote treatment literacy, overcome HIV-related fear, ignorance and stigma and promote care, support and treatment services and improve links to other services.</li> </ol> <p>The recipient will work to link these services with related services in the area and promote coordination at all levels through the village, district, regional and national HIV and other coordination forums and ensure M&amp;E reports are provided to the relevant bodies. They will be represented on the relevant national technical coordination committees and also participate in the national process to define a simplified CBO small grants program and ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors. The recipient will also develop and implement a project specific monitoring and evaluation plan drawing on national and USG requirements and tools.</p>

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Emphasis Areas	% Of Effort
Training	15.00
Commodity Procurement	25.00
Information, Education and Communication	10.00
Infrastructure	30.00
Needs Assessment	5.00
Quality Assurance and Supportive Supervision	15.00

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	1	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	5,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	20	<input type="checkbox"/>
Number of community outreach programs (that are NOT A/B focused)	1	<input type="checkbox"/>
Number of people reached with community outreach programs (that are NOT A/B focused)	100,000	<input type="checkbox"/>
Number of mass media programs (that are NOT A/B focused)		<input checked="" type="checkbox"/>
Number of people reached with mass media programs (that are NOT A/B focused)		<input checked="" type="checkbox"/>

## Target Populations:

- Adults
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations

## Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

**Coverage Areas**

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Table 3.3.09: Activities by Funding Mechanism

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 1333  
**Approved Funds:**   
**Activity Narrative:**

The HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand the capacity of the local community including faith based and non-governmental organizations to respond to HIV in their communities. The Alliance will draw on their experience in Senegal, Burkina Faso and other countries in the sub-region to establish and reinforce a national linking organization to provide management and technical assistance to sub-grantees as well as manage a large number of sub-grants including those dedicated to provision of youth and couple-friendly VCT services in a sustainable manner.

With FY05 funds, the HIV/AIDS Alliance will work with the office of the Mayor of Port Bouet, the Mayor's Alliance against HIV/AIDS in Cote d'Ivoire, the national HIV care and treatment program (MOH), JHPIEGO and other stakeholders to develop a new national initiative and a subgranting mechanism to support a rapid expansion of sustainable youth-and couple friendly stand-alone VCT centers building on the successful model of the Port Bouet VCT center and community support space. This model involves leveraging of resources from multiple sources including local government (Mayor or General Council to provide building and amenities and support staff), the national government (with HIV tests and professional health and/or social worker staff), an external donor (to provide leveraging funds to support equipment and minor renovations) and a technical provider(s) to assure training, supervision, quality assurance and monitoring and evaluation. Multiple stakeholders, including numerous representatives of local government, the national HIV care program (MOH), and the Ministry of AIDS and other participants of the Emergency Plan Partner's Meeting in September 2004 have requested that this innovative model be replicated in light of its potential for local ownership, sustainability and creation of broader HIV-related community links and benefits.

Building on the initial consultations of the USG, Alliance will consult more widely with key stakeholders, conduct a situation analysis and develop a subgranting model with leveraging of local resources in collaboration with the MOH. With USG support, JHPIEGO will provide technical assistance to assure training, supervision and the quality of VCT services. Alliance will establish a written memorandum of understanding with the MOH to define the roles and responsibilities of the various parties in accordance with national policy and regulations, and assure the role of overall coordination, management and monitoring of the subgrants. Each VCT center will have a MOU to define contributions of and responsibilities of the relevant financial and/or technical assistance partners. With FY05 funds, between 10-15 subgrants will be awarded (of approximately  award/year) and geographic coverage, HIV prevalence and a sustainability plan will be included in the criteria for awards of subgrants. It is anticipated that the establishment of the initiative and awarding of grants will take 3-4 months, and establishment of individual service delivery sites will take an additional 3-4 months, so that service delivery will not be substantial prior to September 2005 but will continue to expand rapidly with establishment (over 2 years) of a VCT service in every large town with support of the Mayor's Office and/or General Council and other partners. This model will also explicitly enhance links with other related health and social services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums. Regular monitoring reports will be provided to the relevant bodies and donors.

Only existing NGO supported VCT services with a plan to promote sustainability will be considered for other subgrants for VCT through US supported HIV/AIDS Alliance activities due to the national policy to promote sustainable services prioritizing integrated services within health services. Organizations such as AIBEF, ASAPSU,

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Hope Worldwide, non-profit mutual health providers and similar non-public organizations currently providing health services will be encouraged to integrate counseling and testing services with incentive grants through Alliance. At least 5 of these awards of up to [ ] will be made with FY05 funds. It is anticipated that once the granting mechanism is fully operational, the size and numbers of grants will increase significantly in FY06.

Emphasis Areas	% Of Effort
Training	25.00
Commodity Procurement	25.00
Information, Education and Communication	10.00
Infrastructure	30.00
Needs Assessment	10.00

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	15	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	20,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	60	<input type="checkbox"/>

## Target Populations:

- Adults
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Local government bodies

## Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal rights
- Stigma and discrimination

## Coverage Areas

- Bas-Sassandra
- Lagunes
- Moyen-Como

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** HHS-Population Service International  
**Prime Partner:** Population Services International  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 1335  
**Approved Funds:** [REDACTED]

**Activity Narrative:**

Building on activities commenced with USG support in FY04, In collaboration with the US Department of Defense and CDC/HHS country teams, PSI will:

- Provide technical assistance to MOH through participation in the national VCT technical working group to prepare and implement national scale-up plans and training, supervision, monitoring and evaluation particularly in the area of VCT promotional and marketing tools building on FY04 work;
- Expand services at a model VCT clinic in Yopougon in Abidjan to provide VCT services targeting high risk youth as well as on-the-job training of HIV counselors and other staff in support of national scale-up (currently serving 650 clients/month) and replicate this model at at least 2 other sites using an established franchise model;
- Provide technical and logistic assistance to the Ministry of Defense to prepare and implement their comprehensive HIV services scale-up plan targeting the army and gendarmes and surrounding populations including increasing uptake at their VCT center at the central military hospital (currently serving 130 predominantly civilian clients/month) and establishing a new mobile unit;
- Link VCT centers to comprehensive support, care and treatment services including through support to at least two community based organizations conducting outreach activities;
- Promote the use of VCT services to the general population through re-broadcast of a mass media campaign developed during FY04 coupled with peer education sessions and skills development for peer educators in use of communication techniques.
- Monitor these activities and evaluate aspects such as quality and acceptability

Emphasis Areas	% Of Effort
Training	15.00
Commodity Procurement	25.00
Local Organization Capacity Development	25.00
Infrastructure	30.00
Needs Assessment	5.00

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## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	32,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	25	<input type="checkbox"/>
Number of community outreach programs (that are NOT A/B focused)	2	<input type="checkbox"/>
Number of people reached with community outreach programs (that are NOT A/B focused)	14,400	<input type="checkbox"/>
Number of mass media programs (that are NOT A/B focused)	1	<input type="checkbox"/>
Number of people reached with mass media programs (that are NOT A/B focused)	2,700,000	<input type="checkbox"/>

### Target Populations:

Adults  
Community-based organizations  
Country coordinating mechanisms  
Faith-based organizations  
Non-governmental organizations/private voluntary organizations

### Key Legislative Issues

Stigma and discrimination

### Coverage Areas

Bas-Sassandra  
Lacs  
Lagunes  
Moyen-Comoé

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GAC HHS JHPIEGO  
 Prime Partner: JHPIEGO  
 USG Agency: Department of Health & Human Services  
 Funding Source: GAC (GHAJ account)  
 Program Area: Counseling and Testing  
 Budget Code: HVCT  
 Program Area Code: 09  
 Activity ID: 1342  
 Approved Funds:   
 Activity Narrative:

JHPIEGO will build on its' USG funded FY04 activities and provide ongoing technical assistance to the MOH's Department of Training and Research, the National HIV Care Program and the national HIV training steering committee which includes representatives from all national training institutions for health and allied professionals. With FY05 funds, JHPIEGO will provide a resident technical advisor at the request of the Ministry of Health to be situated at the national Department of Training to assist the Director in overall management and monitoring of training programs related to HIV/AIDS. At least one technical advisor specializing in quality of services with a focus on HIV counseling will also be required.

As a transversal cross-cutting activity, JHPIEGO's training and quality promotion activities will be closely coordinated with and complement those of other US supported technical assistance providers.

With FY05 support JHPIEGO will provide expert technical assistance to the MOH and national HIV training steering committee to:

Rapidly adapt existing materials and validate, disseminate and implement french language HIV VCT training materials for pre-service (integrated) and in-service training including those for point of service rapid HIV testing with emphasis on quality assurance as part of pre-service training for laboratory staff (in collaboration with Projet RETRO-CI, APHL and/or HHS HQ staff)

Integrate curricula as part of preservice training for physicians, nurses, social workers, and laboratory staff;

Establish national pool of 40 "expert trainers and national resource persons" with training skills and use of VCT modules and ensure they are effectively transferring knowledge and skills to providers (20 in-service and 20 pre-service trainers);

Train at least 100 counselors, and 40 managers and/or support staff from at least 40 VCT service sites providing counseling and testing services;

Ensure quality of VCT services through the pilot-testing a standards based management and performance improvement approach at 10 selected sites that will provide ongoing quality assurance and supportive supervision and progressively transfer supervision and competence to national and local authorities

Effectively target and track training of staff using an adapted Training Information Monitoring System (TIMS) and the results of the human resource needs evaluation (described in section 14).

With the approval of the MOH, JHPIEGO will provide technical assistance with training, supervision and evaluation of quality of services to assure quality of services at VCT services at independent sites (ie. other than health service sites) supported by USG funds including those cofinanced with local government or the private sector and those implemented by NGO/FBOs.

As a transversal cross-cutting activity, JHPIEGO's training and quality promotion activities will be closely coordinated with and complement those of other US supported technical assistance providers

Emphasis Areas	% Of Effort
Training	30.00
Local Organization Capacity Development	20.00
Quality Assurance and Supportive Supervision	30.00
Strategic Information (M&E, IT, Reporting)	20.00



**Targets**

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	40	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	180	<input type="checkbox"/>

**Target Populations:**

- Country coordinating mechanisms
- Non-governmental organizations/private voluntary organizations
- Teachers (Parent: Host country government workers)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

- Bas-Sassandra
- Lagunes
- Moyen-Como

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism:** (D) Cooperative Agreement with Ministry of Health, #U50/CCU022230  
**Prime Partner:** Ministry of Health, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 2092  
**Approved Funds:**   
**Activity Narrative:** Deferred activity not changed in programming;

Provide ongoing monitoring, supervision and training, and procure and supply commodities and standardized monitoring and reference tools to support existing collaborative VCT services at 7 sites (building on commodities management evaluation and reinforcement – see table 4.13);

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of service outlets providing counseling and testing according to national or international standards	7	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	7,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	0	<input type="checkbox"/>

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Bas-Sassandra

Lagunes

Moyen-Como

Table 3.3.09: Activities by Funding Mechanism

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 2449  
**Approved Funds:**   
**Activity Narrative:**

As VCT activities are the key entry point to most care and all treatment services, we would like to increase funding in this area – especially in light of the slow start to the Global Fund activities in the VCT area and the lack of the anticipated MAP funds in this area. This is critical to achieving the 05 aggregate goals of 23,100 persons receiving treatment. These additional funds will be targeted to open 4 new VCT centers in this budget period.

## Existing narrative:

The HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand the capacity of the local community including faith based and non-governmental organizations to respond to HIV in their communities. The Alliance will draw on their experience in Senegal, Burkina Faso and other countries in the sub-region to establish and reinforce a national linking organization to provide management and technical assistance to sub-grantees as well as manage a large number of sub-grants including those dedicated to provision of youth and couple-friendly VCT services in a sustainable manner.

With FY05 funds, the HIV/AIDS Alliance will work with the office of the Mayor of Port Bouet, the Mayor's Alliance against HIV/AIDS in Cote d'Ivoire, the national HIV care and treatment program (MOH), JHPIEGO and other stakeholders to develop a new national initiative and a subgranting mechanism to support a rapid expansion of sustainable youth-and couple friendly stand-alone VCT centers building on the successful model of the Port Bouet VCT center and community support space. This model involves leveraging of resources from multiple sources including local government (Mayor or General Council to provide building and amenities and support staff), the national government (with HIV tests and professional health and/or social worker staff), an external donor (to provide leveraging funds to support equipment and minor renovations) and a technical provider(s) to assure training, supervision, quality assurance and monitoring and evaluation. Multiple stakeholders, including numerous representatives of local government, the national HIV care program (MOH), and the Ministry of AIDS and other participants of the Emergency Plan Partner's Meeting in September 2004 have requested that this innovative model be replicated in light of its potential for local ownership, sustainability and creation of broader HIV-related community links and benefits.

Building on the initial consultations of the USG, Alliance will consult more widely with key stakeholders, conduct a situation analysis and develop a subgranting model with leveraging of local resources in collaboration with the MOH. With USG support, JHPIEGO will provide technical assistance to assure training, supervision and the quality of VCT services. Alliance will establish a written memorandum of understanding with the MOH to define the roles and responsibilities of the various parties in accordance with national policy and regulations, and assure the role of overall coordination, management and monitoring of the subgrants. Each VCT center will have a MOU to define contributions of and responsibilities of the relevant financial and/or technical assistance partners. With FY05 funds, between 13-17 subgrants will be awarded (of approximately  award/year) and geographic coverage, HIV prevalence and a sustainability plan will be included in the criteria for awards of subgrants. It is anticipated that the establishment of the initiative and awarding of grants will take 3-4 months, and establishment of individual service delivery sites will take an additional 3-4 months, so that service delivery will not be substantial prior to September 2005 but will continue to expand rapidly with establishment (over 2 years) of a VCT service in every large town with support of the Mayor's Office and/or General Council and other partners. This model will also explicitly enhance links with other related health and social services in the geographic area and promote

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coordination at all levels through the district, regional and national HIV and other coordination forums. Regular monitoring reports will be provided to the relevant bodies and donors.

Only existing NGO supported VCT services with a plan to promote sustainability will be considered for other subgrants for VCT through US supported HIV/AIDS Alliance activities due to the national policy to promote sustainable services prioritizing integrated services within health services. Organizations such as AIBEF, ASAPSU, Hope Worldwide, non-profit mutual health providers and similar non-public organizations currently providing health services will be encouraged to integrate counseling and testing services with incentive grants through Alliance. At least 5 of these awards of up to [redacted] will be made with FY05 funds. It is anticipated that once the granting mechanism is fully operational, the size and numbers of grants will increase significantly in FY06.

Emphasis Areas	% Of Effort
Training	25.00
Commodity Procurement	25.00
Information, Education and Communication	10.00
Infrastructure	30.00
Needs Assessment	10.00

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	75	<input type="checkbox"/>

## Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

**Mechanism:** Rapid Expansion  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Rapid Expansion (GHAI account)  
**Program Area:** Counseling and Testing  
**Budget Code:** HVCT  
**Program Area Code:** 09  
**Activity ID:** 2549  
**Approved Funds:**   
**Activity Narrative:**

This VCT activity complements and completes overall Project HEART activities and two other rapid expansion proposals to expand treatment services using a network approach in Cote d'Ivoire. The US country team and Project HEART is aware of a critical gap in counseling and HIV testing (CT), both in existing CT service availability and the overall funds (US and other) currently dedicated to CT expansion. At present, nationwide, there are only 17 integrated or stand-alone CT service sites (without PMTCT services), largely concentrated in Abidjan with poor population coverage (<2%) and integrated HIV counseling services are poorly developed at major health facilities even when testing and treatment facilities are available. These are currently grossly insufficient for the achievement of Emergency Plan care and treatment goals and undermine prevention efforts. Funding for this CT proposal is perceived as critical to achieve Emergency Plan objectives of 23,100 persons receiving ART in 2005 and 5-year goals of 77,000 persons under ART.

Project HEART has rapidly established an innovative family-and child-centered approach to comprehensive treatment services in Côte d'Ivoire. It began very quickly due to high levels of cooperation between the project implementers, the Ministry of Health, and the USG country team. As of late February, 2005, there were over 5,000 clients who were enrolled in HIV/AIDS care, of which 1,950 were receiving ART (including 31% pediatric clients). At full funding in year 2 with FY2005 support, Project HEART Côte d'Ivoire plans to build on existing USG-Cote d'Ivoire collaborations to support 24 diverse health service delivery sites to provide ART to 18,900 individuals and comprehensive HIV services to a total of 45,000 individuals.

To achieve these care and treatment objectives, Project HEART Côte d'Ivoire will not only need to provide services to the remaining clients on the existing waiting lists (who had received counseling and testing services as part of the Drug Access Initiative and/or research studies with USG/Project RETRO-CI support) but will need to aggressively expand counseling and testing services especially at health facilities to persons who are living with advanced HIV disease in urgent need of life-saving treatment.

Given that:

- ~50-80% of the 27,000 annual hospitalizations and a substantial proportion of the 75,000 annual outpatient visits are HIV-related at the various services (infectious diseases, respiratory, pediatric and internal medicine) of the largest University Hospital (CHU) in Treichville and a similar profile is anticipated at the University Hospital of Yopougon;
- ~47% of the ~18,000 annual TB case-load are co-infected with HIV and are in need of HAART and comprehensive treatment services and > 2/3 of this number are accessible through 5 specialized TB services (2 in Abidjan and 3 in the interior);
- ~30% of ~6,000 commercial sex workers attending Emergency Plan supported specialized VCT and comprehensive prevention services annually are HIV-infected, many with advanced disease;

Project HEART can largely meet its treatment and care targets and contribute to national targets by ensuring that routine counseling and testing services WITH functional links to HIV care and treatment services are rapidly established in these health service sites through existing partnerships with the National HIV and TB programs and the expanded twinning collaboration with the CHU-Treichville and the University of San Francisco California (UCSF) and the FHI-lead highly vulnerable population project targeting commercial sex workers and other vulnerable populations.

These activities also benefit from and are consistent with the Government of Cote d'Ivoire (GoCI) policy for rapid scale-up of VCT with free HIV testing services. In 2004, the GoCI introduced a new annual budget line for HIV rapid tests  and a physical stock and distribution system has already been established at the central pharmacy. With substantial financial and technical support from the

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Emergency Plan the MOH's National HIV Program has also improved coordination and the development of relevant policy, guidelines and other tools related to counseling and testing with ongoing improvements in training and quality assurance approaches anticipated in 2005 with Emergency Plan support.

With the funds outlined in this proposal, Project HEART will integrate counseling and testing (CT) services at all 24 of its treatment delivery sites (including pediatric, internal medicine and other services at the CHU-Treichville and CHU-Yopougon and 5 major TB services) and expand CT services (separate from the integrated PMTCT service as part of antenatal care) at 50 PMTCT service delivery sites. As substantial US and other funds are already dedicated to provision of PMTCT and treatment services including support for on-site rapid HIV testing services and laboratory system's development the additional funds required for the establishment of these integrated CT services are relatively modest. A significant proportion of this funding request is for laboratory equipment and supplies, and minor renovations to assure adequate laboratory and counseling facilities. This activity will also be integrated as part of the networking proposal which will ensure that HIV-positive clients are effectively linked to comprehensive clinic and community based services in collaboration with FHI and HIV/AIDS Alliance. With these partners and PLWH/A associations, innovative models such as a outreach to offer VCT to families of HIV-infected persons in care will also be explored building on successful approaches used in Uganda and elsewhere to enhance secondary prevention and care/treatment opportunities targeting the family as a whole rather than individuals.

Support to integrate these CT services in diverse settings will be provided by existing partners University of California, San Francisco, and national NGO ACONDA as well as new subgrantees with proven track records in provision of quality patient services such as l'Association pour le Soutien a l'Auto-Promotion Sanitaire Urbaine (ASAPSU), and other partners (TBD). Special interest will be accorded to partners who are well established with ongoing access throughout the country and are either local partners or who have a strong engagement in progressive capacity building and ownership by indigenous organizations.

Despite the ongoing politico-military turmoil in Cote d'Ivoire, the presence of an exceptionally strong EGPAF project team on the ground coupled with the strong track-record of key implementing partner ACONDA with innovative partnership models involving public, private and NGO/FBO partners provides confidence to the country team to strongly recommend this CT request for funding.

## Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	24	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	140,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	100	<input type="checkbox"/>

## Coverage Areas

Bas-Sassandra

Lagunes

Savanes

Populated Printable COP

Country: Cote d'Ivoire

Fiscal Year: 2005

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Table 3.3.10: Program Planning Overview

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

**Results:**

Strengthened national capacity to assure quality of HIV-related drug and diagnostics  
 Full supply of related pharmaceuticals and diagnostics achieved at point of service in public sector  
 Strengthened national management support systems for HIV/AIDS related pharmaceuticals and commodities  
 Use of standardized ARV treatment protocols for qualified HIV positive individuals expanded  
 Pharmaceutical and commodities management strengthened to support expanded access to ART

Total Approved Funding for Program Area:

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+: 5

Percent of Total Funding Planned for Drug Procurement: 85

**Current Program Context:**

Cote d'Ivoire has substantial experience in the provision of subsidized 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 that began in 1998 with 7 centers accredited to provide antiretroviral treatment. The government of Cote d'Ivoire, UNAIDS and the French and US governments and International Solidarity Fund made large financial and technical contributions to this initiative. HHS/CDC supports the national HIV Care Program monitoring and centralized database which captures public sector clients, this shows that up until end 2003, more than 13,000 persons have been screened and more than 4,000 persons have initiated antiretroviral therapy. HHS/CDC has provided free laboratory monitoring and technical support for monitoring and evaluation since 1998 in response to a request from the government of Cote d'Ivoire. The national public pharmacy (PSP) is the only structure authorized to import and distribute antiretroviral medications and the Department of Pharmaceuticals and Medications is the Department responsible for licensing of pharmaceutical products for use in Cote d'Ivoire (both under the Ministry of Health). The PSP has substantial infrastructure and experience and has benefited from substantial EU and other donor support. UNICEF and the 2002 Global Fund HIV award provide additional resources to support the strengthening of commodities management. The Drug Access Initiative and sustained USG support expanding in FY04 have strongly contributed to building the foundation that will allow a rapid scale-up of access to comprehensive care including HAART. Major FY04 achievements related to commodities management include: Procurement of large quantities of antiretroviral and other commodities by 2 US implementing partners, EGPAF and the MOH using the national public pharmacy (PSP) established procurement mechanism. EGPAF also also UNICEF for a partial drug purchase. EGPAF was able to start its program very quickly due to effective coordination with PSP/MOH. The launching of a national policy of heavily subsidized ARV treatment (quarter) and decentralized services with the remarkable increase of the government financial contribution towards ART purchase by 20% in spite of the politico-military crisis (to more than year); The validation of an expansion plan to provide HIV treatment services in all regions including integrated HIV/TB services and standardized pre-service and in-service training materials and a TOT approach with adoption of standardized first, second regimen widely disseminated; A completed evaluation of the national commodities management system by MSH/RPM+ incorporating the PSP and peripheral service delivery sites revealing substantial strengths of the PSP and complementing EU and World Bank evaluations/audits; Development of a three year action plan to strengthen the capacity of the national commodities management system with creation of a technical working group lead by the MOH PSP with participation of key stakeholders/partners with identification of short term priorities to address urgent needs and implementation of this plan with support from the RCI, USG, Global Fund and other donors; Integration of HIV laboratory tests and related PMTCT and other laboratory commodities as part of the essential commodities list; Due to challenges related to the prolonged crisis, rapid expansion of HIV services and other factors - the MOH supports an expanded role for EGPAF to procure antiretrovirals as part of the UG bilateral program with ongoing strong coordination with the MOH national program and drug regulatory and management authorities.

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI LAB (HHS-S/GAC)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Drugs  
**Budget Code:** HTXD  
**Program Area Code:** 10  
**Activity ID:** 538  
**Approved Funds:**   
**Activity Narrative:**

In context of a 4-year plan for building national HIV laboratory services and progressive transfer of skills and laboratory infrastructure, CDC/Projet RETRO-CI will contribute to progressively reinforce national laboratory, data management and other capacity to rapidly expand decentralized comprehensive care services including HAART in Cote d'Ivoire in support of the target to have > 23,100 persons on HAART by end 2005.

**CDC/Projet RETRO-CI will:**

Provide technical and material assistance to the MOH to realize the activities listed in MOH section with progressive transfer of competence and responsibility for laboratory related commodities management, laboratories services and data management;

Provide comprehensive biologic monitoring for screening and follow-up of persons receiving antiretroviral therapy at the request of the MOH, with progressive transfer of service delivery functions to national laboratory system;

Provide technical assistance to the MOH (PSP and national HIV and TB care programs) to improve the laboratories commodities management system and continue to procure and distribute substantial laboratory and other supplies to support laboratory services until this integrated system is functional;

Manage the national data-base of persons screened and taking antiretroviral therapy at public sites at the request of the MOH while providing substantial technical assistance to build capacity to establish an integrated national monitoring and evaluation system;

Provide technical assistance to the MOH to develop regulatory guidance for private, NGO and associative organizations to provide comprehensive HIV services;

Provide technical and material assistance to the MOH to develop and disseminate in-service and pre-service training materials

While building the national laboratory services and commodities management capacities to rapidly expand decentralized comprehensive care services, The US funded Projet RETRO-CI's laboratory staff will continue to provide:

1. Quality laboratory services in support of the ARV treatment program including activities such as
  - a. HIV and biochemistry testing and CD4 quantification and viral load testing
  - b. Completion of testing for internal quality control and external quality assessment
2. Purchase of laboratory reagents, commodities and supplies to support bench training of up to 25 laboratory staff, 10,000 patient tests, evaluation of HIV testing technologies and quality assurance
3. Ongoing technical assistance for the inspection and supervision of HIV and biological monitoring testing services performed at 7 peripheral sites.

These activities complement direct USG laboratory and other donor contributions to support the expansion and reinforcement of a national network of laboratories involved in the development and implementation of laboratory plans and resources for training, inspection, supervision, monitoring and evaluation of laboratory personnel and facilities.

In addition, CDC/Project RETRO-CI's virology and clinical laboratories will continue to



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contribute to national and regional targeted evaluation studies and participate in multicountry evaluations. This includes evaluation of:  
Incidence and prevalence of HIV drug resistance among antiretroviral naive persons and patients receiving ART (including those infected with HIV-1 and HIV-2)  
Simplified and/or less expensive biological monitoring test methods of patients under ART utilizing Real Time PCR testing and newer methods for CD4 quantification.

Emphasis Areas	% Of Effort
Commodity Procurement	65.00
Logistics	10.00
Strategic Information (M&E, IT, Reporting)	5.00
Policy and Guidelines	5.00
Development of Network/Linkages/Referral Systems	5.00
Quality Assurance and Supportive Supervision	10.00

## Targets

Target	Target Value	Not Applicable
Number of people provided with ARV	7,000	<input type="checkbox"/>
Number of new clients receiving ARV	5,500	<input type="checkbox"/>

## Target Populations:

Adults

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

## Coverage Areas:

National

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** Rational Pharmaceutical Management Plus  
**Prime Partner:** Management Sciences for Health  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Drugs  
**Budget Code:** HTXD  
**Program Area Code:** 10  
**Activity ID:** 540

**Approved Funds:**   
**Activity Narrative:** Following the assessment conducted with USG FY 04 funds by RPM+ and the recommendations of the national workshop based on the findings of the assessment, the PSP has developed a three-year action plan to strengthen system capacity to manage and monitor HIV related commodities including peripheral sites.

At the request of the Minister of Health, RPM Plus will provide technical assistance with a long term technical advisor to the MOH (PSP and national program) to implement the action plan in coordination with the Global Fund, UNICEF, ACONDA/EGPAF and other partners through:

Development of training curricula and TOT in drug and stock management;

Assessment of the informatics system of the PSP and development of the TOR for the development of software adapted for both PSP and peripheral sites and support for implementation of the commodities management system to permit tracking of all USG purchased commodities in support of the Emergency Plan

To build HIV-related commodities management and forecasting capacity within both PSP and the National HIV Care Program to support the rapid expansion of quality decentralized comprehensive HAART services in Cote d'Ivoire and reduce risk of stock-outs and assist effective management of the program expansion within available resources.

Emphasis Areas	% Of Effort
Training	10.00
Commodity Procurement	25.00
Quality Assurance and Supportive Supervision	15.00
Infrastructure	25.00
Development of Network/Linkages/Referral Systems	20.00
Local Organization Capacity Development	5.00

**Targets**

Target	Target Value	Not Applicable
Functional commodities management system with no stock outs	1	<input type="checkbox"/>

**Target Populations:**

- Faith-based organizations
- Pharmacists (Parent: Public health care workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS

**Coverage Areas**

- Bas-Sassandra
- Lagunes
- Moyen-Como
- Haut-Sassandra

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** Central Procurement Mechanism  
**Prime Partner:** To Be Determined  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Drugs  
**Budget Code:** HTXD  
**Program Area Code:** 10  
**Activity ID:** 1326  
**Approved Funds:**   
**Activity Narrative:** USG funds will be used to purchase and distribute ARV, laboratory reagents and supplies and other commodities in FY05 when this central procurement mechanism becomes accessible, as it is assumed that this mechanism will be more efficient and less expensive than currently available procurement mechanisms in country.

Anticipated supplies will be predominantly laboratory supplies but ongoing monitoring of supply needs related to rapid program expansion will permit the identification of real-time needs which may also include technical assistance and training related to commodity management.

Supplies will :

- Support and complement the implementation of the MOH national expansion plan for comprehensive care and treatment services of at least 23,000 persons under ART and networking projects of clinical sites (18,900 to be supported by EGPAF Project HEART – pending expanded funding request)
- Be ordered, managed and distributed in consultation with the national MOH program, EGPAF and national public pharmacy (PSP).

The PSP and the national program will also receive technical assistance from MSH/RPM+ (with PEPFAR support) to improve commodities management at central and peripheral sites.

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Commodity Procurement	90.00
Development of Network/Linkages/Referral Systems	10.00

**Target Populations:**

- Adults
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)

**Coverage Areas**

- Bas-Sassandra
- Lagunes
- Moyen-Como
- Savanes

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** EGPAF  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Drugs  
**Budget Code:** HTXD  
**Program Area Code:** 10  
**Activity ID:** 2359

**Approved Funds:**

**Activity Narrative:** Due to their successful results in 2004 and effective collaboration with national authorities, the USG and MOH recommend an expanded role for EGPAF in commodities and equipment procurement and support for the scale-up of the HIV treatment program including laboratory services.

To achieve the national goal to treat 23,000 persons by end 2005, USG bilateral FY 05 funds will complement other funding sources and:

Procure and distribute antiretroviral and other HIV-related medications (excluding TB drugs), HIV-related laboratory supplies and equipment as per standard national care package (and consistent with USG procurement policies and requirements) to provide ARVs and comprehensive HIV services to at least 7,000 persons at 10 existing and new HIV comprehensive-care or PMTCT-plus centers; (complements national government, global fund, EGPAF and Belgian Cooperation antiretroviral procurement plans with an overall target of 23,100 persons under ART in year 2). \*Note -As there is a funding gap of ~30% the country plans to submit a further Global Fund submission in March 2005.

EGPAF will also strengthen the national capacity of the commodities management system through technical contributions of the 3-year reinforcement plan developed in FY-04 with technical assistance from MSH/RPM+, UNICEF, PLWH/A representative and other partners

Emphasis Areas	% Of Effort
Commodity Procurement	40.00
Human Resources	10.00
Infrastructure	5.00
Needs Assessment	5.00
Logistics	5.00
Quality Assurance and Supportive Supervision	10.00
Strategic Information (M&E, IT, Reporting)	5.00
Training	15.00

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## Targets

Target	Target Value	Not Applicable
Number of people provided with ARV	7,000	<input type="checkbox"/>
Number of new clients receiving ARV	5,500	<input type="checkbox"/>

## Target Populations:

Adults  
Community-based organizations  
Factory workers (Parent: Business community/private sector)  
Faith-based organizations  
Doctors (Parent: Public health care workers)  
Nurses (Parent: Public health care workers)  
Infants  
Non-governmental organizations/private voluntary organizations  
People living with HIV/AIDS

## Key Legislative Issues

Gender  
Increasing gender equity in HIV/AIDS programs  
Reducing violence and coercion  
Stigma and discrimination

## Coverage Areas

Bas-Sassandra  
Lagunes  
Moyen-Comoé  
Haut-Sassandra

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI LAB (HHS-S/GAC)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Drugs  
**Budget Code:** HTXD  
**Program Area Code:** 10  
**Activity ID:** 2452  
**Approved Funds:**

**Activity Narrative:**

To achieve the national goal to treat 23,000 persons by end of 2005, USG bilateral FY 05 funds will support the national care and treatment program and laboratory services to ensure the progressive strengthening of the national laboratory capacity including service delivery at peripheral sites and central reference laboratory functions.

**Project RETRO-CI LAB will:**

- Assure provision of quality laboratory services at decentralized locations including HIV, hematology, biochemistry testing and CD4 quantification to at least 18,900 persons receiving antiretroviral therapy (in partnership with EGPAF's Project HEART) including initial site assessments, supervision and on-site training;
- Support initial and refresher bench training of at least 50 laboratory staff
- Provide quality assurance of testing centers in collaboration with the national reference laboratory (LNSP and other experienced laboratories).

Emphasis Areas	% Of Effort
Training	10.00
Commodity Procurement	80.00
Quality Assurance and Supportive Supervision	10.00

**Targets**

Target	Target Value	Not Applicable
Number of individuals trained	50	<input type="checkbox"/>

**Coverage Areas**

- Bas-Sassandra
- Lagunes
- Moyen-Como
- Savanes

Table 3.3.11: Program Planning Overview

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

**Results:**

Increased number of persons receiving quality HIV treatment services  
 Network of comprehensive treatment services with HAART established with strong local coordination  
 Improved compliance among patients on ARV drugs  
 Improved human resource capacity to deliver ARV clinical care services  
 Increased demand for and acceptance of ARV treatment

Total Approved Funding for Program Area:

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+: 5

**Current Program Context:**

Data: With a 16 million population and adult HIV prevalence at ~7%, Cote d'Ivoire has an estimate of 770,000 PLWH/A including 80,000 children. If ~10% of those need access to ART, that equals ~69,000 adults and ~8,000 children whereas current treatment coverage is < 6%. Cote d'Ivoire has substantial experience in ART including to HIV-TB co-infected patients, with a large pilot Drug Access Initiative commencing in 1998. To date, > 14,000 persons have been screened and > 4,000 have initiated ART. There are 7 accredited sites in Abidjan, including 1 pediatric clinic and others including company-owned sites. Recently, 4 new sites opened with both pediatric and adult services and were serving ~3100 patients with ART by end September 2004 while more than 7,000 eligible patients are waiting due to lack of ARV supplies. In 2004, the MOH set the national aggregate target at 10,000 persons under ART. Due mainly to various ARV procurement and delivery delays, the Global Fund target of 5,000 patients enrolled is unlikely to be met in CY2004. Coordination/policy: The MOH C&T program coordinates ART and other health sector HIV and STI activities. A plan to expand treatment to the 19 health regions by end 2005 was adopted in July 2004. During Ambassador Tobias' visit in July 2004, the MOH launched an aggressive plan to increase access to HIV treatment with heavily subsidized HAART at CFA 5000 (~\$10)/quarter. The MOH also committed to improving commodity management systems and progressively decentralizing services with division of new geographic sites and/or activities divided between donors. Building on USG support for key policy, guidelines and training initiatives, FY04 funds have helped the MOH establish/strengthen systems for treatment expansion (e.g., commodity management, laboratory systems, training and M & E), accelerate the national ART subsidy plan (continued ART to 2100 current patients and enrollment of 2,000 new ones by end 2004). In 2004, central funding was awarded to the Elizabeth Glaser Pediatric AIDS Foundation to support expansion of HIV treatment in 4 countries including Cote d'Ivoire, targeting 2000 persons/year for each of 5 years which has been remarkably successful in year 1. USG also funded the International HIV/AIDS Alliance and the network of organizations of PLWH/A to promote treatment literacy and adherence as well as continuum of care services. CDC/RETRO-CI's virology and clinical laboratories support targeted studies including prevalence and incidence of HIV resistance among ART patients (both HIV-1 and HIV-2 infected) and evaluation of simplified monitoring and testing methods. HHS/CDC continues to support the national laboratory system through technical support for M&E, training, ARV, etc. Additional funds are needed to provide ART for ~7,000 eligible patients on waiting lists at the existing treatment sites, including TB clinics, and to meet the demand in excess of the 2000/year budgeted at EGPAF sites, in order for Cote d'Ivoire to be on target for > 23,000 persons under treatment by end 2005 a new application to the Global Fund for the procurement of the additional ARV will be submitted and additional funds sought. Other funds/donors contribute substantial financial resources to ARV treatment expansion while the UN system, USG and other bilateral partners provide TA. In 2004, the GOCI allocated  for ARV purchase and continued to support recurrent costs for integrating programs. Private sector initiatives contribute additional resources for comprehensive treatment. The GF is supporting ART for 5,000 persons/year for 2004 and 2005. The Belgian cooperation purchases ART for 300 persons/year, for 3 years, in partnership with the USG and MOH. The World Bank has projected  for HIV treatment for year 1 and  for year 2 for the MAP project (which is delayed).

**Program Area Target:**

Number of ART service outlets providing treatment

Number of individuals receiving treatment at ART sites at the end of the reporting period

Number of current clients receiving continuous ART for more than 12 months at ART sites

Number of new individuals with advanced HIV infection receiving treatment at ART sites

Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites

Number of PMTCT+ service outlets providing treatment

Number of individuals receiving treatment at PMTCT+ sites

Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites

Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites

Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** (D) JHPIEGO CDC CA#U62/CCU322428-02 UTAP  
**Prime Partner:** JHPIEGO  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 580  
**Approved Funds:**

**Activity Narrative:** AS per deferred activity plan. Building on work commenced with FY04 support, JHU/Center for Communication Programs will provide expert technical assistance to the national HIV program (MOH) and the national BCC working group and NGO implementing partners to develop a communication strategy and effectively use diverse communication tools to promote knowledge about, and uptake of, treatment services. . FY 05 funds will contribute to develop BCC messages, material and approaches related to the uptake of care services and the training of 240 community workers and 20 trainers with transfer of skills to support national implementing partners including the MOH communication staff, the network of journalists and artists fighting HIV/AIDS (REPMAS-CI) and key PLWH/A NGOs active in treatment literacy. Diverse multimedia and methods of proximity will be used by implementing national partners to reach at least 250,000 persons. These activities will also be coordinated with the grass-roots work of USG partner HIV/AIDS Alliance with PLWH/A and CBO/FBOs. Targeted evaluations are anticipated to measure changes in attitude, and treatment uptake and adherence.

Emphasis Areas	% Of Effort
Training	15.00
Policy and Guidelines	15.00
Local Organization Capacity Development	15.00
Information, Education and Communication	55.00



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## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		<input checked="" type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained		<input checked="" type="checkbox"/>
Number of individuals trained in BCC to promote treatment uptake	260	<input type="checkbox"/>
Estimated number of individuals reached in mass media campaigns	200,000	<input type="checkbox"/>

### Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- National Health program and staff
- Ministry of AIDS

### Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

**Coverage Areas**

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Comoé

Sud-Comoé

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** GAC HHS JHPIEGO  
**Prime Partner:** JHPIEGO  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 581  
**Approved Funds:**

**Activity Narrative:**

Building on work done in FY04 to develop and implement comprehensive PMTCT training with the MOH, other national authorities and institutions, with FY05 support JHPIEGO will provide expert technical assistance to:

Build planning, program management and monitoring and evaluation capacity within the National HIV Care Program through the resident technical advisor (continued from FY04)

Provide technical assistance to the MOH and the national HIV training committee to develop and implement pre-service and in-service comprehensive HIV care training curricula (including adult and pediatric care and an expanded palliative care component);

Together with APHL and CDC, provide technical assistance to the MOH and the national HIV training committee to develop and implement laboratory training curricula;

Establish national pool of 20 "expert trainers" in collaboration with the MOH and national institutions, and

Train at least 90 service providers, 30 managers from at least 10 treatment centers;

Disseminate French language comprehensive HIV care training materials (training manual for trainers and for participants) and educational resource materials for service providers;

Integrate curricula as part of preservice training for physicians, nurses, social workers, laboratory staff and other health professionals;

Effectively target and track training of staff using an adapted Training Information Monitoring System (TIMS) and the results of the human resource needs evaluation (described in section 14)

**Emphasis Areas**

**% Of Effort**

Training	60.00
Local Organization Capacity Development	10.00
Strategic Information (M&E, IT, Reporting)	30.00

**Targets**

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		<input checked="" type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of Individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum	120	<input type="checkbox"/>
Number of outlets staff trained	10	<input type="checkbox"/>

**Target Populations:**

Doctors (Parent: Public health care workers)

**Key Legislative Issues**

Stigma and discrimination

**Coverage Areas**

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Comoé

Sud-Comoé

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Competitive announcement (comprehensive, prevention, Care & social marketing,  
**Prime Partner:** To Be Determined  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 602  
**Approved Funds:**

**Activity Narrative:** This new procurement (cooperative agreement) is designed to reach underserved areas including rural areas using existing national organizational structures and relationships with reach to rural areas. It should be awarded in the 3rd quarter of FY05 permitting implementation over at least a 6 month period prior to March 2006.

Participatory assessment and prioritization of needs  
 Treatment literacy – village committees, RIP+, REPMASCI and others  
 Support needs/adherence/secondary prevention – small grants  
 Improve links to other services

An initial assessment of stigma, treatment literacy (and other) needs in targeted rural areas will be conducted and small grants will be provided to meet treatment literacy and support needs for at least 10,000 persons and 500 PLWH/A in coordination with the MOH and national NGO umbrella group and local authorities including district HIV coordination committee. Small grants recipients will be accountable to the village HIV coordination committee as well as the funding organization who will distribute and supervise funds and programs (using established procedures).

The recipient will work to link these services with related services in the area and promote coordination at all levels through the village, district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies. They will be represented on the national treatment consultative committee and also participate in the national process to define a simplified CBO small grants program and ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

The recipients will also develop and implement a project specific monitoring and evaluation plan drawing on national and USG requirements and tools.

Emphasis Areas	% Of Effort
Training	20.00
Development of Network/Linkages/Referral Systems	30.00
Local Organization Capacity Development	20.00
Community Mobilization/Participation	20.00
Strategic Information (M&E, IT, Reporting)	10.00

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## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		<input checked="" type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained		<input checked="" type="checkbox"/>

### Target Populations:

- Community leaders
- Community-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- People living with HIV/AIDS
- people living in village

### Key Legislative Issues

- Volunteers
- Stigma and discrimination

### Coverage Areas:

- National

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** EGPAF  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 605  
**Approved Funds:**   
**Activity Narrative:** EGPAF will build on it's successful multicountry HIV treatment project launched in 2004 with a country-budget supplement to maintain and further expand quality treatment services in Cote d'Ivoire. This project is implemented locally by the NGO ACONDA and receives technical and management support from the University of Bordeaux and other sub-partners (JSI, University of California, San Francisco and others)

The project coordinates closely with the in-country USG coordination team and with the MOH national HIV care program to expand comprehensive HIV treatment services according to the national expansion plan which involves support from multiple donors including the global Fund, the bilateral Emergency Plan funds, WHO and other partners. The FY05 supplement will include the provision of support to improve and expand comprehensive treatment services at both long-standing accredited treatment sites and other targeted clinics which are able to integrate treatment services (including public, private and NGO supported services) with ongoing supplies, training, supervision and monitoring and evaluation and may include time-limited staff support. In 2004 EGPAF already commenced providing support to the national pediatric reference service and these additional FY05 funds will allow expanded support to the national adult reference center and the HIV/TB reference center involving the 3 University Hospitals in Abidjan. These services will form the hub of the expanding national network and will be linked to treatment sites at the primary and secondary levels already supported by ACONDA.

Due to the track-record of providing results and effective collaboration, the MOH has approved the USG proposal to have EGPAF play an expanding role in this area including in ARV procurement.

Of note multiple donors will contribute to activities at the national reference centers and medication costs are higher due to the increased complexity of cases referred and use of 2nd and 3rd line therapies.

Emphasis Areas	% Of Effort
Training	20.00
Quality Assurance and Supportive Supervision	10.00
Local Organization Capacity Development	20.00
Needs Assessment	5.00
Development of Network/Linkages/Referral Systems	10.00
Infrastructure	25.00
Strategic Information (M&E, IT, Reporting)	10.00

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**Targets**

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period	7,000	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,000	<input type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites	5,000	<input type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/>
Number of PMTCT+ service outlets providing treatment	2	<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites	500	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned	1	<input type="checkbox"/>
Number of new HIV services integrated	4	<input type="checkbox"/>
Number of outlets providing new HIV integrated care services	4	<input type="checkbox"/>
Number of outlets providing integrated care services	10	<input type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>

**Target Populations:**

- Faith-based organizations
- Most at risk populations
- HIV/AIDS-affected families
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- National Health program and staff
- CHU staff

**Key Legislative Issues**

- Twinning
- Volunteers

**Coverage Areas**

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Comoé

Sud-Comoé

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 1341  
**Approved Funds:**   
**Activity Narrative:**

HIV/AIDS Alliance will build on FY04 supported activities to continue to build and expand CBO/FBO capacity. They will draw on their experience in Senegal, Burkina Faso and other countries in the sub-region to establish and reinforce a national linking organization to provide management and technical assistance to sub-grantees as well as manage a large number of sub-grants including those dedicated to provision of various OVC services.

HIV/AIDS Alliance will provide technical assistance and share their international experience to assist national authorities and key stakeholders including representatives of PLWH/A and ASO and FBO networks to define a simplified monitoring and evaluation plan for community based activities, updated community care guidelines (including palliative care and treatment literacy), and a CBO/FBO small grants program including the technical and management assistance to ensure local stakeholders receive adequate information and assistance to access funding opportunities supported by PEPFAR and/or other donors.

With FY05 funds, Alliance will help strengthen CBO networks and local coordination bodies to improve communication and coordination and promote continuum of care services. They will also assist key stakeholders to develop tools in support of treatment literacy and home and community based care. They will help establish a national pool of trainers, develop training tools and develop/implement a training plan. Subgrants will be provided to at least 20 AIDS service organizations to promote treatment literacy and provide home and community based services to promote adherence, positive living, and secondary prevention to at least 5,000 PLWH/A in at least 6 regions, before March 2006. More than 120 persons will be trained to improve their skills in program and financial management, monitoring and evaluation and/or community/home-based care service provision.

Alliance will seek to promote service provision to the most highly vulnerable populations including HIV treatment services for transactional sex workers. This includes integration of HIV care and treatment services at sites targeting these populations and improved referral and follow-up of HIV-infected sex workers and other HVPs at other non-targeted service delivery sites.

HIV/AIDS Alliance will work to link community mobilization, treatment literacy and support services with related services in the geographic area and promote coordination at all levels through the district, regional and national HIV and other coordination forums and ensure M&E reports are provided to the relevant bodies.



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Emphasis Areas	% Of Effort
Community Mobilization/Participation	20.00
Local Organization Capacity Development	20.00
Quality Assurance and Supportive Supervision	10.00
Policy and Guidelines	10.00
Training	40.00

## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment	21	<input type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period	500	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites	5,000	<input type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	123	<input type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained		<input checked="" type="checkbox"/>

### Target Populations:

- Community-based organizations
- Faith-based organizations
- People living with HIV/AIDS
- Ministry of AIDS

### Key Legislative Issues

- Stigma and discrimination

**Coverage Areas**

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Como

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism:</b>	RETRO-CI - Budget
<b>Prime Partner:</b>	U.S. Centers for Disease Control and Prevention
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	Base (GAP account)
<b>Program Area:</b>	HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b>	HTXS
<b>Program Area Code:</b>	11
<b>Activity ID:</b>	2090
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>To improve MOH capacity to effectively monitor patients under HAART, CDC/Projet RETRO-CI will :</p> <ul style="list-style-type: none"> <li>- Provide technical and material assistance to the MOH to realize the activities listed in MOH section with progressive transfer of competence and responsibility for laboratory related commodities management, laboratories services and data management;</li> <li>- Provide comprehensive biologic monitoring for screening and follow-up of persons receiving antiretroviral therapy at the request of the MOH, with progressive transfer of service delivery functions to national laboratory system;</li> <li>- Provide technical assistance to the MOH (PSP and national HIV and TB care programs) to improve the laboratories commodities management system and continue to procure and distribute substantial laboratory and other supplies to support laboratory services until this integrated system is functional</li> <li>- Manage the national data-base of persons screened and taking antiretroviral therapy at public sites at the request of the MOH while providing substantial technical assistance to build capacity to establish an integrated national monitoring and evaluation system</li> <li>- Provide technical assistance to the MOH to develop regulatory guidance for private, NGO and associative organizations to provide comprehensive HIV services</li> <li>- Provide technical and material assistance to the MOH to develop and disseminate in-service and pre-service training materials</li> </ul> <p>2. To improve MOH capacity to manage HIV clinical care, CDC will provide expert technical assistance to assist the national HIV care and treatment program to:</p> <ul style="list-style-type: none"> <li>- Develop policy documents for care and treatment and finalize guidelines</li> <li>- Regularly review adult and pediatric treatment recommendations</li> <li>- Develop and review pilot project to establish a national center of excellence including training and participation in a functional network with other services</li> <li>- Develop and review protocols for targeted evaluations including HIV resistance evaluations</li> <li>- Regularly review program achievements and make recommendations for program improvement in terms of quality, coverage, linkages and sustainability</li> </ul>

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Emphasis Areas	% Of Effort
Training	15.00
Commodity Procurement	15.00
Local Organization Capacity Development	5.00
Strategic Information (M&E, IT, Reporting)	5.00
Human Resources	35.00
Policy and Guidelines	5.00
Infrastructure	5.00
Quality Assurance and Supportive Supervision	10.00
Development of Network/Linkages/Referral Systems	5.00

## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period	7,000	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites	5,000	<input type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	20	<input type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites	500	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	500	<input type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	10	<input type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained	30	<input type="checkbox"/>

**Target Populations:**

- Adults
- Doctors (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- USG in-country staff
- Technicians laboratorians

**Coverage Areas**

- Bas-Sassandra
- Lagunes
- Haut-Sassandra
- Moyen-Comoé

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** (D) Cooperative Agreement with Ministry of Health, #U50/CCU022230  
**Prime Partner:** Ministry of Health, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 2095  
**Approved Funds:**   
**Activity Narrative:** Deferred activity.

Provides support to MOH national care program to perform their central coordination role including time limited support to key central staff. Building on existing activities and expansion plans and coordinating with other donors, procure and distribute commodities as per USG requirements to accredited HIV care centers; (complements global fund and EGPAF antiretroviral procurement plans with an overall target of 10,000 persons under ART in year 1).

May include support for preparation of Global Fund submission for round 5 with cofunding from other donors.

Emphasis Areas	% Of Effort
Commodity Procurement	90.00
Quality Assurance and Supportive Supervision	10.00

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## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period.	3,000	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		<input checked="" type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained		<input checked="" type="checkbox"/>

### Target Populations:

Adults

### Coverage Areas

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Comoé

Sud-Comoé

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** (D) JHPIEGO CDC CA#U62/CCU322428-02 UTAP  
**Prime Partner:** JHPIEGO  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHA1)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 2096  
**Approved Funds:**   
**Activity Narrative:** Defered activity not changed in programming

Support a technical advisor to the National HIV Care Program to assist planning and coordination to support quality decentralized prevention, care and treatment services and forecast resource needs to meet 5-year targets (partially funded through track 1.5)

Emphasis Areas	% Of Effort
Training	70.00
Quality Assurance and Supportive Supervision	30.00

**Targets**

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		<input checked="" type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained		<input checked="" type="checkbox"/>

**Coverage Areas**

Bas-Sassandra

Lagunes

Haut-Sassandra

Moyen-Comoé

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** EGPAF/U Bordeaux/ACONDA  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** N/A  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 2361  
**Approved Funds:**

**Activity Narrative:**

Through the track 1 multicountry grant, EGPAF will build on it's successful HIV treatment project launched in 2004 in Cote d'Ivoire to further expand treatment services to 2000 new persons/year (4000 persons total). This project is implemented locally by the NGO ACONDA and receives technical and management support from the University of Bordeaux and other EGPAF sub-partners (JSI, University of California, San Francisco and others)

ACONDA provides support directly or through subgrants to service delivery partners in the public sector, and with NGOs and FBOs. In 2005 further expansion is anticipated in collaboration with these partners as well as the private sector. EGPAF/ACONDA support includes ongoing drug and other commodities, staff training, supervision and monitoring and evaluation and may also include additional staff.

Due to the very succesful rapid scale-up further resources are sought to allow expansion of services to >2000/year (in current budget) to 2-4 times these targets.

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## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period	4,000	<input type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at ART sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		<input checked="" type="checkbox"/>
Number of PMTCT+ service outlets providing treatment		<input checked="" type="checkbox"/>
Number of individuals receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites		<input checked="" type="checkbox"/>
Number of outlets twinned		<input checked="" type="checkbox"/>
Number of new HIV services integrated		<input checked="" type="checkbox"/>
Number of outlets providing new HIV integrated care services		<input checked="" type="checkbox"/>
Number of outlets providing integrated care services		<input checked="" type="checkbox"/>
Number of individuals trained with the developed PMTCT curriculum		<input checked="" type="checkbox"/>
Number of outlets staff trained		<input checked="" type="checkbox"/>
Number of individuals trained in BCC to promote treatment uptake		<input checked="" type="checkbox"/>
Estimated number of individuals reached in mass media campaigns		<input checked="" type="checkbox"/>

### Target Populations:

- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- Health social workers

### Coverage Areas

- Bas-Sassandra
- Lagunes



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Table 3.3.11: Activities by Funding Mechanism

<b>Mechanism:</b>	Rapid Expansion
<b>Prime Partner:</b>	Elizabeth Glaser Pediatric AIDS Foundation
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	Rapid Expansion (GHAI account)
<b>Program Area:</b>	HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b>	HTXS
<b>Program Area Code:</b>	11
<b>Activity ID:</b>	2544
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	<p>Project HEART has rapidly established an innovative family-and child-centered approach to comprehensive treatment services in Côte d'Ivoire. It began very quickly due to high levels of cooperation between the project implementers, the Ministry of Health, and the USG country team. This enabled the project to receive an advance of brand-name ARVs from the national Public Health Pharmacy (PSP) and allowed patients to be placed on treatment even before the first HEART ARV shipments arrived in-country. The launch of this project and advocacy work by the USG country team facilitated the decision by the Minister of Health to launch the national treatment expansion program with heavily subsidized treatment for all – which represented a landmark in the national response to HIV/AIDS.</p> <p>Since May 2004 HIV treatment and support services have been initiated in 8 sites in 3 districts. 3 more sites have received training, equipment and supplies and will start services in the next month. As of late March, 2005, there were over 5,000 patients enrolled in HIV/AIDS care, of which 2,450 were receiving ART. Due to the programs family and child centered approach, strong links to existing PMTCT services and emphasis on pediatric care including the National Pediatric ART Reference Center, 31% of clients receiving ART are children.</p> <p>Project HEART Côte d'Ivoire will have 11 sites established very early in the second project year (far exceeding the original goal of 3) – conservative projections of continuing enrollment patterns at these 11 sites show that they would be expected to be serving nearly 9,000 ART patients by end Y2. Thus a significant proportion of the original funding request was for treatment services (mostly ARV purchases) at these 11 sites.</p> <p>The USG country team has consulted with the GoCI and the HEART team and suggested that 13 more sites should be included as part of the project in view of the USG strategy prioritizing: a) HIV prevalence/disease burden (e.g. TB and hospitalized/ill patients); b) the network model with linked services including national centers of excellence and linked services at district level; c) scale-up potential including decentralized services; and d) complementing support from other national funds/initiatives including the Global Fund for HIV, TB and malaria. These include both new sites and HIV treatment sites that have been African trailblazers since 1998 (as part of the Ivorian Government (GoCI)/UNAIDS drug access initiative). These sites include the National Adult HIV Treatment Reference Center at the tertiary infectious diseases institute (SMIT) at the University Hospital in Treichville, and the main TB service which receives almost half the nation's TB caseload. The EGPAF project will build on longstanding USG support for the national treatment initiative through the Project RETRO-CI, which has provided data management and laboratory services and conducted collaborative research since 1998.</p> <p>These 13 additional sites are projected to provide ART to an additional 9,900 patients over 12 months. In combination, the continuing accrual of clients at existing sites and the addition of new sites would lead to the direct support of 18,900 clients on ART at the end of Project Year 2.</p> <p>This expansion is possible because of high level political and technical leadership from the GoCI, strong technical capacity of the local implementing partners, high level of engagement from staff at the potential sites, involvement of PLWH/A in all phases of the project. The experiences gained from the 7 years of the national drug access initiative and the 1st year of project HEART. The establishment of an EGPAF country office with an exceptionally strong team has reinforced existing management capacity and will ensure that the necessary training, logistics, monitoring and evaluation, and management mechanisms are in place to manage the rapid project expansion.</p> <p>Besides the growth described above, PY2 activities will focus on the strengthening of the quality of clinical care and adherence and other support services as part of continuum of care services, expansion of a decentralized laboratory system with</p>

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quality assurance, and on monitoring and evaluation.

Of particular interest is the further development of the innovative family-based approach to HIV/AIDS care that will lead to the continued high enrollment and maintenance of HIV+ children and their families into the program and a focus on care for sero-discordant couples. As noted, currently 31% of the program's clients under ART are children, it is anticipated that pediatric care will continue to be a major focus of our program recognizing the special social and technical challenges associated with provision of effective pediatric treatment. The project gained support from the Minister of Health to pilot a unique fee system in which the small quarterly fee [redacted] normally applied at the individual level, was applied at the family unit level, removing a critical barrier and encouraging partners and children to enter the program. This merits special evaluation and if successful national and international replication. A companion proposal to this submission is included in the "Network" category and further develops the principles of family-based care that the US team and EGPAF and its partners would like to fully implement.

The original [redacted] supplemental proposal included almost [redacted] in ARV purchases for the projected rise in patient load from 2,500 to 18,900. The decrease in funding to [redacted] will heavily impact the ability to directly purchase the needed ARVs and would logically lead to a large reduction in anticipated results. However, following the recommendation of the GoCI Ministry of Health, the Foundation, supported by the in-country USG team, has entered into negotiations with the Côte d'Ivoire Global Fund principal beneficiary UNDP about a coordinated ARV procurement strategy where USG funds will be used to buy mainly second line and pediatric ARV regimens and GoCI and GF funding will be used to supply generic combination first line regimens. Since in the early stages of a treatment campaign the large majority of patients are on first line regimens this approach leads to the funding that Project HEART has already received being sufficient to cover our pro rata share of the cooperative procurement. As such, contingent on a successful negotiation of the cooperative ARV procurement accord, it is not necessary to lower the overall targets of the program despite the decrease in anticipated funding.

The year 2 targets for patients under ART are 23,100. Currently the only major donors in Cote d'Ivoire supporting HIV treatment are the Global Fund, and the Emergency Plan. The Global Fund targets 10,000 patients by end 2005 but has started slowly and has not achieved 2004 targets. This additional funding request is ESSENTIAL to meet the FY05 target (representing 82% of FY05 "individuals under ART" target). The activity is consistent with the country and global PEPFAR 5-year strategy and has great potential for further rapid scale-up of quality networked services prioritizing sites with the greatest disease burden. Key gaps filled would include: a) 18,900 patients treated including those on waiting lists (requiring largely direct ART procurement); b) support to service delivery at large tertiary centers promoting training and referral services and; c) linked decentralized services with integrated CT and continuum of care to community level.

In addition, the cost-per-patient continues to decrease with project expansion making the last dollar spent the most cost-effective due to economies of scale. Further cost-efficiencies have been realized due to complementary program planning with the Global Fund HIV project under the leadership of the MOH.

(Of note the World Bank MAP was to commence but is not likely to start in 2005).

## Targets

Target	Target Value	Not Applicable
Number of ART service outlets providing treatment	24	<input type="checkbox"/>
Number of individuals receiving treatment at ART sites at the end of the reporting period	8,400	<input type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites	8,400	<input type="checkbox"/>

**Coverage Areas**

Bas-Sassandra

Lagunes

Savanes

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism:** Rapid Expansion  
**Prime Partner:** Elizabeth Glaser Pediatric AIDS Foundation  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Rapid Expansion (GHAI account)  
**Program Area:** HIV/AIDS Treatment/ARV Services  
**Budget Code:** HTXS  
**Program Area Code:** 11  
**Activity ID:** 2576  
**Approved Funds:**   
**Activity Narrative:**

This proposed activity aims to expand the network and quality of care at peripheral sites by formally engaging international and national centers of excellence using concrete program support and patient referral processes and linking services as well as adapted telecommunications tools. The activity complements and adds to the Project HEART Care and Treatment activity already partially funded which has separate supplemental requests in the ART and counseling and testing categories to fully fund year 2 of the HEART project, providing CT services ART treatment to 18,900 persons and care services to 45,000. It also involves EGPAF's PMTCT program in Côte d'Ivoire that operates in the same geographic zones as the treatment services to provide complementary and linked family-friendly services.

At full funding Project HEART Côte d'Ivoire will cover at least 24 sites in 4 regions of the country, spanning government-run hospitals and health centers (including specialized TB services), faith-based NGO hospitals and health centers, community-supported health centers, non-faith-based NGO health centers, clinics run by large, commercial enterprises, and for-profit services. The level of sites supported will range from primary care, maternal and child health (MCH) clinics and dispensaries all the way up to the two national reference centers at the academic teaching hospitals, CHU-Treichville for adults and CHU-Yopougon for children. If funded, this networking proposal will help improve support to decentralized peripheral sites and challenges and lessons learned from peripheral sites will be readily available centrally to inform national policy decisions. The expansion of existing twinning relationships is a key part of this proposal and will include twinning the reference centers at the 2 CHUs with the University of California at San Francisco (UCSF) for adult care including pregnant women, and Baylor University for pediatric care. This will ensure improved care with exchange of approaches between international and national centers of excellence and between them and peripheral sites. This network linking technical providers will also reinforce and complement the monitoring and evaluation system with support from JSI (a subpartner on the EGPAF project as well as the main TA provider assisting integration of HIV indicators into the national HMIS).

Viewing peripheral service sites as the focal point, this network model is designed to work in two directions: up the ladder through secondary and tertiary care referral centers so that patients receive the care necessary to their condition, and out into the community through a web of social and care services provided by local NGOs and CBOs so that the program can stay in contact with patients, follow-up on missed appointments, improve adherence to treatment, provide nutritional support, and use local groups for counseling, sensitization and educational activities. The whole range of services will be strengthened through the network as expertise is exchanged across the network including from national referral and teaching centers spanning diverse specialties and including pediatrics and obstetrics and gynecology. The proposed network would also link project HEART clinic-based services to other available social and health services for HIV+ people with a special focus on the CHU Treichville and its catchment area and the district of San Pedro, the large port zone in the west of the country. This would then constitute a pilot project linking the national reference level to the district level, which if successful, could be replicated in other districts and is consistent with national priorities to decentralize with increased responsibilities at the district level including for the local government body, the district health team and the multisectoral district HIV/AIDS committee. The Health District team would play the leading role in the district network linking clinic-based services with support from the Project HEART partners and would be closely coordinated with another PEPFAR initiative in the district centered on OVC and broader social and community-based services and supported by FHI.

The clinical network would link the primary-level sites to the secondary HIV Care site (e.g., at the General Hospital in San Pedro) through a formal referral system including referral tools and peer-support. The General Hospital, in turn, would be linked to the

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tertiary care centers in Abidjan for patients who did not respond to second-line therapy or who present with difficult or dangerous clinical profiles. To keep physical transfers to the minimum necessary, and to provide real-time support to clinicians who will not, at least initially, have the same level of experience treating patients as the more-experienced sites, the Network activity will establish a communication center at the CHU-Treichville's Infectious Disease Unit (SMIT) staffed with experienced ART providers who can answer questions and offer advice to providers calling in from around the country including via a "Ligne Verte" or 800 number. ART sites will be provided fax machines so that patient charts and other materials could also be sent. Other telecommunications innovations will be considered to maximize support and distance learning opportunities to complement on-site supervision and ongoing training.

The network will strive to identify families living with members who are HIV+ and to offer services to the family as a whole. As such, a family might enter the network in any number of ways such as the mother being identified at a PMTCT site, or the husband going to a stand-alone VCT site, or a CBO that provides nutritional supplementation identifying a child with growth faltering who should be brought in to be seen by a health professional. Patients eligible for ART, according to national guidelines, will be referred to the nearest ART site with peer-support to ensure effective linkages between PMTCT and treatment and other services. The referral system will work with local PLWH/A associations and other CBOs to follow-up clients who miss appointments or otherwise drop out of sight.

As part of the approach EGPAF will also approach WFP and UNICEF to link to their nutritional and educational support programs for PLWH/A and their families to establish wrap-around activities to create comprehensive services as they have done in other countries. This proposal also complements activities supported by other PEPFAR partners such as HIV/AIDS Alliance, FHI and Measure Evaluation and new funding announcements which will enhance service provision to rural and underserved populations.

This activity complements the provision of treatment and PMTCT services by EGPAF by building an effective network linking tertiary, secondary and primary health care services and community and wrap-around services such as nutrition, education and legal and social support. It forms an essential part of the 5-year strategy as it provides a framework at both the district and national level for expansion of quality services with progressively decentralized service delivery while creating effective supervision and monitoring and evaluation links. It also provides for enhanced client and community ownership of continuum of care activities and brings together multiple complementary PEPFAR initiatives including: a) Measure Evaluation support for HIV monitoring through integrated health management information systems – offering a district level pilot site involving the district health team, b) FHI support for OVC services through CBOs/FBOs and refocusing public social service centers to support these organizations rather than individual clients with pilot site in San Pedro, c) HIV/AIDS Alliance support and subgrants to CBOs/FBOs providing continuum of care services, and d) upcoming competitive grants to improve prevention and care services to rural and underserved populations.

## Targets

Target	Target Value	Not Applicable
Number of individuals receiving treatment at ART sites at the end of the reporting period	18,900	<input type="checkbox"/>
Number of new individuals with advanced HIV infection receiving treatment at ART sites	18,900	<input type="checkbox"/>
Number of outlets twinned	2	<input type="checkbox"/>
Sites benefiting from capacity development	24	<input type="checkbox"/>
Sites offering comprehensive C&T and ART	24	<input type="checkbox"/>

**Coverage Areas**

Lagunes

Savanes

Bas-Sassandra

Moyen-Como

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure  
 Budget Code: HLAB  
 Program Area Code: 12

**Results:**

\nImproved laboratory human resources capacity for quality laboratory services\n  
 \n \nStrengthened national laboratory network infrastructure for long-term sustainability of national quality laboratory systems to support HIV related services \n \n  
 \nExpanded establishment and improved equipment maintenance of the national health laboratory network \n\n  
 \nNational laboratory internal and external quality assurance program in effect \n \n  
 Development and implementation of a laboratory inspection and supervision program nationally\n

Total Approved Funding for Program Area:

**Current Program Context:**

The designated National Reference Laboratory (NRL) has not had the capacity to fulfil reference laboratory functions. The USG RETRO-CI supported laboratory has provided laboratory services to patients participating in the national HIV treatment initiative since 1998 and has supported the majority of programs related to on-site rapid HIV testing, quality assurance, targeted laboratory evaluations and other reference laboratory functions. Since 2003, USG (DOD, APHL and HHS) has been working in partnership to create the needed infrastructure and to progressively build the required staffing and institutional competence to transfer key functions from RETRO-CI to the NRL. In 2004, the MOH began coordinating laboratory activities to support the PMTCT, VCT and ARV Treatment programs (PVAP) and the collection of strategic information (HIV surveillance data). A laboratory consultative committee provides guidance to the MOH to improve access by the population to quality laboratory services and to support the national HIV/AIDS response. The USG program which is the major technical and financial partner in this area, has recognized that the national public laboratory system is weak, and requires substantial infrastructure and human resource supports for PVAP and laboratory functions. The USG seeks technical and financial support from WHO, Global Fund, World Bank/MAP and other donors to contribute to a sustainable laboratory system. While recognizing that HIV-related funds are insufficient, they can catalyse and contribute to a larger goal of building an effective network of laboratories with supervision, training and referrals at all levels of the health system.\n\nUSG support:\n\nThe MOH has provided extensive training for 26 expert trainers/laboratory staff on the use of immunocytometry equipment for CD4 count, equipment for 3 laboratories, and has supported ongoing supervision with quality assurance. For the 1st time, quality CD4 laboratory services will be provided outside Abidjan for expanded HIV treatment services. Using a "training of trainers" strategy, the assistance will permit the progressive build-up of national competence, capacity and supervision by the senior technical staff in the country. Technical and financial support has been provided to the MOH to define, validate and disseminate national policy, standard service packages. Additionally, the laboratory expansion plan will permit and promote the scaling up of quality VCT and treatment services. Other HIV guidelines and training materials have been planned or are being prepared. \n \nOther donor/partner support:\n\nThe Global Fund has budget allocated for equipping laboratories in support of expanded VCT and treatment services and in provision of training for service providers. However, it appears that gaps still exist characterized by limited resources dedicated to maintenance, and to central policy, guidelines, planning, training and commodities management. There is a need to improve coordination on procurement, training and quality assurance. The 2004 plans appear to include equipment for 16 laboratories in support of HIV testing and biological monitoring for treatment (ARV and palliative Care).\n\nThe MOH is committed to providing the required human resources and recurrent costs to support the NRL. The government has allocated funds  for HIV rapid test purchase, defined central posts to coordinate TB and HIV laboratory services and is responsible for human resource and related costs. The core of the laboratory network consists of 10 laboratories in Abidjan including the NRL and is committed to supporting the MOH which is in charge of coordinating all laboratory policy and guideline development, needs assessment, training, and equipment. However, there is a lack of human resources, technical capacity and logistical means for a rapid expansion of the quality laboratory services to support the scale up of PVAP.

**Program Area Target:**

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests  
 Number of individuals trained in the provision of lab-related activities

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB  
**Program Area Code:** 12  
**Activity ID:** 465  
**Approved Funds:**   
**Activity Narrative:**

CDC/Project RETRO-CI, USG-funded laboratory will continue to provide reference laboratory services in support of all Prevention, Care, Treatment and Strategic Information (SI) programs, until the core of the national laboratory network centered on the National Reference Laboratory is fully operational, by:

1. Procuring and/or maintaining equipment to perform training of expert trainers and quality assurance within the Network
2. Capacity building of current staff (In-training, participation in national and international workshops)
3. Purchasing reagents and supplies for in service training of laboratory personnel from central laboratories
4. Expanding on site inspection, supervision and provision of proficiency testing for external quality assurance of laboratories
5. Participating in key international and national workshops on Laboratory Network development and capacity building
6. Providing funds to translate essential laboratory technical documents from English to French

This assistance will complement laboratory activities to the following programs: PMTCT (prevention), VCT (care), ARV (treatment) services, and SI (surveillance and strategic information) funded by:

- 1- The cooperative agreement with the MOH
- 2- The direct laboratory support from HHS-RETRO-CI for decentralization of laboratory services through development of planning for:
  - management supervision of laboratories
  - inspection and laboratory needs assessment
  - in-service training of laboratory staff
  - implementation of an external HIV quality testing assessment program (EQA)

Emphasis Areas	% Of Effort
Commodity Procurement	80.00
Training	15.00
Strategic Information (M&E, IT, Reporting)	5.00



**Targets**

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	17	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	75	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for PMTCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for VCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for TB/HIV activities		<input checked="" type="checkbox"/>

**Target Populations:**

**Adults**

- Doctors (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Technicians laboratorians

**Coverage Areas**

- Bas-Sassandra
- Haut-Sassandra
- Lagunes
- Moyen-Comoé

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** (D) CDC HQ TA (Deferred)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB  
**Program Area Code:** 12  
**Activity ID:** 466  
**Approved Funds:**   
**Activity Narrative:** CDC/HHS will provide :  
 1. Expert assistance to CDC staff ( Projet RETRO-CI laboratories) for training of RETRO-CI laboratory staff in HIV testing or related methods  
 2. Assistance for training of national experts trainers  
 3. Expert assistance for implementing quality assurance programs for RETRO-CI and local organizations  
 4. Regular technical assistance visits for laboratory infrastructure development support in Cote d'Ivoire

This technical assistance will complement HHS/SGAC TA to the following programs: PMTCT (prevention), VCT&TB/HIV (care), ARV (treatment) services, and SI (surveillance and strategic information)

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Emphasis Areas	% Of Effort
Training	75.00
Local Organization Capacity Development	25.00

## Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	10	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for PMTCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for VCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for TB/HIV activities		<input checked="" type="checkbox"/>

## Target Populations:

Doctors (Parent: Public health care workers)  
Pharmacists (Parent: Public health care workers)  
National AIDS control program staff (Parent: Host country government workers)  
Program managers  
Project staff

## Coverage Areas:

National

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**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** APHL, Lab Systems  
**Prime Partner:** Association of Public Health Laboratories  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHA1 account)  
**Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB  
**Program Area Code:** 12  
**Activity ID:** 472  
**Approved Funds:**   
**Activity Narrative:** A.P.H.L is the major partner on the laboratory side of HHS/CDC in country and will provide most of the technical expertise through consultancy to manage the laboratory support of all Global Fund and PEPFAR funded Prevention and Treatment programs.

USG funds will allow APHL to support:

1. Resident technical advisor for consultancy on quality management training , development of national policies for procurement of equipment and reagents, supervision, and development of PT (EQA) program
2. Participation of consultants in international training related to laboratory activities and national laboratory networking.
3. Short term consultants for supporting the training in technical and supervisory/managerial domains of up to 20 expert laboratory staff from the national laboratory network.
4. Provision of communication tools and French documentation/training resources for the development and expansion of the reference laboratory network capacities

Emphasis Areas	% Of Effort
Training	25.00
Local Organization Capacity Development	25.00
Development of Network/Linkages/Referral Systems	15.00
Policy and Guidelines	10.00
Quality Assurance and Supportive Supervision	25.00

**Targets**

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	20	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for PMTCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for VCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for TB/HIV activities		<input checked="" type="checkbox"/>

**Target Populations:**

- Doctors (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Program managers
- Project staff

**Coverage Areas**

- Bas-Sassandra
- Haut-Sassandra
- Lagunes
- Moyen-Como0

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism:</b>	Central Procurement Mechanism
<b>Prime Partner:</b>	To Be Determined
<b>USG Agency:</b>	U.S. Agency for International Development
<b>Funding Source:</b>	GAC (GHAI account)
<b>Program Area:</b>	Laboratory Infrastructure
<b>Budget Code:</b>	HLAB
<b>Program Area Code:</b>	12
<b>Activity ID:</b>	2085
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	USG funds will be used to purchase laboratory reagents, equipment and other commodities and consumables in FY05 when this procurement mechanism becomes operational. Supplies and equipment will be ordered in consultation with the MOH (national HIV care program, national public pharmacy (PSP), the bureau of infrastructure and equipment maintenance (Direction de l'Infrastructure l'Equipement et la Maintenance-DIEM), the bureau of pharmacy and medication (Direction de la Pharmacie et du Medicament -DPM), and shipped to the national public pharmacy. These supplies will support the continuation of the ARV treatment program testing activities for at least 7000 individuals, however, sources indicate as many as 3000 additional individuals are currently on the waiting list. The MOH/PSP will manage the in-country distribution and stock management at the central and peripheral sites with technical and logistical assistance from MSH/RPM+

Emphasis Areas	% Of Effort
Commodity Procurement	50.00
Local Organization Capacity Development	30.00
Strategic Information (M&E, IT, Reporting)	10.00
Information, Education and Communication	10.00

**Targets**

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	15	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for PMTCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for VCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for TB/HIV activities		<input checked="" type="checkbox"/>

**Target Populations:**

National Health program and staff  
Technicians laboratorians

**Coverage Areas:**

National

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism:** (D) S/GAC RETRO-CI  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Laboratory Infrastructure  
**Budget Code:** HLAB  
**Program Area Code:** 12  
**Activity ID:** 2097  
**Approved Funds:**   
**Activity Narrative:** Defered activity not changed programming. This was previously a DoD activity that is being transferred back to HHS.

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## Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for PMTCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for VCT activities		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities for TB/HIV activities		<input checked="" type="checkbox"/>
Number of people trained in lab-related activities		<input checked="" type="checkbox"/>

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information  
 Budget Code: HVSI  
 Program Area Code: 13

**Results:**

Improved implementation of an integrated national M&E plan in support of the national HIV/AIDS response \n  
 Improved implementation of specific M&E plans for all PEPFAR funded partners\n  
 Increased regular availability and dissemination of data on HIV/AIDS prevalence, trends, services and KAB&P defining baseline and program achievements \n\n  
 Improved national health management information systems with integrated HIV indicators\n  
 Expanded use of quality program data for policy development and program management at central and peripheral level by multiple stakeholders\n \n  
 Improved human resource capacity for monitoring and evaluation\n\n\n  
 \n\n\n\n

Total Approved Funding for Program Area:

**Current Program Context:**

Coordination: 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, Programming, Monitoring and Evaluation (MLS-DPPSE)); The Ministry of Health is responsible for HIV/AIDS surveillance, and for monitoring and evaluation of HIV prevention and care activities in the health sector (under the Direction of Planning, Information and Evaluation (DIPE) and the National HIV Care Program(NPPEC)); Other line ministries are responsible for monitoring and evaluating HIV activities in accordance with their sectoral plans; \nCollaboration: Multiple partners provide support to different aspects of surveillance, monitoring and evaluation. UNAIDS and WHO are constant partners to the ministries responsible for AIDS and Health, with long term contributions from USG (CDC/Projet RETRO-CI and USAID), the French Cooperation, Canadian Cooperation, and other bilaterals and recent funding support from the Global Fund and soon from the World Bank's Multisectoral AIDS Project. \nActivities: \n1) CDC/Projet RETRO-CI has assisted the Ministry of Health (MOH) since 1997 to conduct annual antenatal sentinel surveillance studies with regular revisions of the national surveillance protocols and progressive reinforcement of national capacity. No study was conducted in 2003 due to the political crisis, however the 2004 study is now underway with inclusion of multiple PMTCT sites to permit additional analyses. \n2) The Ministry of AIDS and National Institute of Statistics have planned an AIDS Indicator Survey that will provide baseline data on HIV/AIDS prevalence, services and Knowledge, Attitude, Behavior and Practice in the general population to guide efforts and permit evaluation of program impact. Technical assistance is provided by CDC/Projet RETRO-CI, ORC/MACRO, and other partners with funding by the USG, and UN agencies: The Ministry of AIDS and National Institute of Statistics will complete a pilot phase and be ready to implement a national study if the political environment and co-financing from other partners permit.\n3) A facility survey is envisioned to support health sector planning as conducted by the MOH DIPE with technical assistance if sufficient funds are available and work is feasible in February 2005; \n4) The MOH (DIPE and NPPEC) has defined national HIV indicators for integration in the national HMIS. Measure Evaluation/JSI has provided technical assistance to the DIPE to conduct an evaluation of the national HMIS and develop a plan to reinforce the HMIS and integrate HIV/AIDS relevant prevention, treatment and care indicators. \n5) The Ministry of AIDS (MLS) has begun a process with USG and other donor financial and technical support to define and implement an integrated national M&E system and a national database in support of the national HIV/AIDS response. MLS has disseminated national M&E guidelines, implemented staff training and development, validation and dissemination of data collection and reporting tools, procured communications and informatics equipment. Further technical and financial resources in support of one functional M&E system are anticipated from the Global Fund, UNAIDS, and bilateral donor assistance with substantial support anticipated from the World Bank MAP. Additional funds should be leveraged through broader or complementary initiatives within the health sector including WHO integrated surveillance, polio eradication, etc. This support will enable operational systems throughout the country and through various counterpart ministries. \n6) Ministry of Solidarity and working group received technical assistance to develop and implement a rapid situation analysis to define OVC services and needs in 6 districts; continued support in FY 2005 will include a mapping exercise of services available to orphans and other vulnerable populations and estimates of OVC in selected districts. \n

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**Program Area Target:**

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)



**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 78  
**Approved Funds:**   
**Activity Narrative:** CDC/ Projet RETRO-CI strategic information team will contribute to national PEPFAR SI efforts by:

1. Providing substantial technical and logistic assistance to implement the annual national antenatal HIV surveillance studies with a sample size of > 3500/yr (completion of 2004 survey and initiation of 2005 survey) including planning and protocol finalization, procurement of laboratory and study supplies, training of multidisciplinary surveillance staff, sample collection at peripheral sites and transport to, and testing at, the central RETRO-CI laboratory, data entry, analysis, and data dissemination through written reports and oral presentations with progressive capacity building and transfer of skills to Ministry of Health and Ministry for the fight against AIDS at central and decentralized levels.
2. Providing substantial technical and logistic assistance to implement the pilot phase of the national AIDS Indicator survey (including sample collection for anonymous HIV testing) with a sample size of approximately 500 individuals including planning and protocol finalization, procurement of limited laboratory supplies, training of multidisciplinary study staff, sample collection at selected sites and transport to, and testing at, the central RETRO-CI laboratory. This pilot phase aims to finalize data collection tools and laboratory procedures in view of the national survey planned to be carry out as soon as the political environment and co-financing partners permit. This complements the technical assistance provided by ORC MACRO with central PEPFAR funding.
3. Providing technical assistance to Ministry for the fight against AIDS and other national partners to develop, disseminate and implement national strategy and overall monitoring and evaluation plan with a centralized national database (complementing that of other technical assistance partners).
4. Providing substantial technical assistance in informatics including:
  - Training at the RETRO-CI informatics-training center and other assistance such as software development to the Ministry of Health's Direction of Planning, Information, Monitoring and Evaluation to create a functional national health management information system with integrated HIV indicators.
  - Providing substantial technical assistance in informatics to implement M&E systems in support of PEPFAR prevention, care and treatment goals including translation of EPI-INFO and other software programs and training materials, training, supervision and quality assurance
  - Analysis and recommendations of available technologies to implement appropriate telecommunication systems to reinforce the links between services in support of the network model of HIV-related health services at different levels of the health pyramid.
5. Provide targeted evaluations to evaluate HIV resistance incidence and prevalence in accordance with WHO/CDC standards to support evaluation of HIV treatment programs.
6. Providing technical assistance to PEPFAR funded partners to ensure they are aware of the PEPFAR reporting requirements and SI guidance including provision of materials and training in French.
7. Preparing required SI reports for the USG.
8. Preparing reports describing results of PEPFAR funded activities in French and providing written and oral reports for national partners and stakeholders
9. Participating in key regional or international meetings or trainings to remain up to date in PEPFAR and international requirements and best practice in support of one integrated national M&E system.

This technical assistance will complement SI activities funded through cooperative agreements with the Ministry for the fight against AIDS and the Ministry of Health to create a functional national M&E system and targeted technical assistance by

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Measure Evaluation (JSI and ORC MACRO) and USG HQ staff.

<b>Emphasis Areas</b>	<b>% Of Effort</b>
Training	20.00
Policy and Guidelines	5.00
Quality Assurance and Supportive Supervision	15.00
Development of Network/Linkages/Referral Systems	5.00
Local Organization Capacity Development	25.00
Needs Assessment	5.00
Commodity Procurement	25.00

## Targets

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	<input type="checkbox"/>

## Target Populations:

Faith-based organizations  
National AIDS control program staff (Parent: Host country government workers)  
Non-governmental organizations/private voluntary organizations  
Policy makers (Parent: Host country government workers)  
USG in-country staff  
USG headquarters staff

## Coverage Areas:

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** HHS/SGAC TA from HQ (CDC HQ TA Base)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 79  
**Approved Funds:**   
**Activity Narrative:** Technical assistance from HHS headquarter and/or expert field staff to support in-country SI activities and transfer competence to in-country USG team and national partners.

HHS/CDC technical assistance will include:

1. expert informatics consultation to advise the MEMSP and MLS on informatics approaches for a) HMIS with integrated HIV indicators and b) national HIV/AIDS database, and c) informatics and telecommunications systems in support of a network model of HIV care and treatment services ,
2. expert assistance from CDC surveillance focal point in support of national antenatal surveillance activities and expansion of 2nd generation surveillance,
3. regular technical assistance visits from the SI liaison officer for Cote d'Ivoire who is also focal point for monitoring and evaluation activities for Cote d'Ivoire in support of overall SI activities.

\*\* Additional guidance and technical assistance will be requested from the relevant USG agency if necessary to respond to key directives from S/GAC and/or national priorities.

Emphasis Areas	% Of Effort
Training	5.00
Policy and Guidelines	50.00
Quality Assurance and Supportive Supervision	15.00
Development of Network/Linkages/Referral Systems	5.00
Local Organization Capacity Development	5.00
Needs Assessment	20.00

**Targets**

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/>

**Target Populations:**

- National AIDS control program staff (Parent: Host country government workers)
- USG in-country staff
- National Health program and staff

**Coverage Areas:**

National

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**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Cooperative Agreement with Ministry of Health, #U50/CCU022230  
**Prime Partner:** Ministry of Health, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 80

**Approved Funds:**

**Activity Narrative:** The Ministry of Health's Division of Planning, Information, Monitoring and Evaluation will:

1. Implement the annual national antenatal HIV surveillance survey with a sample size of > 3500/yr in 2005 in collaboration with the Surveillance Unit from the National HIV care Program, including planning and protocol finalization, procurement of study supplies, training of multidisciplinary surveillance staff, sample collection at peripheral sites and transport to, data entry, analysis, and data dissemination through written reports and oral presentations with progressively increasing capacity and responsibility for study management (taking over from projet RETRO-CI) at both central and decentralized levels; (Report for February submission)
2. Create a functional national health management information system (HMIS) with integrated HIV indicators for PMTCT, VCT and care and treatment with technical assistance from JSI/Measure Evaluation;
3. Develop and implement M&E plans in support of PEPFAR health sector activities meeting national and PEPFAR care and treatment goals and complementing the HMIS aggregate monitoring with technical assistance from JSI/Measure Evaluation and EGPAF;
4. Consider and plan a competitive procurement process to implement appropriate telecommunication systems to reinforce the links between services in support of the network model of HIV-related health services at different levels of the health pyramid with a pilot phase in Abidjan (deferred)
5. Prepare required reports for the USG;
6. Participate in key regional or international meetings or trainings to remain up to date in international requirements and best practice in support of one integrated national M&E system for HIV/AIDS.

\*\*Technical assistance will be provided to support these activities by CDC/Projet RETRO-CI, and Measure Evaluation and complement SI activities implemented by the Ministry for the fight against AIDS to create a functional national M&E system.

\*\* Systems strengthening activities will be jointly funded with contributions by the government of Cote d'Ivoire, and other donors including the Global Fund included in its budgeted plans. The Ministry of Health will continue to advocate for expanded state contributions (from central and local government

Emphasis Areas	% Of Effort
Training	10.00
Policy and Guidelines	25.00
Quality Assurance and Supportive Supervision	20.00
Infrastructure	20.00
Development of Network/Linkages/Referral Systems	15.00
Needs Assessment	5.00
Commodity Procurement	5.00

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## Targets

### Target

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

### Target Value

50

### Not Applicable

## Coverage Areas

Lagunes

Table 3.3.13: Activities by Funding Mechanism

**Mechanism:** Cooperative Agreement with Ministry of AIDS #U62/CCU024313  
**Prime Partner:** Ministry of AIDS, Côte d'Ivoire  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 84  
**Approved Funds:**   
**Activity Narrative:**

The November 2004 deterioration in the political and security situation in Cote d'Ivoire and subsequent authorized departure (now ended) led to the need to reassess the original country operational plan including reflections on the capacity of Emergency Plan USG project management staff to monitor programs and ensure financial controls. This, combined with the need to evaluate the initial technical and management results from the new cooperative agreement with the Ministry for the fight against AIDS (MLS), led to Year 2 funds for this activity being deferred to this second submission. Preliminary results and ongoing strong engagement from senior technical staff give confidence to the country team to strongly recommend that ongoing monitoring and evaluation activities with the MLS remain an essential component of the Emergency Plan and are feasible and appropriate in the current environment.

The Ministry for the fight against AIDS will:

1. Coordinate the 2005 national AIDS Indicator survey (including sample collection for anonymous HIV testing) with a sample size of 9000: data collection should be completed by 2nd quarter 2005, with support of FY05 funds there will be further data analysis and data dissemination through multiple forums including written reports and oral presentations to reach multiple target populations to promote use of the data to guide policy formulation and program planning and evaluation at central and peripheral levels.
2. Disseminate and implement national strategy and overall monitoring and evaluation plan with:
  - organization of a workshop on national strategic information coordination vision with technical assistance from national and international partners such as CDC, Measure/JSI, FHI, International HIV/AIDS Alliance and national stakeholders;
  - Creation of a centralized national HIV/AIDS database with functional links to decentralized regional and district locations and others technical ministries sectors;
  - Through a competitive procurement process implement appropriate telecommunication systems to reinforce the integrated national M&E system;
  - Needs assessment and reinforcement of capacity (equipment and telecommunications/internet access) at central and decentralized levels;
  - Training, support and supervision for central staff, data collection staff and decentralized HIV/AIDS committees to support program planning, quality data collection, timely transfer, analysis and use at central and peripheral sites using a training of trainers cascade approach;
3. Disseminate and implement monitoring and evaluation plan for community based HIV activities in conjunction with other technical ministries and stakeholders such as FHI, International HIV/AIDS Alliance, NGO and other networks and including BCC, OVC, community mobilization and community based prevention, care and support activities with:
  - Definition of national indicators, and definition and dissemination of data collection tools and guides;
  - Developing and dissemination of monitoring and evaluation training curricula for community based HIV activities in conjunction with Measure/JSI - Training, support and supervision for central staff, data collection staff and decentralized HIV/AIDS committees to support quality data collection, timely transfer, analysis and use at central and peripheral sites using a training of trainers cascade approach;
4. Coordinate management and planning training for key national managers to improve HIV management and planning;
5. Preparing required reports for donors including the USG.
6. Preparing reports and data dissemination materials describing results of national HIV/AIDS response and providing written and oral reports for national and international partners and stakeholders

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7. Participating in key regional or international meetings or trainings to remain up to date in international requirements and best practice in support of one integrated national M&E system.

8. Contribute to key elements of the national AIDS control strategic plan for years 2005-2010.

Emphasis Areas	% Of Effort
Training	30.00
Policy and Guidelines	20.00
Commodity Procurement	10.00
Quality Assurance and Supportive Supervision	10.00
Infrastructure	25.00
Development of Network/Linkages/Referral Systems	5.00

## Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	75	<input type="checkbox"/>

## Target Populations:

Community leaders

Faith-based organizations

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

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

## Coverage Areas:

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 87

**Approved Funds:**

**Activity Narrative:** The successful recipient of the competitive announcement will:

1. Disseminate and implement a monitoring and evaluation plan for community based HIV mobilization activities in support of NGO/CBO/FBO in conjunction with the Ministry for the fight against AIDS and civil society networks with
  - Need assessment in M&E for community-based HIV care intervention of NGO/CBO/FBO
  - Preparation of materials to support the training, and supervision for central and peripheral personnel to promote quality data collection, timely transfer, analysis and use at central and service delivery level. Training will occur in Abidjan.
  - Preparation of materials to support the training, and supervision for central and peripheral personnel to promote quality data collection, timely transfer, analysis and use at central and peripheral sites
2. Prepare reports and data dissemination materials describing results of national HIV/AIDS community-based care response for NGO/CBO/FBO and providing written and oral reports for national and international partners and stakeholders
3. Prepare required reports for the USG;

\*\*\* Technical assistance will support the activities of the Ministry for the fight against AIDS and complement technical assistance from other sources such as FHI in support of one functional national M&E system

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10.00
Infrastructure	10.00
Quality Assurance and Supportive Supervision	30.00
Policy and Guidelines	10.00
Training	20.00
Development of Network/Linkages/Referral Systems	20.00

**Targets**

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	<input type="checkbox"/>

**Target Populations:**

- Community-based organizations
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children



**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Volunteers

**Coverage Areas**

Lagunes

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Measure Evaluation  
**Prime Partner:** University of North Carolina Carolina Population Center  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 88

**Approved Funds:****Activity Narrative:**

Building on the technical assistance activities which were commenced in FY04 with the Ministry of Health's Division of Planning, Information, Monitoring and Evaluation (DIPE) and the national HIV care program, Measure/JSI will continue to provide targeted technical assistance to the DIPE and other key stakeholders focused on HIV prevention, care and treatment interventions in the health sector. They will provide assistance to the MOH and national authorities to :

1. Develop capacities of the DIPE at both central, regional and district levels to collect, timely transfer, analyze and disseminate indicators related to prevention and care intervention in the health sector.
2. Develop an integrated and sustainable HMIS to monitor and evaluate HIV/AIDS prevention, care and treatment response in the health sector.
3. Implement M&E systems in support of PEPFAR health sector activities meeting national and PEPFAR care and treatment goals;
4. Review technical specifications and supervise competitive procurement process to implement appropriate telecommunication systems to reinforce the links between services in support of the network model of HIV-related health services at different levels of the health pyramid with an initial pilot network linking in Abidjan clinics.
5. Prepare required reports for the USG;

\*\*\* Systems strengthening activities will be jointly funded with contributions by the government of Cote d'Ivoire, and other donors including the Global Fund included in its budgeted plans. The project is expected to be completed with recurrent costs supported by the state budget by 2008.

\*\*\* Technical assistance will be provided to support these activities by USG technical staff including CDC/Projet RETRO-CI staff, and complement SI activities implemented by the MLS and other technical ministries to create one functional national M&E system

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Emphasis Areas	% Of Effort
Training	10.00
Human Resources	10.00
Policy and Guidelines	5.00
Quality Assurance and Supportive Supervision	10.00
Infrastructure	30.00
Development of Network/Linkages/Referral Systems	35.00

## Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	90	<input type="checkbox"/>

## Target Populations:

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

## Coverage Areas:

National

### Table 3.3.13: Activities by Funding Mechanism

**Mechanism:** Competitive announcement (comprehensive, prevention, Care & social marketing,  
**Prime Partner:** To Be Determined  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 524  
**Approved Funds:**   
**Activity Narrative:**

The successful recipient of the competitive announcement will:

1. Develop, disseminate and implement a strategic information/monitoring and evaluation plan consistent with national policies and drawing on available data and national tools and include both quantitative and qualitative methods;
2. Collect, analyze and disseminate data to ensure adequate baseline data to support targeted service delivery, program monitoring and evaluation and appropriate information systems;
3. Expand national capacity to use data for policy and planning;
4. Report data to relevant local and national stakeholders including the Ministry for the fight against AIDS for inclusion in the national database.

\*\*\*Technical assistance is available to support these activities if required by the Ministry for the fight against AIDS and technical ministries as well as USG technical staff including CDC/Projet RETRO-CI staff, HIV/AIDS Alliance and FHI in support of one functional national M&E system

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<b>Emphasis Areas</b>	<b>% Of Effort</b>
Training	30.00
Quality Assurance and Supportive Supervision	10.00
Linkages with Other Sectors and Initiatives	5.00
Commodity Procurement	10.00
Development of Network/Linkages/Referral Systems	5.00
Local Organization Capacity Development	20.00
Needs Assessment	20.00

## Targets

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/>

## Target Populations:

- Community leaders
- Community-based organizations
- National AIDS control program staff (Parent: Host country government workers)

## Key Legislative Issues

- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

## Coverage Areas:

- National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI LAB (HHS-S/GAC)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 2070  
**Approved Funds:**   
**Activity Narrative:** CDC/ Projet RETRO-CI strategic information team will contribute to national PEPFAR SI efforts by:  
 1. Providing substantial technical and logistic assistance to implement the annual national antenatal HIV surveillance studies with a sample size of > 4500 for year 2005 including planning and protocol finalization, procurement of laboratory and study supplies, training of multidisciplinary surveillance staff, sample collection at peripheral sites and transport to, and testing at, the central RETRO-CI laboratory, data entry, analysis, and data dissemination through written reports and oral presentations with progressive capacity building and transfer of skills to Ministry of Health and Ministry for the fight against AIDS at central and decentralized levels.  
 2. Providing substantial technical and logistic assistance to implement the national AIDS Indicator survey (including sample collection for anonymous HIV testing) with a sample size of approximately 9000 individuals including planning, procurement of laboratory supplies, training of multidisciplinary study staff, sample collection at selected sites and transport to, and testing at, the central RETRO-CI laboratory. This phase will follow the pre-test and be carry out as soon as the political environment and co-financing partners permit. This complements the technical assistance provided by ORC MACRO with central PEPFAR funding.

Emphasis Areas	% Of Effort
Training	10.00
Policy and Guidelines	5.00
Commodity Procurement	70.00
Quality Assurance and Supportive Supervision	15.00

**Targets**

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	<input type="checkbox"/>

**Target Populations:**

Adults

**Coverage Areas:**

National

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** (D) Measure Evaluation  
**Prime Partner:** University of North Carolina Carolina Population Center  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** Deferred (GHAJ)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 2098  
**Approved Funds:**   
**Activity Narrative:** Defered activity not changed in programming (See FY 05 MEASURE Evaluation Narrative)

**Targets**

**Target**

**Target Value**

**Not Applicable**

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism:** Impact-FHI  
**Prime Partner:** Family Health International  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 2453

**Approved Funds:**   
**Activity Narrative:**

Building upon its experience in M&E systems development and implementation and M&E capacity building experience, FHI will reinforce the capacity of the national strategic information system by assisting PEPFAR partners to effectively design, implement and manage M&E systems, and by integrating data needs with those of outside donors (Global Fund, World Bank, PEPFAR). FHI will focus coordination and technical assistance at the organizational/program level in coordination with MEASURE Evaluation (JSI) and HIV/AIDS Alliance working on monitoring and evaluation support at the national and community levels respectively. For example, FHI will be providing capacity building to partners and conducting targeted evaluations that will provide data for the harmonized national system that MEASURE Evaluation (JSI) is assisting the Ministry of AIDS (MLS) and Ministry of Health (MEMSP) to implement. FHI will use its programmatic M&E training modules, which have been tested and approved by the USG, to strengthen existing resources and expand capacity building activities in terms of M&E. FHI will also assist USG implementing partners to better respond to PEPFAR data requirements using rapid assessment tools developed and successfully used in Guyana and Nigeria.

FHI will strengthen M&E capacity at the program and national levels through the development of improved tools and models for collecting, creating databases, analyzing and disseminating HIV/AIDS programmatic and behavioral and biological surveillance and monitoring information. FHI will conduct orientation workshops, refresher trainings, on-the-job training through consistent technical assistance, and introduce new tools and technologies drawn from FHI and other partner experience. In addition to capacity building, FHI can also play a critical role in developing and conducting outcomes-based and experimental targeted evaluations in areas such as behavior change and counseling and testing. FHI will also develop the human capacity to interpret and use information for programming decisions.

Emphasis Areas	% Of Effort
Training	50.00
Policy and Guidelines	25.00
Information, Education and Communication	10.00
Development of Network/Linkages/Referral Systems	5.00
Local Organization Capacity Development	10.00

**Targets**

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	<input type="checkbox"/>

## Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

**Mechanism:** Measure Evaluation  
**Prime Partner:** University of North Carolina Carolina Population Center  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Strategic Information  
**Budget Code:** HVSI  
**Program Area Code:** 13  
**Activity ID:** 2455  
**Approved Funds:**   
**Activity Narrative:**

Key actors across Cote d'Ivoire's fight against HIV/AIDS possess commitment to an integrated strategic information system. Additional coordination is required between key ministries and partners to map, develop, and implement an integrated strategic information system. MEASURE Evaluation (JSI) has made considerable progress working within the Ministry of Health to harmonize monitoring and evaluation indicators and tools across multiple program areas as well as devise plans for national level implementation. MEASURE Evaluation (JSI) will focus coordination and technical assistance at the national level in coordination with FHI and HIV/AIDS Alliance working on monitoring and evaluation support at the program and community levels. For example, MEASURE will be engaged in continued harmonization of national systems whereas FHI will be providing capacity building to partners and conducting targeted evaluations all which provide data that can be fed to the national system.

The Ministry of Fight Against HIV/ AIDS (MLS) has requested MEASURE/Evaluation (JSI) to provide technical assistance and coordination to devise and implement activities toward an integrated strategic information system.

The MLS has requested the MEASURE Evaluation Cote d'Ivoire's Technical assistance to:

- 1- Reinforce human resource capacity to assist the MLS in the conceptualization, implementation, and management of an integrated national strategic information system;
- 2- Serve as a bridge of technical capacity between key ministries;
- 3- Design and finalize a national M&E plan;
- 4- Provide technical assistance to the implementation of the national M&E plan;
- 5- Design the curricula that will be used to train the different actors involve in HIV/AIDS activities;
- 6- Assist MLS in mapping the existing informatics system;
- 7- Coordinate the development of national informatics system for better data sharing among partners at the national level;
- 8- Provide assistance to the MLS strategic plan 2006-2010;
- 9- Provide assistance in completing the national report on HIV/AIDS;
- 10- Coordinate collaboration among MLS partners.

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<b>Emphasis Areas</b>	<b>% Of Effort</b>
Training	15.00
Policy and Guidelines	25.00
Quality Assurance and Supportive Supervision	5.00
Linkages with Other Sectors and Initiatives	10.00
Information, Education and Communication	5.00
Infrastructure	10.00
Development of Network/Linkages/Referral Systems	15.00
Local Organization Capacity Development	10.00
Needs Assessment	5.00

## Targets

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/>

## Coverage Areas:

National



**Table 3.3.14: Program Planning Overview**

**Program Area:** Other/policy analysis and system strengthening  
**Budget Code:** OHPS  
**Program Area Code:** 14

**Results:**

Improved human resource management, service quality improvement and human resource supervision interventions that cut across multiple program areas

Improved training systems, institutional development or skills training that cuts across multiple program areas

Underlying issues that constrain human capacity development and deployment across multiple program areas addressed

Strengthened capacities of national multi-sectoral bodies to lead and coordinate the response to HIV/AIDS

HIV/AIDS workplace policies and programs expanded in public and private sectors

Systems and policies to address stigma and discrimination strengthened

**Total Approved Funding for Program Area:**

**Current Program Context:**

The national HIV response has seen major reforms since the creation of the Ministry to fight AIDS. There are now various interlinked political and technical coordination bodies and the development of individual sector plans (2004-2007) in all ministries with an HIV related mandate. Many of the HIV/AIDS sectoral plans build on existing activities and include policy and legal reform to address stigma and discrimination and remote service delivery by state and non-state actors (e.g. plans of the Ministries of AIDS, Health, Solidarity, and Defense). Central coordination bodies are linked to decentralized HIV/AIDS action committees, and the overarching policy of decentralization of government has also resulted in more decisions and resource allocation at local level. Non-state forums such as the collective of NGOs against AIDS (COSCI), the network of NGOs of PLWH/A (RIP+), the network of journalists and artists against AIDS (REPMASCI), the faith based response network and other groups have also contributed to coordination and advocacy, but their networks are generally weak and/or nascent and require capacity building. Most technical assistance

**Program Area Target:**

Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

Table 3.3.14: Activities by Funding Mechanism

**Mechanism:** PSP One  
**Prime Partner:** ABT Associates  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other/policy analysis and system strengthening  
**Budget Code:** OHPS  
**Program Area Code:** 14  
**Activity ID:** 1952  
**Approved Funds:**   
**Activity Narrative:**

FHI will collaborate with the national government and partners to reinforce HIV work plan programs in both the public and private sectors. FHI will work specifically to improve the coordination and sharing of materials and best practices between local partners for workplace prevention, care and treatment activities.

FHI will provide technical assistance to the national HIV in the workplace public-private coordinating body through a member of their national team and with support from their central and regional experts. This assistance will be designed to achieve the following tasks:

- Develop a national policy, in documenting and disseminating best practices, tools and M&E systems for workplace interventions
- Support the development and integration of behavior change communication programs including standardized messages and tools
- Improve links to comprehensive prevention, social, health and other services for HIV-infected personnel
- Support legislative advocacy efforts for the development of a national charter outlining minimum standards for HIV/AIDS workplace programs
- Conduct needs assessments to help mainstream gender into the decision-making processes
- Train supervisors and managers on 'AIDS in the workplace' including gender issues and supervisory support to HIV positive employees, in collaboration with human resources officers and legal advisors
- Recognize, promote and reward knowledge and display of gender-friendly, stigma reducing, low risk behaviors including uptake of VCT and support to HIV-positive colleagues
- Organize workplace activities including those on/around World AIDS Day or World Women's day
- Support public-private programs to leverage funding and design partnering programs through regional companies with local subsidiaries
- Monitor the effectiveness of the initiative and documenting it to enable replication with an annual meeting of stakeholders to review progress

FHI will also work with the largest ministry, the Ministry of Education National to establish peer educator training teams to train peer educators within each of the Ministries to influence the attitudes and behaviors of their peers and, in turn, their secondary beneficiaries (i.e. students, clients). This will include the development of appropriate BCC tools and approaches to promote safer behaviors, gender sensitive practices and encourage the creation of workplace environments supportive of positive behavior changes. If successful this will be expanded to include the Ministry of Health in the following year.

Specifically, FHI will:

- Support the creation of HIV in the workplace task forces in the Ministry of National Education to develop, implement, monitor and evaluate interventions
- Support these task forces in the selection and training of at least 40 trainers who will mobilize and train their peers

This will complement other PEPFAR supported activities in the development of training and BCC approaches and materials such as those of JHU-CCP, JHPIEGO, HIV/AIDS Alliance and EGPAF.

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Emphasis Areas	% Of Effort
Training	25.00
Information, Education and Communication	50.00
Needs Assessment	5.00
Policy and Guidelines	15.00
Development of Network/Linkages/Referral Systems	5.00

**Targets**

Target	Target Value	Not Applicable
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	3	<input type="checkbox"/>
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	100	<input type="checkbox"/>

**Target Populations:**

- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- Program managers
- Ministry of AIDS

**Key Legislative Issues**

- Gender
- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

**Coverage Areas:**

- National

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** International HIV/AIDS Alliance  
**Prime Partner:** International HIV/AIDS Alliance  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other/policy analysis and system strengthening  
**Budget Code:** OHPS  
**Program Area Code:** 14  
**Activity ID:** 1957

**Approved Funds:**

**Activity Narrative:** Building on work started in 2004 in Cote d'Ivoire, (and over a decade in the subregion), involving local NGOs/CBOs and PLWH/As in HIV prevention, care and advocacy through community-based initiatives and treatment literacy campaigns, USG FY 05 funds are being provided, under the various technical program elements, to continue building the technical capacities and fund service provision of a number of these local partners to help reduce the transmission of HIV/AIDS especially among highly vulnerable populations.

In conjunction with the technical development interventions, this mechanism is will help ensure that these local partner organizations also have the necessary management and systems capacities to sustain their technical contributions to a scale up of HIV response. A special emphasis will be put on networking and fund leveraging capacities as a way to ensure sustainability:

In FY05, in coordination with national authorities and key stakeholders, the International HIV Alliance will:

- create a local intermediary or Linking Organization (LO) and develop it's capacity to provide both grants and technical and administrative/management support to local NGOs

- provide the necessary technical support for the organizational development of the LO, including support to develop its by-laws, internal systems and procedures. In consultation with local stakeholders, a Board and Project Selection Committees will be formed, and granting systems established.

- Reinforce the capacities of the networks of NGOs/CBOs/FBOs (including groups of PLWH/A and networks) that have national coverage and contribute to HIV prevention, care and/or treatment services, with technical support to promote good governance, effective advocacy skills, and develop capacity in simple bookkeeping, partnerships building and resource mobilization, and in monitoring and evaluation.

- Develop lessons learned and recommendations for "sustainability" or "continuity of quality services" focusing on networking models and income generating and fund leveraging capacity with local governments, private sector, diverse donors and other sources.

- Through the Linking Organization, by March 2006, be providing on-going support to at least 50 national organizations or institutions from all regions of Cote d'Ivoire with granting mechanisms and technical and management support adapted to the needs of organizations of low, medium or well developed capacity.

Emphasis Areas	% Of Effort
Training	20.00
Development of Network/Linkages/Referral Systems	30.00
Local Organization Capacity Development	50.00

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## Targets

Target	Target Value	Not Applicable
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	50	<input type="checkbox"/>
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	50	<input type="checkbox"/>

### Target Populations:

- Community-based organizations
- Faith-based organizations
- Most at risk populations
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers

### Key Legislative Issues

- Gender
- Addressing male norms and behaviors
- Twinning
- Volunteers
- Stigma and discrimination

### Coverage Areas:

- National

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Other/policy analysis and system strengthening  
**Budget Code:** OHPS  
**Program Area Code:** 14  
**Activity ID:** 1959  
**Approved Funds:**   
**Activity Narrative:** CDC/Projet RETRO-CI will:
 

1. draw on it's institutional competence and previous work to develop/adapt and implement French language training tools to address critical human capacity needs related to provision of expanded HIV services. Projet RETRO-CI will:
  - Support a one week training program for HIV program management in collaboration with the Synergy project
  - Disseminate piloted and validated French version of the CDC "best practice" training course for Sustainable Management in Developing Countries Program (SMDP)
  - Disseminate and provide training to create pool of national experts in the French version of "Epi-Info" windows training course and software
  - Review and evaluate emerging English and French language HIV/AIDS software applications used for program monitoring and evaluation and provide evidence-based recommendations to national authorities;
  - Maintain RETRO-CI LAN network and informatics training center and provide basic, intermediate and advanced informatics trainings to strategic information practitioners contributing to HIV/AIDS activities.

\*This work will be coordinated with the regional West African Regional Program's training program and other francophone countries (Rwanda and Haiti) and will be adapted on the basis of the comprehensive human capacity assessment related to HIV/AIDS and the development of a comprehensive training strategy. It will also contribute to addressing the substantial information, communication and tools divide between Anglophone and francophone countries.

And, in collaboration with the USG country team including the Public Affairs Office, CDC/Projet RETRO-CI will:

2. Organize and support the annual meeting of Emergency Plan partners in Cote d'Ivoire to facilitate coordination and promote ongoing exchange and innovation;
3. Develop a communication strategy and regularly disseminate communication tools in French on the Emergency Plan and its key partners to national stakeholders (fact sheets, technical papers, etc..)
4. Provide french translation of key President's Emergency Plan policy and technical documents.

Emphasis Areas	% Of Effort
Training	50.00
Information, Education and Communication	40.00
Local Organization Capacity Development	10.00

**Targets**

Target	Target Value	Not Applicable
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	4	<input type="checkbox"/>
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	90	<input type="checkbox"/>
Number of enterprises/companies that have HIV/AIDS workplace policies and program		<input checked="" type="checkbox"/>
Number of individuals participating in HIV/AIDS workplace program at enterprises/companies		<input checked="" type="checkbox"/>

**Target Populations:**

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Program managers
- other stakeholders
- Ministry of AIDS
- Ministry of National Education

**Coverage Areas:**

National

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism:</b>	HHS/SGAC TA from HQ (CDC HQ TA Base)
<b>Prime Partner:</b>	U.S. Centers for Disease Control and Prevention
<b>USG Agency:</b>	Department of Health & Human Services
<b>Funding Source:</b>	Base (GAP account)
<b>Program Area:</b>	Other/policy analysis and system strengthening
<b>Budget Code:</b>	OHPS
<b>Program Area Code:</b>	14
<b>Activity ID:</b>	1963
<b>Approved Funds:</b>	<input type="text"/>
<b>Activity Narrative:</b>	CDC will provide technical assistance (i) to help redefine the role of RETRO-CI as a mechanism for human resource capacity building and (ii) to help identify effective strategies for Emergency Plan's response to this national priority.

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## Targets

Target	Target Value	Not Applicable
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/>
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	<input type="checkbox"/>

## Coverage Areas:

National



Table 3.3.14: Activities by Funding Mechanism

**Mechanism:** Impact-FHI  
**Prime Partner:** Family Health International  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other/policy analysis and system strengthening  
**Budget Code:** OHPS  
**Program Area Code:** 14  
**Activity ID:** 2454  
**Approved Funds:**   
**Activity Narrative:**

At present, the functional links between all components of the health delivery system (ie between the different levels of the health pyramid, between public and private sector providers, between health center and community based services and between different levels of commodities management, laboratory networks and M&E and management) are all weak. Development and implementation of a network model is consistent with national priorities within the health sector and will certainly help the GOCI to undertake health sector reform. Lessons learnt from the implementation of this project will contribute to the re-establishment of functional health system currently destroyed in the rebel-held region.

FHI will work with the San-Pedro regional management team to oversee the development and implementation of a pilot project for integration of comprehensive HIV services as part of a regional network of HIV/AIDS prevention, care, treatment and support interventions. The regional referral coordination project will serve as a model for linking of social (OVC, peer-support, psychological, legal and/or other community) services and health (VCT, PMTCT, HIV/TB, HIV treatment, STI etc) services within a geographic area, reinforcing local coordination bodies (health district management teams and HIV district coordination committees) and linking district services to regional and tertiary referral and other central structures. This will serve to strengthen and support the rollout of HIV treatment services as part of a network of services integrated into the local response and reinforcing local coordination bodies.

The project will also entail clear definitions of the roles of, and interactions between, different actors embracing a multisectoral and continuum of care framework. Persons living with and affected by HIV have a wide range of needs spanning multiple dimensions of life: physical health, psychosocial well-being, human rights, food resources, economic security and spirituality. These needs vary depending on many factors, including age and gender, and over time and with disease progression, the needs of PLHA, their caregivers and their families change. Rarely can a single facility, agency or community group deliver all of the services to meet these needs. A well-established, formalized referral network is vital to coordination of services in the health sector and the community in order to meet the needs of PLHA and optimize contact with them and their families who need ongoing care and support.

Following are the essential activities for developing and managing a referral coordination network in the catchment area served by the San Pedro Regional Hospital:

- Convene an initial stakeholders' workshop: to bring stakeholders together to initiate a community dialogue, seek input on creating the referral network and generating "buy-in" for the activity;
- Conduct a participatory mapping exercise: to identify all organizations and facilities providing HIV-related services within the Hospital's geographic area, the key entry points to the referral network, potential barriers to access and how the network will be linked to existing HIV care and support services;
- Put systems in place to develop and support the referral network: identify and train a regional technical coordinator to manage the network, and build linkages between existing services; train key contacts within each organization in the network to conduct referrals; determine the roles and responsibilities of each organization within the referral network; hold sensitization meetings with stakeholders and staff of participating organizations to achieve consensus on operating principles; establish guidelines to address the issue of client confidentiality within the referral network; develop an appropriate mechanism for referral, including forms and registers to document the process for referrals and follow-up; create and distribute standardized forms, tools and procedures and train all organizations in the network to use them;

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monitor the network's activities and use findings to improve the system.

- Mobilize the community to use and support the referral network: collaborate with PLHA, their families and their caregivers to develop a referral network that responds to their needs and engage them in its implementation; undertake intensive community mobilization and awareness activities to build demand for services; seek the support of church and education leaders, medical providers and policymakers to use their influence to increase community support for the referral network.

Through a coordinated referral network, linkages will be created between health facility-based and community-based services that will optimize access of HIV-infected and -affected persons to needed services across the continuum of care. FHI/IMPACT will work in close collaboration with the MOH and MSSSH as well as Emergency Plan implementing partners such as EGPA F/ACANDA in Sassandra, other HIV collaborative projects supported by the mairies, conseils generaux, etc., and local stakeholders to develop a sustainable process of coordinating HIV service delivery within the San Pedro Regional Hospital catchment area.

Emphasis Areas	% Of Effort
Training	10.00
Policy and Guidelines	10.00
Quality Assurance and Supportive Supervision	15.00
Information, Education and Communication	10.00
Development of Network/Linkages/Referral Systems	25.00
Local Organization Capacity Development	15.00
Community Mobilization/Participation	15.00

## Targets

Target	Target Value	Not Applicable
Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	4	<input type="checkbox"/>
Number of social centers trained to provide integrated assistance services	2	<input type="checkbox"/>
Number of health district management teams reinforced	2	<input type="checkbox"/>
Number of HIV district coordination teams reinforced	2	<input type="checkbox"/>
Number of people receiving integrated care services (ARV, social, psychological, legal, etc.)	200	<input type="checkbox"/>

## Coverage Areas

Bas-Sassandra

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism:** PHR Abt Associates  
**Prime Partner:** ABT Associates  
**USG Agency:** U.S. Agency for International Development  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Other/policy analysis and system strengthening  
**Budget Code:** OHPS  
**Program Area Code:** 14  
**Activity ID:** 2457  
**Approved Funds:**

**Activity Narrative:** With the opportunity that the Emergency Plan and other International financial resources provide to rapidly scale-up comprehensive prevention, care and treatment services nationally, human and institutional capacity in the health sector will be a critical success-determining, as well as rate-limiting factor. It therefore requires further evaluation, and subsequent definition and implementation of strategies to address the systemic issues of distribution, retention and capacity of staff. Human and institutional capacity has long been identified as an important issue constraining the quality of health services in Cote d'Ivoire but it has become critical with the prolonged political-military and economic crisis and disruption of health services in large areas of the country. Thus the Minister of Health welcomes the opportunity that the USG Emergency Plan provides to evaluate this problem and provide assistance to his Ministry to develop a multi-pronged strategy to assist expansion of quality integrated and sustainable HIV services, building on previous work done within the sector.

Two complementary activities are envisaged but will require further discussion and validation by the MOH and other stakeholders. The activity will be lead conjointly by the Director of Human Resources and the Director of Training with establishment of a technical working group, and with PHR+ and WHO and CDC/RETRO-CI providing technical assistance. The 1st phase will provide a rapid assessment of health facilities, resources and HIV services in partnership with the Ministry of Health, WHO and other stakeholders building on an approach already implemented with PHR+ assistance in other Emergency Plan supported countries. The 2nd phase will use this and other data to prepare a report of the current human capacity situation in the health sector including HIV/AIDS related capacity and development (through consultation with key stakeholders) and develop a national strategy, including a training strategy, to address the various human capacity issues defined drawing on the materials and experiences of similar evaluations in other PEPFAR supported countries.

As has been described in other countries, the Minister of Health is a strong advocate that Emergency Plan activities should address systemic issues that constrain expansion of HIV services as well as other health services and that HIV-focused funds should not be permitted to drive the development of parallel non-sustainable systems – thus this activity will be designed to address overall human capacity issues with a focus on HIV/AIDS including the qualitative and quantitative human resource needs required to support expanded HIV services. In addition to WHO, involvement of other donors and technical assistance partners and national and international decision/policy makers will be a high priority to mobilize additional resources and the engagement to advocate for, as well as implement policy recommendations. Emergency Plan technical assistance partners working in related areas of training, M&E and coordination/network development will be kept apprised to ensure coordination.

Emphasis Areas	% Of Effort
Policy and Guidelines	20.00
Development of Network/Linkages/Referral Systems	40.00
Needs Assessment	40.00

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## Targets

### Target

Number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

### Target Value

1

### Not Applicable

## Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Como

Sud-Como

**Table 3.3.15: Program Planning Overview**

**Program Area:** Management and Staffing  
**Budget Code:** HVMS  
**Program Area Code:** 15

**Results:**

Strengthening of national systems for continued development of human resources, competencies and capacities.  
 Ability of USG in-country team to manage and administer expanding HIV/AIDS program strengthened

**Total Approved Funding for Program Area:**

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** RETRO-CI - Budget  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Base (GAP account)  
**Program Area:** Management and Staffing  
**Budget Code:** HVMS  
**Program Area Code:** 15  
**Activity ID:** 1638  
**Approved Funds:**

**Activity Narrative:** Costs of supporting HHS/CDC mission staff at Projet Retro-CI to manage, support and administer HIV/AIDS programs including related training, salaries, travel, housing of Direct Hires and other personnel-related expenses as well as the infrastructure costs of upkeep and maintenance of a large laboratory and other facilities and 18 vehicle motor pool and equipments and inventory auto parts. Please note that almost 25 % of our core budget is currently going toward ICASS charges and we do not anticipate a substantial decrease in the short term, despite a 48% staff reduction related to the supervision of research activities. However, key aspects of CDC strategy are to reinforce national HIV laboratory and technical capacity through progressive transfer of infrastructure and skills and to strengthen our fiduciary and coordination role by outsourcing direct implementation and technical assistance. Note that the administration and management support a substantial laboratory and informatics infrastructure as well as core Presidential Initiative management functions. HHS/CDC mission currently has 3 FTE and 2 senior contractors. 1 FTE or equivalent and 1 fellow are planned for FY05 to complement additional staff provided by USAID. HHS/CDC will hold annual partners meeting as well as regular USG meetings with host country counterparts for program monitoring. Translation services will also be procured locally to support dissemination of pertinent information on Emergency Plan.

**Target Populations:**

USG in-country staff  
 CDC employees  
 Collaborators  
 agencies/organizations/partners

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Twining

Volunteers

Stigma and discrimination

**Coverage Areas:**

National

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** (D) S/GAC RETRO-CI  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Management and Staffing  
**Budget Code:** HVMS  
**Program Area Code:** 15  
**Activity ID:** 1949  
**Approved Funds:**   
**Activity Narrative:** Support Project Management officer contractor through ComForce.

Approved as part of FY04 COP plan ( deferred funds – no change in programming in FY 05)

**Key Legislative Issues**

Gender

Increasing gender equity in HIV/AIDS programs

Twining

Volunteers

Stigma and discrimination

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** (D) CDC HQ TA (Deferred)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Management and Staffing  
**Budget Code:** HVMS  
**Program Area Code:** 15  
**Activity ID:** 2087  
**Approved Funds:**   
**Activity Narrative:** A review of CDC's core operations in response to the Emergency Plan will be conducted by senior management staff from CDC headquarters. Recommendations financial and administrative systems will be developed and integrated with the assistance to improve efficiency of CDC national staff

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism:** (D) S/GAC RETRO-CI  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** Deferred (GHAI)  
**Program Area:** Management and Staffing  
**Budget Code:** HVMS  
**Program Area Code:** 15  
**Activity ID:** 2099  
**Approved Funds:**   
**Activity Narrative:** The Department of Defense will require funds for administration of Emergency Plan functions in Cote d'Ivoire to include basic administration, travel, per diem, contracting costs, translation services and training. This was previously a DoD activity that is being transferred back to HHS.

Emphasis Areas	% Of Effort
Logistics	50.00
Quality Assurance and Supportive Supervision	50.00

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Table 3.3.15: Activities by Funding Mechanism

**Mechanism:** RETRO-CI LAB (HHS-S/GAC)  
**Prime Partner:** U.S. Centers for Disease Control and Prevention  
**USG Agency:** Department of Health & Human Services  
**Funding Source:** GAC (GHAI account)  
**Program Area:** Management and Staffing  
**Budget Code:** HVMS  
**Program Area Code:** 15  
**Activity ID:** 2450  
**Approved Funds:**   
**Activity Narrative:** The additional budget requests are mostly related to three budget needs not foreseen in the previous submission: the 1st is to meet the obligatory ICASS charges, the 2nd is as a result of the increased insecurity in country and related evacuation and security measures, and the 3rd results from severance costs linked to needed organizational change at the CDC supported Project RETRO-CI to complete the transition to the new mission under the Emergency Plan.

ICASS costs continue to represent 23% of HHS/CDC base funds. The anticipated reduction in our projected FY05 ICASS costs after the early 2004 48% staff reduction of CDC/Projet RETRO-CI did not materialize. This is due to several factors: 1) an overall increase in the Cote d'Ivoire mission ICASS charges; 2) decreased number of agencies at post which has resulted in higher per-agency ICASS costs including CDC/HHS.

The unfortunate deterioration in the politico-military situation in Abidjan during the Cote d'Ivoire crisis this past November which resulted in the evacuation of our American staff and contractors and their dependents resulting in additional costs which were not foreseen. Additional preventive security measures were also required to improve the security for the staff, infrastructure and equipment at the Projet RETRO-CI facility including the laboratories and substantial IT equipment. At the recommendation of the mission Regional Security Officer, and as per standard practice for UN and NGO partners we also intend to improve our long distance communication capabilities to ensure contact can be maintained with our staff members on missions to the interior of the country. Replacement of two of our 4-wheel drive vehicles is also required to allow effective supervision in the interior of the country due to the deteriorating conditions of the roads in certain parts of the country.

Following substantive dialogue with CDC headquarter staff, the core team and the country team two major organizational changes will occur in FY05 to outsource technical assistance activities in the areas of training and PMTCT to ensure that there is no conflict of interest between the donor role and the implementing partner role. These teams had provided support to the staff and clinic sites of the previously research oriented project. These staff changes are associated with severance costs for the staff concerned.



**Table 5: Planned Data Collection**

Is an AIDS indicator Survey(AIS) planned for fiscal year 2005?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>	9/1/2005	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2005?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is a Health Facility Survey planned for fiscal year 2005?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>	9/1/2005	
Is an Anc Surveillance Study planned for fiscal year 2005?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>	43	
<i>When will preliminary data be available?</i>	12/1/2005	
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Other significant data collection activities**

**Name:**

Condoms Availability National Survey

**Brief description of the data collection activity:**

A quantitative national survey will be conducted to evaluate the availability of the condom and the coverage around the country  
n  
n

**Preliminary data available:**

October 01, 2005